

# Inquiry on racial injustice in maternity care

## Terms of reference

### Summary

Our starting point is that **systemic racism exists** – in the UK and in public services. We want to understand how it manifests within maternity care and drive action to end it. The inquiry aims to shine a spotlight on:

- what racism and bias looks like for people from different ethnic backgrounds
- the harm that it causes, both experiences and outcomes
- which fundamental human rights are in jeopardy
- the concrete solutions and actions needed to protect rights and end discrimination

### Scope

The inquiry will focus on:

- **Black, Brown and Mixed Ethnicity** women and birthing people
- During **maternity care**: pregnancy, childbirth and up to six weeks post-birth
- The full range of outcomes and experiences faced by **child-bearing people**
- **Concrete actions and solutions**, including existing good practice

### Who do we mean by Black, Brown and Mixed Ethnicity people?

The below categories are based on [the Census](#). We will be explicit in the call for evidence that we want to hear from other groups that identify as Black, Brown or Mixed Ethnicity not specified in these categories, e.g. Somali, Thai, Vietnamese, Mixed: Black and Asian; and from people who may identify primarily by their faith e.g. Black, Asian and Arab Muslims.

| Black or Black British                           | Asian or Asian British     | Mixed ethnicity   | Other ethnicity |
|--|----------------------------|---|-----------------|
| African  | Indian                     | White and Black Caribbean                                   | Arab            |
| Caribbean  | Pakistani                  | White and Black African                                     |                 |
| Any other Black, African or Caribbean background | Bangladeshi                | White and Asian   |                 |
|  | Chinese                    | Any other mixed or multiple background e.g. Black and Asian |                 |
|  | Any other Asian background |   |                 |

We want to reflect people's specific experiences of racial injustice based on their identity or heritage. In the call for evidence, we will invite people to share their **specific ethnicity** to aid our analysis, however they choose to describe themselves, but we will not require people to fit into specific boxes or groups that do not feel relevant to them.

We also want to take an **intersectional approach**, to understand how racism and bias is compounded by other factors – including age, disability, gender, religion and sexuality. We want to elevate those voices that are the most ignored, dismissed or silenced.

*Other ethnic minorities not listed above are not within the scope of this inquiry.*

### What about other services beyond maternity care?

To make tangible change, within the remit and expertise of Birthrights and the panel, we need to be tightly focused on maternity care. If people share evidence and experiences up to one year post-birth, we will include relevant findings. If perinatal mental health emerges as a strong theme, we would consider seeking specific expertise. We know that social determinants of health are also impacted and reinforced by structural racism, but we do not have the expertise or resources to cover broader public health issues and interventions.

*Other services beyond maternity care, the pre-conception period, and access to fertility treatment are not within the scope of this inquiry. We recognise that for many people, the boundaries between services are not meaningful, and we will reflect their whole experience as described to us.*

### **What about baby loss?**

Birthrights' charitable remit is limited to child-bearing people, but given the higher rates of stillbirth and neonatal deaths among Black, Brown and Mixed Ethnicity communities, we anticipate baby loss is likely to be a strong theme and we will seek additional expertise as needed. We will also consider maternity care during miscarriage or abortions.

### **What do we mean by a range of outcomes and experiences?**

Our hypothesis is that systemic racism impacts in a range of ways in maternity care – from death and serious injury to trauma and disrespect. As Black, Brown and Mixed Ethnicity women are more likely to die, they also are likely to face worse outcomes in general – such as birth injuries, trauma, perinatal mental illness – and worse experiences – such as being disbelieved or ignored, refusal of pain relief, not having their consent secured or their choices respected. In a birth context, so-called “microaggressions” are likely to have a particularly traumatic impact. Stereotypes and structural bias – such as how issues are raised or questions are asked antenatally – can also be deeply harmful. The inquiry will look at this full range of outcomes and experiences.

### **Why are human rights relevant?**

Human rights law demands everyone has access to **safe, respectful care** that meets their individual needs, promotes choice and safeguards their autonomy. Evidence shows that for most people, what matters is not the mode of birth, but how they were treated by caregivers and whether they felt safe, respected and in control. By its nature, racism in all its forms makes people feel unsafe and disrespected. Human rights will give the inquiry the tools to analyse people's experiences and make powerful recommendations for change.

### **What about the maternity care workforce?**

We want to hear evidence from maternity professionals about racial injustice they have witnessed and the impact that racism within the workforce has on care.

*Workforce equity, diversity and inclusion is not within the scope of this inquiry.*

### **Lines of inquiry**

Evidence already shows that Black, Brown and Mixed Ethnicity people face worse outcomes and experiences in UK maternity care. However, there are very few studies on racial bias and systemic racism in healthcare in the UK compared to the US.

**Our hypothesis is: systemic racism in the UK violates Black, Brown and Mixed Ethnicity people's basic rights to safe, respectful maternity care.**

**Our lines of inquiry are:**

- What does racism and bias look like in maternity care in the UK?
- How does it manifest differently for specific ethnic groups?
- What impact does racism and bias have on birth outcomes?
- What impact does racism and bias have on maternity care experiences?
- What harms are being caused to Black, Brown and Mixed Ethnicity birthing people?
- Which specific human rights are under threat?
- How does intersectional discrimination exacerbate outcomes and experiences?
- What does good look like – concrete examples of anti-racist, culturally safe and rights-respecting care?
- What change is needed – legal, policy, systemic, practice, individual?