Perinatal mental health experiences of our diverse borough

healthwatch
Wandsworth

Contents

Introduction

Background

Following Healthwatch Wandsworth's 2022 Report on Experiences of Perinatal Mental Health, of which 92% of participants identified their ethnicity as White, Healthwatch with the support of Voicing Views focused on making sure we heard the experiences of women and birthing people from a diversity of ethnicities this year. The national Healthwatch body, Healthwatch England, planned to speak to people about perinatal mental health and ethnicity in 2022-3.

Health inequalities, particularly regarding perinatal mental health, amongst black, Asian and minority ethnic people continues to be pervasive. MBRRACE's recent report shows that 40% of all maternal deaths occurring between six weeks and a year after the end of pregnancy are from mental health related causes. Maternal suicide remains the leading cause of direct deaths during this period for all ethnic groups. MBRRACE's report shows that maternal mortality rates are higher amongst women from black and Asian ethnic groups compared to White women[1].

Research that analysed data from 615,092 women who gave birth in 2017 in England, found that 'Black African, Asian and White Other' women had significantly lower access to community mental health services and a higher percentages of involuntary admissions than White British women' [2]. These findings are further supported by a 2019 study published in the British Journal of Midwifery, which delved into the reasons why women from some ethnic groups face barriers when seeking perinatal mental health care. Reasons included 'ongoing stigma, the poor attitudes and behaviours of

[1] Knight, Marian, Kathryn Bunch, Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, and Jennifer J Kurinczuk. 'Saving Lives, Improving Mothers Care, Lessons Learned to Inform Maternity Care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21'. MBRRACE-UK, October 2023.

[2] Jankovic, Jelena, Jake Parsons, Nikolina Jovanović, Giles Berrisford, Alex Copello, Qulsom Fazil, and Stefan Priebe. 'Differences in Access and Utilisation of Mental Health Services in the Perinatal Period for Women from Ethnic Minorities—a Population-Based Study'. *BMC Medicine* 18, no. 1 (11 September 2020): 245. https://doi.org/10.1186/s12916-020-01711-w.

health professionals and inappropriately designed services'. [3] In terms of healthcare providers, a recent report conducted in partnership with the NHS Race & Health Observatory, the University of Liverpool, and the University of Warwick found policies developed by hospital trusts and other providers of maternal care lack focus on addressing health inequalities.[4]

It is clear that more work can be done to improve the health outcomes for black, Asian and minority ethnic birthing parents, and we hope that insights in this report can help to support this work in Wandsworth.

What we did:

Our research utilised in-depth qualitative data and semi-structured interview questions that were developed by Healthwatch England**. Thirteen birthing parents, who had given birth since 2020 and lived in the borough of Wandsworth were interviewed.** Participants had used a range of medical and non-medical services in the borough of Wandsworth as well as in surrounding areas. **The ethnicities of those interviewed included population groups from Africa, the Caribbean, Middle East, South Asia and South America.** Participants were given a voucher for their time and were signposted to resources where relevant.

Limitations and addressing ethnicity

We spoke to people identifying with a range of ethnicities to ensure we heard from a diverse range of people in our borough about the topic of perinatal mental health. We experienced a number of challenges and a range of limitations in the process. We wanted a qualitative understanding of people's experiences, which limited our study to a small sample size within the resources available. South West London Integrated Care Board (SWL ICB) provided us with some additional funds which enabled us to offer

[3] Watson, Helen, and Hora Soltani. 'Perinatal Mental Ill Health: The Experiences of Women from Ethnic Minority Groups'. British Journal of Midwifery 27, no. 10 (2 October 2019): 642–48. https://doi.org/10.12968/bjom.2019.27.10.642.

[4] Esan, Oluwaseun, Nicholas K. Adjei, Samira Saberian, Lara Christianson, Philip McHale, Andy Pennington, Rebecca Geary, and Abimbola Ayorinde. 'Mapping Existing Policy Interventions to Tackle Ethnic Health Inequalities in Maternal and Neonatal Health in England: A Systematic Scoping Review with Stakeholder Engagement'. Report, 8 December 2022. https://www.nhsrho.org/wp-content/uploads/2022/12/RHO-Mapping-existing-policy-interventions_December-2022.pdf.

incentives and commit more time to working with community groups on this project.

The small sample size limits our report because we are less able to generalise our findings or draw conclusions about possible themes for people identifying with specific ethnicities. We cannot report the ethnicity of participants who made individual comments because this may make them identifiable.

In the Muslim Women Network UK's research into experiences of 892 Muslim women from a range of ethnicities, hierarchy bias was found within particular sub-ethnic groups. For example, there were differences in experiences of Black African, Bangladeshi, Arab and Asian Other women, whilst mixed Ethnic Black/ White women experienced the poorest care. 'Muslim BAME' women were less likely to have pain relief during labour, more likely to have a labour induction, more likely to have an emergency caesarean and more likely to have excessive blood loss, than national average statistics[5].

Whilst we are aware of the importance of understanding experiences between different ethnic groups, we have been unable to look at the data for our report in this way due to the small sample size and the need to protect the identities of those who took part in the research. Because of this we have been unable to draw conclusions about the care people received based on their specific ethnic group. Moreover, generalising experiences across ethnic groups does not fairly represent the diversity between the individuals that we spoke to. We hope that our report reflects the challenges and positives that a range of people in our community have experienced and that the common themes bring additional insights into some of the broader considerations needed to improve experiences.

Thanks to our collaborators

We worked with existing community-based organisations to recruit participants, including **AGOE Empowerment Network, The Muslim Women's Network UK** and **Franciscan Road Childrens Centre.** We also visited Franciscan Road Children's Centre and Goldfinch Primary school

[5] Gohir, Shaista. 'Invisible, Maternity Experiences of Muslim Women from Racialised Minority Communities'. Muslim Womens Network UK, July 2022.

where parents further shared their views on the topic and received information about support available.

Once we'd completed the interviews, we presented our findings to a group of people who worked in various health and social care settings. We discussed the findings to understand their perspectives and where things could be improved. Thank you to all of those who attended.

Throughout the interviews, data analysis and report writing, we have had support from our research and policy volunteers. Thanks for the time you have dedicated to this project.

We are incredibly grateful to the women and birthing parents who talked to us about their birthing experiences including all the ups and downs of their individual experiences.

Thanks to you all – this wouldn't have been possible without you.

Summary of findings

Our findings have been grouped under different categories. Participants made some recommendations in relation to these different areas and these are included in our findings and recommendations in the conclusion of this report.

Seeking support or talking about problems, and emotional wellbeing

9 of 13 people interviewed didn't seek support or talk about their problems, with a common theme arising that they were unsure about where to turn for support. Just under half of the participants said they didn't have the opportunity at appointments to talk about their emotional wellbeing. Recommendations included social café spaces, supportive strategies for coping with newborns, and for healthcare professionals to ensure patients feel validated in their concerns. The timing of support appeared to be important, with some participants suggesting that they would have liked more information, especially about post-natal mental health, earlier during pregnancy.

Staff interactions and support

Most participants had some positive experiences with healthcare professionals, which in turn had a positive impact on whether they sought further help from others.

Ethnicity and perinatal mental health

More than half of the participants felt their ethnicity negatively impacted their experience and care.

Language barriers

Approximately a quarter of participants spoke about their experiences with language barriers and stressed that healthcare professionals must be patient and ask more direct questions when supporting a patient for whom English is a second language.

Breastfeeding

A few participants spoke about how the pressure surrounding breastfeeding negatively impacted their mental health.

Housing issues

Approximately half of the participants highlighted that poor housing was causing strain on their mental health.

Support from family, friends, and partners

Participants shared the value of having support from a network of family, friends, and their partner. Not having this appeared to have a significant impact on mental health and emotional wellbeing.

Support from non-medical services

Community groups seemed particularly helpful for the women and birthing people surveyed, however one of our recommendations is that there should be specific groups available to those from marginalised communities i.e., marginalised ethnic groups and LGBTQIA+ parents.

.

Research Findings

Research findings

Seeking support

A key theme that resonated throughout this study was the idea that **most people failed to seek mental health support or talk about their problems during the perinatal period.** Reasons for this included:

- A lack of knowledge about resources for dealing with low mood.
- Not wanting or not feeling comfortable to open up about their experiences.
- Not knowing where to look for support.
- Some people had felt fine during pregnancy and didn't know where to turn when they experienced low mood or other symptoms after birth.

Five of thirteen interviewees said that they didn't have the opportunity to talk about their emotional or mental health at appointments and additionally felt that they did not know where to look for this kind of support or find relevant information. One participant said, **"there were midwives that helped with the baby, but with my emotions, I didn't get any support".** When asked about how their 6-8 week check-up had gone one participant said **"it was just about the baby. He didn't ask anything about me and I left that check-up feeling like, this doesn't feel right..."**

However, when staff were attentive this improved experiences and meant that people were more likely to open up about mental health to other people in the future too.

Did ethnicity impact care?

When participants were asked if they thought that their ethnicity negatively impacted the care that they received during the perinatal period, approximately 70% of participants stated that they felt that their ethnicity did have an impact. One participant discussed how they felt their ethnicity affected their access to a health visitor; **"If I was a White person that just gave birth and I need a health visitor, they would have been providing**

me one. But I keep calling them every day. They keep giving me excuses."

Other experiences included:

- Not being listened to.
- Not getting timely support from services.
- Struggling to find groups for new parents representing their ethnic background.
- Feeling that White mothers and White staff on the ward were making judgments about the birthing parent.
- One person had a positive experience of a midwife with same ethnicity and spoke about the benefits of her culture's traditions around the post-natal period.
- One participant had negative experiences with a different service focussed on serving her ethnic group's community.

Not being listened to is an experience that is consistently shown to be common among mothers and birthing people across ethnic backgrounds, and studies have highlighted how this is experienced by black, Asian and minority ethnic people.[6] [7]. This was also reflected in the group of people that we spoke to about their experiences. One participant spoke about how some of the health care practitioners dismissed her preferences around her birth and additionally when speaking to her health visitor about mental health concerns was met with a "very dismissive" attitude. This participant said that ultimately the practitioner "had her own biases" around ethnicity, parenthood and mental health.

[6] 'Maternity Services at the Shrewsbury and Teleford Hospital NHS Trust'. Ockenden Report, 10 December 2020.

[7] British Journal Of Midwifery. 'British Journal Of Midwifery - Ethnic Health Inequalities in the UK's Maternity Services: A Systematic Literature Review'. Accessed 27 November 2023. https://www.britishjournalofmidwifery.com/content/literature-review/ethnic-health-inequalities-in-the-uks-maternity-services-a-systematic-literature-review/.

Participants talked about a range of reasons for feeling their ethnicity impacted the care they received. Some of these derived from assumptions they felt were made, highlighting the need for more consideration of an individual's circumstances. For participants that didn't speak English as a first language or had recently arrived in the UK they connected their experience of care and ethnicity with accessibility. For example, one participant said that staff assumed she knew about giving birth in the UK, but she had only recently moved here and in fact didn't understand the system well, feeling that she needed more comprehensive explanations. Another would have liked an interpreter to have been arranged for them, but it was assumed that she could get by.

It was clearly expressed that health care professionals may treat patients differently depending on their ethnicity. This has implications for the quality of care received by patients and whether they receive the care they need at all.

Staff interactions and support

We asked participants 'how were you treated by staff during labour and childbirth?'. Participants reported largely positive experiences with health care professionals during this time. However, only a small proportion (30.8%) reported positive experiences during labour.

Participants highlighted the importance of positive experiences with staff during labour. One participant described their midwife as reassuring and supportive and stated that they **"felt very taken care of"**. Another participant said **"I had a good midwife with me. She was very experienced, and she was funny as well, which I love."** Research has shown that positive experience of childbirth is positively correlated with mental health[8]. This was echoed in our research because participants who felt positively towards their midwives were also able to access mental health resources such as Talking Therapies Wandsworth to support mental health after childbirth.

[8] Havizari, Shiva, Solmaz Ghanbari-Homaie, Ommlbanin Eyvazzadeh, and Mojgan Mirghafourvand. 'Childbirth Experience, Maternal Functioning and Mental Health: How Are They Related?' Journal of Reproductive and Infant Psychology 40, no. 4 (September 2022): 399–411. https://doi.org/10.1080/02646838.2021.1913488.

There was a range of labour experiences in the group of participants that we spoke to. Regardless of how complicated the birth may have been, having supportive staff during labour had a hugely positive impact. A small proportion of participants reported negative experiences of labour and staff. Some participants talked about not feeling listened to, having their concerns dismissed or feeling like they were on a **"conveyor belt"**. One participant told us they felt like their doctor was not listening to them which ultimately left them feeling **"let down"**, which led them to make a complaint regarding their care. A suggestion made by one of the participants was that **"a bit more checking in"** before leaving the hospital would be helpful in supporting mental health.

A point that seemed to be key for participants' wellbeing was the care immediately after birth. A few participants had felt somewhat neglected due to understaffed wards and a lack of contact with staff to check in with them. From the conversations that we had it seemed that this is a crucial time to make sure that people's mental health and wellbeing are supported.

Some participants spoke about less positive experiences with Health Visitors with a range of experiences from feeling dismissed to feeling that the Health visitor was reluctant to make referrals.

It's important to note that overall participants tended to talk about a mixture of experiences with staff throughout the perinatal period. It's important to recognise the strain and challenges that many services and their staff have continued to experience. Overall, it was reflected throughout many of the experiences shared that just one positive experience with a healthcare professional or other member of the community supports people to feel better and increases their willingness to seek support in the future.

Language barriers

Five people spoke to us about how language and language barriers impacted their experience of care, especially during labour. All of these people talked about how having someone who could speak their language, whether that was an interpreter or another member of staff, improved their experience, helping them to feel more comfortable and confident to communicate. Most of these participants recommended that access to interpreters should be increased in maternity care.

One participant said that without an interpreter **"I could express myself but you know it always takes time, I need to think what I am going to say"**. She recommended that healthcare professionals should consider making adjustments when speaking to someone who is learning English as a second language. For example, by asking direct questions about the patients' health such as 'how are you sleeping' rather than asking broad questions like 'how are things'.

Breastfeeding

A small proportion of participants (23.1%) found the pressures around breastfeeding impacted on their mental health. One participant said, **"Breastfeeding time was a nightmare. […] that period I just didn't like it. But I really wanted to breastfeed"**. Another participant struggled with breastfeeding due to complications that eventually put the child's health at risk. Eventually they were able to access nursing support via the Mental Health Trust, which had a hugely positive impact on the participant and her child. Talking about this healthcare professional who came to visit regularly she said **"we also talk about mental health. It feels very personal and very nice. She understands what you go through because she's been through it and she specialises in that type of difficulty. When she's coming it definitely lights up my day."**

Participants recommended that an increase in access to direct support with breastfeeding that supports mental health would potentially help to mitigate the pressure and mental health impacts of breastfeeding.

Housing issues

Nearly half (46.2%) of participants discussed housing and how poor housing conditions affected their mental health. Issues such as overcrowding, mould, people with disabilities being housed in unsuitable settings, and mice infestations were highlighted as negatively affecting the mental wellbeing of participants. Poor housing conditions affect both mental

health[9] and the general health of the whole family[10]. One participant described how their living conditions prevented them from getting the rest necessary for recovery after delivery; **"We are living in one room. They say you should have rest but under these conditions […] they did not allow me to have rest."** It's clear that being unable to meet basic needs such as sufficient housing provision, increases stress and anxiety in new parents.

For all participants who talked about their problems with housing, long waiting times and complicated processes to deal with housing issues also increased stress, anxiety and exhaustion. **"I've been through a lot of mental health recently. Fighting with housing because we've been living in mould and the flat has a mice infestation and everything. Mentally I'm very tired. Like it's tiring – speaking to them and speaking to some other team, it's hard."**

There were also barriers to access housing support for people who were not computer literate, who's first language was not English or for people who were not familiar with housing in the UK. The people we spoke to who had found or been referred to support with housing, either from the voluntary sector or the children's centres, really benefitted from this support.

Struggles with insufficient or unhealthy housing combined with the complexity of managing perinatal care needs meant that housing issues had a huge impact on the overall wellbeing of new parents and their families. For many people we spoke to about housing, they felt that if they could have better housing conditions their wellbeing and their family's wellbeing would improve.

---

[9] Diggle, J, H Musgrove, and R Ward. 'Brick by Brick A Review of Mental Health and Housing'. Mind, November 2017. https://www.mind.org.uk/media-a/4432/20171115-brick-by-brick-final-low-res-pdf-plus-links.pdf.

[10] Rolfe, Steve, Lisa Garnham, Jon Godwin, Isabel Anderson, Pete Seaman, and Cam Donaldson. 'Housing as a Social Determinant of Health and Wellbeing: Developing an Empirically-Informed Realist Theoretical Framework'. BMC Public Health 20, no. 1138 (20 July 2020). https://doi.org/10.1186/s12889-020-09224-0.

Support from family, friends, and partners

Many participants spoke about the support they received from family and friends, and we saw how this had an impact on perinatal mental health. As described by one participant; **"during the pregnancy was fine, because I had lots of people around me".** This experience is juxtaposed by the accounts of participants that felt they did not have much support during the perinatal period and how this impacted their feelings during pregnancy. One participant said that **"I wanted someone to be there and look after them [the children], but there wasn't anyone at that time - I had a tough time".**

Many participants voiced that family and community had an impact on them through their pregnancy. This kind of support should be taken into account when considering resources that can improve perinatal mental health.

We asked participants about their partners, how much their partners were involved and whether their mental health was impacted varied greatly between participants. The responses highlighted the important role that partners can play and that services could pay more attention to ensuring partners are involved.

Not everyone had a support network, people to speak to or friends and family nearby. These participants reached out for support in various ways. Some went to community groups whilst another decided to spend more time praying and engaging with their faith. One participant talked about how she got through a difficult time with her health: **"I got connected with God and did a lot of worship. Lot of prayers. And now I've started feeling better."** A number of participants at our workshop with staff also highlighted the importance of spirituality for mental health. It can be helpful for those supporting people to look after their mental health to be aware of and understand cultural and religious aspects of people's lives.

Support from non-medical services

A large proportion of people (53.8%) reported that non-medical services such as community groups were supportive during the perinatal period. Participants have suggested that resources such as social café spaces for

new parents, LGBTQIA+ parent groups and groups for parents with shared ethnic backgrounds may be helpful.

"I think it would be nice if we could see new mums together, have some sort of coffee mornings together as new mums, just speaking about our different experiences - that makes it feel like you're not alone."

Themes that emerged from our workshop sessions

Parents

Parents at Franciscan Road Childrens' Centre and Goldfinch Primary School told us that the following were important to consider for discussing mental health with new parents;

- It's important to emphasise that experiencing low mood or other symptoms is normal and ok to talk about.
- Some communities don't talk to each other about problems as there is potential to be judged.
- It is important to remember that you can lean on your faith to build spiritual wellbeing.
- Starting to have conversations with people around you about emotional wellbeing is a good place to start.

Staff working in health and social care

In September 2023 we hosted an online event to share our findings with staff from health and social care services as well as voluntary sector and other organisations. We shared our initial findings and wanted to talk about them to understand what changes people involved in maternity care and mental health thought would be possible.

The main feedback we received included:

- Cultural specificity is important to consider when trying to normalise conversations about mental health.

- Staff enjoyed meeting with other types of maternity and mental health services in the borough and learning about what each other do.
- We learnt about some of the different things that services are doing to address some of the issues raised in our research findings.
- Staff and other people working in maternity and mental health confirmed that housing can have a huge impact on the wellbeing of clients they are working with.

We also discussed **how family, friends and partners can be included in support for new birthing parents.** Key issues raised included:

- The person's network of family, friends and their partner need to be comfortable and confident to speak to the birthing parent about mental health.
- It's important to understand barriers that stop people from speaking up.
- It's important to remember that each experience is different.
- The challenge with supporting people in the community is wanting to be specific to the individuals but also needing to have a broad offer that allows intersectionality to be expressed.
- Information should be available in libraries, leisure centres and other places that people go with children.

With regard to things that can be done to increase the involvement of support networks including friends, family and partners there were a few suggestions discussed:

- **Supporting people to feel able to attend children's centres -** One workshop attendant said that it can be useful for people who struggle to go to children's centre to get to know someone there before they go. We learnt that there was previously a role where someone from the children's centre would visit the person before they attended the children's centre.
- **Knowledge of the community is important -** for example knowing who in the community can support with language or translation, going to places that people go to such as schools, children's centres, church, mosques and being in touch with the people who lead these groups such as the imam at the mosque or key people that provide support for parents at schools.
- **Aim to use inclusive language.**

- **It's important to look at the support network from the very beginning –** staff can ask about someone's support network at initial assessment and signpost if they don't have one.

We also discussed **how to encourage opportunities to consider and talk about emotional wellbeing** and participants mentioned a few key themes. Suggestions included:

- Ensuring that there are relevant provisions for specific ethnic groups is important and there needs to be room for intersectionality within these groups.
- Talking about spiritual wellness with emotional wellbeing can help to increase conversations about overall wellbeing.
- Normalising talking about mental health and emotional wellbeing is important.
- Some people have an attitude of aiming to 'just get on with it'.
- It's important to consider the needs of individuals for example some people might want to bring friends or family into an appointment whilst others might want to know that they have a private space away from friends and family.

We learnt a lot from the people that we worked with in the different workshops and have added this learning into our recommendations.

Conclusions

Conclusions

Our research, conducted with the support of various community-based organisations, aimed to illuminate the perinatal experiences of individuals from a range of ethnic backgrounds.

One prevalent theme that emerged was the reluctance of many participants to seek support or discuss their mental health during maternity and beyond. This was often due to a lack of awareness about available resources or the sense that there wasn't the space or an allotted time to talk about their experiences.

A substantial number of participants felt that their ethnicity influenced the maternity care they received. Participants spoke about disparities in access to health services and experiences with health and social care professionals. Recognising and rectifying these discrepancies is essential to providing equitable care for all individuals.

Our research highlighted the importance of positive interactions not only with healthcare professionals but also with other individuals within people's support networks. When staff were attentive to the emotional wellbeing of patients, it had a profound impact on their overall experience. This highlights the need for health and social care services to emphasize empathetic and patient-centred care in their training and service delivery.

Gathering the perspectives of birthing parents from people from a range of ethnic groups in Wandsworth has shed some light on some similar and also a broader range of experiences than in our previous research on the topic of perinatal mental health. The experiences of participants and our recommendations echo conclusions put forward by other studies, particularly with regards to cultural sensitivity. For example, Jankovic et al. recommend a "focus on providing adequate cultural competency for health professionals and ensure that all women are able to access culturally appropriate spaces to talk and be listened to in community settings and wider services" (Ibid). In the British Journal of Midwifery Watson and Soltani's article recommends "support with post-natal depression for specific ethnic groups and specialist Cultural liaison Midwives to improve trust with pregnant women" (Ibid).

The following section outlines our recommendations for how perinatal mental health experiences could be improved in Wandsworth. We include recommendations from participants as well as what we see to be common threads that would improve experiences for many in our community. We have aimed to weave into our recommendations the issues that affected the people we spoke to who identify with a variety of ethnicities.

Recommendations

Below is a summary of suggestions that could be considered to improve perinatal mental health in Wandsworth. Raising awareness of the importance of issues around perinatal mental health is something that everyone can help with. Although we have highlighted who we think may be most likely to consider the recommendations in parts, we hope that the suggestions might also inspire further thought for others who work with or regularly interact with new parents.

Recommendations from participants

Participants made a few recommendations about what they would like to see change in perinatal care.

- A few participants said that they would like to be able to go to social café spaces that are focused on supporting birthing parents.
- One participant said that it would be good for birthing parents to have someone that they can talk to who isn't their partner. Many other participants talked about how helpful it was for them to talk about their concerns with someone.
- One participant talked about how help from SWLTSTG would have been more supportive if there had been information earlier on about how to cope with demanding newborns at home.
- Several participants talked about how important it is that new parents feel listened to and validated when speaking about their mental health or emotional wellbeing.

Promoting staff interactions that provide support to foster discussions on emotional wellbeing

- **Signposting, checking in and a supportive attitude** is most important to prevent the feeling of being dismissed and will encourage people to focus on their mental health resilience and seek support if needed. Not all staff need to provide mental health support, but all should consider to what extent they can be supportive of people's mental wellbeing.

- **Ensure that, before birth, women and birthing people receive information in accessible formats and languages about low mood, baby blues and post-natal depression.** This information should be widely available and ideally available in a range of languages.

- **Encourage people to think about how they can build resilience and take care of themselves postnatally**. This could look like increasing access to workshops about becoming a parent. Wandsworth Talking Therapies have been doing this in their workshops about 'Maintaining Wellbeing as a new parent', these courses are free and demonstrate a way to get people to think about how they can care for themselves as a new parent.

- **Commissioners and service managers should consider the recommendations of the NHS Race and Health Observatory (Ibid, p4-9) so that their service understands maternal care better**. This report recommended better research and data recording, ensuring the same midwife or maternal team (we also recommended continuity of care in our previous report), and support with post-natal depression for specific ethnic groups and specialist Cultural Liaison Midwives to improve trust with pregnant women.

- **Commissioners and managers should review training for all levels of staff about race and bias.** Additionally, training should acknowledge the positive impact of empathetic and patient-centred

care that is tailored to an individual's needs. This may also include consideration of more Trauma Informed Care. Several participants talked about how important it is to feel listened to and validated when speaking about emotional wellbeing. Consider the recommendations of London City Hall[11] that the NHS should improve support for maternity staff from ethnic minority groups and strengthen anti-racist initiatives that impact maternity staff.

Language barriers: interpreting and communication

- **Review access to interpreters** - this should include reviewing the frequency and ease of access, as well as embedding feedback from service users in the running of interpreting services. *This recommendation could be considered by commissioners and service managers.*

- **Review training and awareness amongst staff about making adjustments** when speaking to someone for whom English is a second language e.g., asking direct questions about health rather than broad questions or working with community health champions who are embedded within the relevant community.

Breastfeeding

- **Consider if support with breastfeeding can be increased**. Breastfeeding and pressures that surround it can have an impact on birthing parent's mental health. To improve overall perinatal mental health outcomes, it's important to consider how to increase access to breastfeeding support that supports mental health. The participants we spoke to who were able to access good support with breastfeeding found this very impactful on their post-natal experience. *This recommendation could be considered by commissioners.*

[11] 'Maternal Health and Care in London'. London Assembly Health Committee, April 2023. https://www.london.gov.uk/sites/default/files/2023-04/Health%20Committee%20-%20Maternal%20Health%20Report.pdf.

Community and extended support networks

- **Continue to raise awareness about perinatal mental health to normalise talking about mental health in healthcare settings as well as in people's own communities**. This can help people to open up about their experiences and increase their understanding as well as increase the likelihood of them reaching out for support. However, these conversations need to be explored with sensitivities to a person's language and culture, staff may need training and support to be able to approach this.

- **Continue to promote involvement of partners and extended support networks, considering their important impact on mental health and role in ensuring people get support**. Staff at our workshop highlighted that it is important to ask about a person's support network from the beginning. Room for intersectionality should be designed into support, for example considering the needs of LGBTQIA+ parents.

- **Consider the development of maternity and perinatal mental health focussed community health champions**. Throughout our research we have found the importance of community knowledge and trust in encouraging people to get support. Community health champions could encourage this and increase confidence in accessing support. Community champions may be able to support with our other recommendations about increasing conversations within communities about mental health, supporting with signposting and forging connections and understanding between services and the community.

Support from non-medical services

- **Increase access to social spaces for new parents, that are inclusive of a range of ethnic groups.** Several participants said that they would like to be able to go to social café spaces focused on supporting birthing parents.

- **Continue to work with community groups.** Some staff highlighted the importance of forging connections with the communities in their comments (e.g., imam's, libraries, childrens' centres). A pathway

between services and community support might increase the shared knowledge to build positive relationships that benefits the birthing parent and takes pressure off staff.

- **We will explore whether a perinatal mental health section can be included in the development of a mental health signposting website.**

Housing issues

- **Consider the impact of housing issues on mental health for families and expectant parents.** This could be improving understanding of housing issues and specifically how they impact mental health or improving accessibility to information about how to navigate housing services or advice about what to do if your housing is unhealthy in some way. *This recommendation could be considered by Wandsworth Council.*

Glossary

Term	Definition
6 – 8 week check up	A postnatal check by the GP practice 6 to 8 weeks after the baby's birth to make sure the birthing parent feels well and is recovering properly and the baby is developing well.
Antenatal	Before birth; during or relating to pregnancy
BAME	The abbreviation for Black Asian and Minority Ethnic
Birthing parent	Birthing parent is simply the gender-neutral, inclusive, term that refers to anyone who has/will give birth
Computer literate	Having the knowledge and ability to use computers and related technology efficiently.
Cultural competency	The ability to interact and emphasise with people from different cultures and respond to their needs
Ethnicity	Belonging to a group of people who share a common cultural background or descent.
GP	The abbreviation for General Practitioner: a doctor who provides general medical treatment usually out of a practice in the community.
Health inequalities	Unfair and avoidable differences in health between different groups within society.
Health visitor	A trained nurse who visits people in their homes to assist or advise them, they often work with parents with very young children.
Intersectionality	A term coined by civil rights advocate and scholar of critical race theory Kimberle Crenshaw referring to the way that when thinking about inequalities, categories like gender, race and class are best understood as overlapping and interdependent systems of discrimination or disadvantage rather than isolated or distinct.
Labour	A sequence of events leading up to delivery of a baby
LGBTQIA+	An abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person's sexual orientation or gender identity.
Low mood	An emotional state characterised by sadness, anxiety, low self-esteem, tiredness, and frustration.
Mental health	Mental health encompasses emotional, psychological and social wellbeing.
Perinatal	The time before and after the birth of a child
Post natal	Occurring or being after birth
Postnatal depression	Depression following childbirth, typically arising from the combination of hormonal changes, psychological adjustment to motherhood, and fatigue.

Qualitative data	Information that describes experiences and opinions, usually in words rather than numbers, often gathered by interviews, surveys or observation.
Social spaces	A place where people gather, interact and connect.
SWLTSTG	Abbreviation for South West London and St George's Mental Health NHS Trust
SWL ICB	Abbreviation for South West London Integrated Care Board
Trauma informed care	Trauma informed care is care that is based in knowledge and understanding of how trauma affects peoples lives and needs. A trauma informed care approach strives to understand the whole of an individual who is seeking services.
Voluntary sector	Organisations whose primary purpose is to create social impact rather than profit.

Bibliography

Bibliography

British Journal Of Midwifery. 'British Journal Of Midwifery - Ethnic Health Inequalities in the UK's Maternity Services: A Systematic Literature Review'. Accessed 27 November 2023. https://www.britishjournalofmidwifery.com/content/literature-review/ethnic-health-inequalities-in-the-uks-maternity-services-a-systematic-literature-review/.

Diggle, J, H Musgrove, and R Ward. 'Brick by Brick A Review of Mental Health and Housing'. Mind, November 2017. https://www.mind.org.uk/media-a/4432/20171115-brick-by-brick-final-low-res-pdf-plus-links.pdf.

Esan, Oluwaseun, Nicholas K. Adjei, Samira Saberian, Lara Christianson, Philip McHale, Andy Pennington, Rebecca Geary, and Abimbola Ayorinde. 'Mapping Existing Policy Interventions to Tackle Ethnic Health Inequalities in Maternal and Neonatal Health in England: A Systematic Scoping Review with Stakeholder Engagement'. Report, 8 December 2022. https://www.nhsrho.org/wp-content/uploads/2022/12/RHO-Mapping-existing-policy-interventions_December-2022.pdf.

Gohir, Shaista. 'Invisible, Maternity Experiences of Muslim Women from Racialised Minority Communities'. Muslim Womens Network UK, July 2022.

Havizari, Shiva, Solmaz Ghanbari-Homaie, Ommlbanin Eyvazzadeh, and Mojgan Mirghafourvand. 'Childbirth Experience, Maternal Functioning and Mental Health: How Are They Related?' Journal of Reproductive and Infant Psychology 40, no. 4 (September 2022): 399–411. https://doi.org/10.1080/02646838.2021.1913488.

Jankovic, Jelena, Jake Parsons, Nikolina Jovanović, Giles Berrisford, Alex Copello, Qulsom Fazil, and Stefan Priebe. 'Differences in Access and Utilisation of Mental Health Services in the Perinatal Period for Women from Ethnic Minorities—a Population-Based Study'. BMC Medicine 18, no. 1 (11 September 2020): 245. https://doi.org/10.1186/s12916-020-01711-w.

Knight, Marian, Kathryn Bunch, Allison Felker, Roshni Patel, Rohit Kotnis, Sara Kenyon, and Jennifer J Kurinczuk. 'Saving Lives, Improving Mothers Care,

Lessons Learned to Inform Maternity Care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21'. MBRRACE-UK, October 2023.

'Maternal Health and Care in London'. London Assembly Health Committee, April 2023. https://www.london.gov.uk/sites/default/files/2023-04/Health%20Committee%20-%20Maternal%20Health%20Report.pdf.

'Maternity Services at the Shrewsbury and Teleford Hospital NHS Trust'. Ockenden Report, 10 December 2020.

The NHS Race and Health Observatory. 'The Power of Language: A Consultation Report on The Use Of Collective Terminology At The NHS Race and Health Observatory. Report, 26 November 2021. https://www.nhsrho.org/research/the-power-of-language-a-consultation-report-on-the-use-of-collective-terminology-at-the-nhs-race-health-observatory/.

The Law Society. 'A guide to race and ethnicity terminology and language, Website, 28 November 2023. https://www.lawsociety.org.uk/topics/ethnic-minority-lawyers/a-guide-to-race-and-ethnicity-terminology-and-language.

Rolfe, Steve, Lisa Garnham, Jon Godwin, Isabel Anderson, Pete Seaman, and Cam Donaldson. 'Housing as a Social Determinant of Health and Wellbeing: Developing an Empirically-Informed Realist Theoretical Framework'. BMC Public Health 20, no. 1138 (20 July 2020). https://doi.org/10.1186/s12889-020-09224-0.

Watson, Helen, and Hora Soltani. 'Perinatal Mental Ill Health: The Experiences of Women from Ethnic Minority Groups'. British Journal of Midwifery 27, no. 10 (2 October 2019): 642–48. https://doi.org/10.12968/bjom.2019.27.10.642.

Address: Healthwatch Wandsworth, Tooting Works,
89 Bickersteth Road, Tooting, SW17 9SH

Telephone: 020 8516 7767

Email: information@healthwatchwandsworth.co.uk

Website: www.healthwatchwandsworth.co.uk