



COVID-19 impact on Black, Asian and Minority ethnic (BAME) women

Key Messages:

MBBRACE (2019) identified that women from BAME communities are more likely to die during pregnancy and shortly after birth and that their baby is also more likely to die. It is imperative that maternity staff provide appropriate individualised care for the vulnerable BAME population.

COVID-19 is having a disproportionate impact on Black Asian minority ethnic (BAME) groups, including pregnant BAME women. The UKOSS survey of 427 pregnant women has demonstrated that women from these backgrounds are more likely to be admitted to hospital for COVID-19 and to become seriously unwell. (UKOSS 2020).

The Public Health England (PHE) “Beyond the data review” has identified evidence that minority ethnic groups are at an increased risk of contracting and dying from COVID-19 (PHE, 2020).

Although several studies have commenced, none have definitively determined the cause of the inequalities in health outcomes for BAME communities. Nevertheless, several factors are likely to have contributed to this situation:

Health inequalities

As a result of structural and overt racism, people from BAME backgrounds are more likely to experience socio-economic disadvantage, which is known to be closely linked to poorer health outcomes, or ‘health inequalities’. The PHE review has confirmed that there are strong associations between economic disadvantage, contracting COVID-19 and suffering poor outcomes. For example, the review found that the risks associated with COVID transmission, morbidity, and mortality are exacerbated by the housing challenges faced by BAME individuals. BAME groups are more likely to work in occupations which expose them to COVID-19; for example, as key workers in health and social care, essential retail and public transport and therefore less able to socially isolate. BAME people are also more likely to rely on and use public transport. Socio-economic disadvantage and being from a BAME background are closely associated with higher prevalence of obesity, diabetes, hypertension, and cardio metabolic complications– all of which increase the risk of severity of COVID-19 symptoms, as well as pregnancy related risks.

Health inequalities are exacerbated by the racism BAME people receive at work and in healthcare settings. The PHE review notes that their experience of racism means they are less likely to speak out when treated unfairly at work (for example where they are unsafely exposed to COVID-19 or not provided with adequate PPE) and are less likely to seek health care when needed.

A higher rate of inherited conditions in BAME communities

There are a number of inherited conditions which are more common amongst BAME communities, for example sickle cell anaemia and thalassaemia; congenital cardiac and other anomalies, each of which may increase the risk of severity of COVID-19 symptoms.

Communication with women and families

The current evidence identifies that all BAME women are at increased risk of becoming unwell due to COVID-19 and an individualised care plan must be in place. During the pandemic there has been a reduction in the

number of direct contacts between professionals and maternity cases. Vulnerable women must be identified early in their maternity experience and their appointments, both face to face and virtual need to be prioritised.

It is essential that the midwife identifies women with increased risk factors. BAME women who are living with socio-economic deprivation, in crowded conditions; those who were born outside of the UK and who don't have English as a first language and those with a high BMI and/or underlying medical conditions will be at particularly high risk.

Clear, accessible, locally relevant public information should be available in all areas highlighting current maternity care provision arrangements and encouraging local women to continue to engage with maternity care and seek help with any concerns about their health or the health of their baby.

Although BAME women are at increased risk of becoming seriously unwell if they contract COVID-19, this should not mean that they should be treated as at higher obstetric risk in labour if they do not have any symptoms. All women should be provided with usual high quality, respectful, safe and personalised care in labour, based on informed decisions about their birth choices, and current health. Healthy women without symptoms of COVID-19 should still have the choice to give birth at home, in water or in midwife led settings.

- A clear and sensitive explanation should be provided to explain to all BAME women receiving maternity care during the pandemic that they are at heightened risk of becoming seriously unwell with COVID-19 and that it is important they follow social distancing and infection control measures and to inform the maternity team of any symptoms of COVID19 and/or if they have had a positive test result.
- Clear regular virtual follow up procedures should be in place for pregnant women with a positive COVID-19 diagnosis, to identify any worsening symptoms and encourage attendance in hospital if required.
- It is particularly important that women engage with all their scheduled antenatal care (which may be face to face or virtual). Where face to face appointments are offered, women should be advised about staying safe during their appointments and that PPE will be used.
- For women who do not have English as their first language, translation services should be used and relevant, appropriate additional resources made available.

Mental health

- Up to one in five women will experience mental health problems during or after pregnancy. This figure is likely to be even higher for women from ethnic minorities, reflecting the higher rates of poor mental health among BAME people overall. This is likely to be associated with factors such as poverty and low social support (NIHR, 2019); experience of trauma and war, particularly among refugee and asylum seeking women. People from BAME communities are also likely to experience racism, which is stressful and has a negative effect on mental and physical health. The uncertainty surrounding the COVID-19 situation is likely to cause additional anxiety, specifically around the impact of social isolation resulting in reduced support from family and friends. Health care practitioners need to continue to signpost to mental health support ([see resources](#)).
- Maternal mental illnesses remain one of the leading causes of maternal death.

When conducting a mental wellbeing assessment consider the following:

- Recent significant changes in mental state or emergence of new symptoms
- New thoughts or acts of violent self-harm

- New and persistent expressions of incompetency as a mother

Women must be referred to specialist perinatal mental health services, if any of the above issues present.

Immigration status

Refugees, asylum seekers and people with no recourse to public funds (NRPF) are at particularly high risk, given their inability to access benefits and many statutory services. These groups are more likely to work in insecure employment, without rights to sickness and unemployment benefits, resulting in a need to work when unwell. Health care charging regulations related to immigration status are likely to deter some people from accessing healthcare. Pregnant women may be fearful of unaffordable NHS charges, meaning they delay or avoid accessing maternity care. Evidence also shows there are barriers to disclosing information about personal circumstances, for example, mental wellbeing, family support, that affect women from some BAME communities. These barriers include language and interpretation, immigration circumstances and community influences. Families with NRPF are more likely to experience financial hardship and rely on charities, such as food and baby banks in addition to other 3rd sector organisations.

Safeguarding

Measures to control the spread of COVID-19 including social distancing and isolation means women are more vulnerable to domestic abuse, as many women have been forced to isolate with violent partners, or family members. Trafficked women and those that are dependent on others for their immigration status can also be at risk of domestic abuse.

When conducting a safeguarding assessment, include the following:

- Assess how safe the woman feels in her home environment, employment and if she can access care.
- Ask about her circumstances. Is she in any immediate danger? Are there any pre-existing safeguarding concerns? Is she registered with a GP? What financial resources does she have?
- Assess the level of support you think is required and make a personalised care plan.
- Follow up administration and appointments when women do not attend. Extra time should be available to you in these circumstances.
- Where there are serious concerns and to provide immediate safety, to allow for a full health and social care assessment, consider admission. When seeing a woman face to face in hospital, ensure that she knows that she is in a place of safety. Orientate her to ward and unit. Introduce her to key people, such as team colleagues, student midwives, MSWs and administration staff as appropriate.
- Some women will need practical support if they are having financial difficulties and housing needs. Some may experience extreme financial hardship and find it difficult to access essential items such as nappies, baby equipment, nutritious food and formula milk. Signpost to local charities, food/baby banks, local authorities, befriending and advocacy services which can offer support and basic resources.
- Continuity of carer is a means of providing additional support, as the woman will not have to repeatedly relay her circumstances and the midwife is able to support any follow up interventions.

Evidence

MBRRACE 2019 Saving lives improving mother's care <https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

Nuffield Trust (2020) *Chart of the week: Covid-19 kills people in the most deprived areas at double the rate of those in the most affluent*. Available at: <https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19-kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions>

Public Health England (2020) *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

University of Oxford (2020) *Pregnant women are not at greater risk of severe COVID-19 than other women*. Available at: <http://www.ox.ac.uk/news/2020-05-12-pregnant-women-are-not-greater-risk-severe-covid-19-other-women>

The UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group COVID in pregnancy study, UKOSS (2020) Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study using the UK Obstetric Surveillance System. <https://doi.org/10.1136/bmj.m2107>

Additional resources

Femi-Ajao, O. et al. (2018) A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK. [Access here](#)

Maternity Action Briefings <https://maternityaction.org.uk/2020/06/migrant-women-no-recourse-to-public-funds-and-the-pandemic/>

Memon, A. et al. (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. <https://bmjopen.bmj.com/content/6/11/e012337>

Mental Health Foundation <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

National Institute for Mental Health in England, (2003) *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*, London, Department of Health <https://www.jcpmh.info/wp-content/uploads/jcpmh-bme-guide.pdf>

NIHR Evidence (2019) *New insights into how ethnicity and culture affect maternal mental health - Informative and accessible health and care research* <https://evidence.nihr.ac.uk/alert/new-insights-into-how-ethnicity-and-culture-affect-maternal-mental-health/>

Royal College of Psychiatrists (2020) *COVID-19 Working with vulnerable people: Pregnant women and those in the perinatal period*. Available at: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding->

[to-covid-19-guidance-for-clinicians/community-and-inpatient-services/covid-19-working-with-vulnerable-patients](#)

Wellock, V. (2010) Domestic abuse: Black and minority-ethnic women's perspectives. <https://europepmc.org/article/med/18606484>

Williams, D.R. (2018) Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of Health and Social Behavior*, 59(4), 466-485. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532404/>

Resources for migrants

Maternity Action <https://maternityaction.org.uk/get-free-advice/> Freephone advice line on 0808 800 0041 open on Tuesdays, Wednesdays and Thursdays 10 am–12 noon

Mental Health Apps: Thrive <https://www.nhs.uk/apps-library/thrive/>

Migrant Help <https://www.migranthelpuk.org/about-asylum-services> Free 24/7 Helpline 0208 801 0503

Refugee Action resource list: <https://www.refugee-action.org.uk/help-support-advice-services/>

Resources for mental health

Mental Health Apps: Thrive <https://www.nhs.uk/apps-library/thrive/>

Royal College of Psychiatrists advice: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/perinatal-care-and-covid-19>

Resources for domestic violence

National Domestic Abuse helpline - 0808 2000 247 or online contact form

Royal College of Midwives [FGM Specialist Network](#)

Women's Aid COVID resource hub <https://www.womensaid.org.uk/covid-19-resource-hub/>

You can also visit the TUC domestic abuse and coronavirus learning tool <https://learning.elucidat.com/course/5e875ae4d0715-5e8c6417dfc28>

References and links to online and virtual support and guidance

RCM i-learn

RCM i-learn <https://www.ilearn.rcm.org.uk/course/info.php?id=633>

Nurturing infant mental health - <https://www.ilearn.rcm.org.uk/course/view.php?id=369>

Perinatal mental health - <https://www.ilearn.rcm.org.uk/course/view.php?id=628>