

IMPROVING PERINATAL MENTAL HEALTH OUTCOMES FOR BLACK, ASIAN AND MINORITY ETHNIC WOMEN:

A PERSPECTIVE FROM A STUDENT MIDWIFE WORKING IN THE LONDON BOROUGH OF BARNET

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INTRODUCTION

The Nursing and Midwifery Council (NMC) describes perinatal mental health (PMH) concerns as conditions occurring during pregnancy and up to one-year postpartum ¹. The National Health Service (NHS) states that nationally, 27% of mothers are affected with PMH disorders throughout the perinatal period ².

During my placement at Barnet Hospital as a student midwife, I've cared for numerous minority ethnic women. I've witnessed the postnatal trauma caused by several factors; including racial disparities, cultural stigma, and socioeconomic inequalities. Women of Asian background have expressed to me how the care they received has impacted their postpartum experience negatively, which has affected their mental health and ability to bond with their newborn. Through these anecdotes, I became strongly influenced to raise awareness as a student midwife on cultural humility and promote interventions to prevent other women from experiencing such situations.

BACKGROUND

One in five women encounter PMH problems ranging from anxiety, depression, to more severe disorders such as postpartum psychosis and schizophrenia. The World Health Organisation (WHO) state that the long-term effects of untreated perinatal mental health problems for women can result in an increased risk of obstetric complications such as pre-eclampsia, post-partum haemorrhage, preterm birth, stillbirth, as well as suicide ³. Furthermore, complications for neonates can also occur, including an increased risk of developing physical illnesses, as well as both emotional and behavioural challenges throughout their childhood.

The National Institute for Health and Care Research (NIHR) state that women from a Black and Minority Ethnic (BAME) background are at a higher risk of encountering PMH problems for several reasons including language barriers, cultural beliefs on PMH which discourages women from seeking help, as well as limited awareness of available services. Furthermore, women from BAME backgrounds are at a disadvantage of receiving necessary support due to the stigma of PMH. There is a significant link between ethnicity, socio-economic deprivation, and poor maternity outcomes for BAME women ⁴.

MULTIFACTORIAL COMPLEXITIES

The MBRRACE-UK report highlighted that 40% of maternal deaths from BAME backgrounds are due to PMH problems. There are a variety of multifactorial complexities as to why women from an ethnic background are more likely to experience this ⁵.

CULTURAL DIFFERENCES

It is highly important to ensure that the care we provide is culturally sensitive and competent. A study has shown that South Asian women are more likely to experience postnatal depression due to culture clashes, leading women to feel misunderstood and unsatisfied with their care ⁶. Minority ethnic women may fear the stigma of reaching out for help and support when suffering from perinatal mental health problems, leading women to suffer alone without the necessary support and help.

LACK OF TAILORED SUPPORT

The London Borough of Barnet has 389,340 residents as of 2021, with 52% of its population listed as female ⁷. Within this borough, 20% of women experience PMH disorders ⁸. 58% of the population within Barnet are of White ethnic background, with only 19% from an Asian background and 7.9% from a Black background ⁷. This suggests that PMH services may not be individualised to BAME women due to a lack of representation within the community. It is important to note that NICE ⁹ states that BAME women are more likely to have experienced racism and prejudice from healthcare services, therefore highlighting a potential barrier for BAME women to utilise PMH services.

SOCIO-ECONOMIC INEQUALITIES

The UK Parliament state that the 2022 MBRRACE-UK report shows that women residing in areas which are most deprived have shown a link to have a higher maternal mortality rate ¹⁰. Barnet Council identifies that individuals from Black and Asian backgrounds are twice as likely as White residents to utilise adult social care, and Black residents in Golders Green were twelve times more likely to approach Barnet council as homeless as compared to white residents ¹¹. This indicates how socioeconomic hardships can act as a stressor, contributing towards PMH disorders.

LANGUAGE BARRIERS

Women who are unable to advocate for themselves and voice their concerns within their care results in inadequate maternity experiences, leading to poorer PMH and perinatal outcomes ¹². This results in women feeling powerless, isolated and vulnerable. Within Barnet, the most common foreign languages are Romanian, Persian, Polish, Gujarati and Portuguese ⁷. Between 2011 and 2021, all other ethnic groups apart from White ethnic groups increased in residency within Barnet ¹³. Therefore, an interpreter should be offered to all women if there are any concerns raised regarding lack of understanding and speaking English.

PROPOSED INTERVENTIONS

All staff providing perinatal care both within the hospital and community setting should undertake mandatory training on the provision of culturally competent PMH care. Equality, diversity and inclusion departments within NHS Trusts should be involved to ensure knowledge is up-to-date and evidence based.

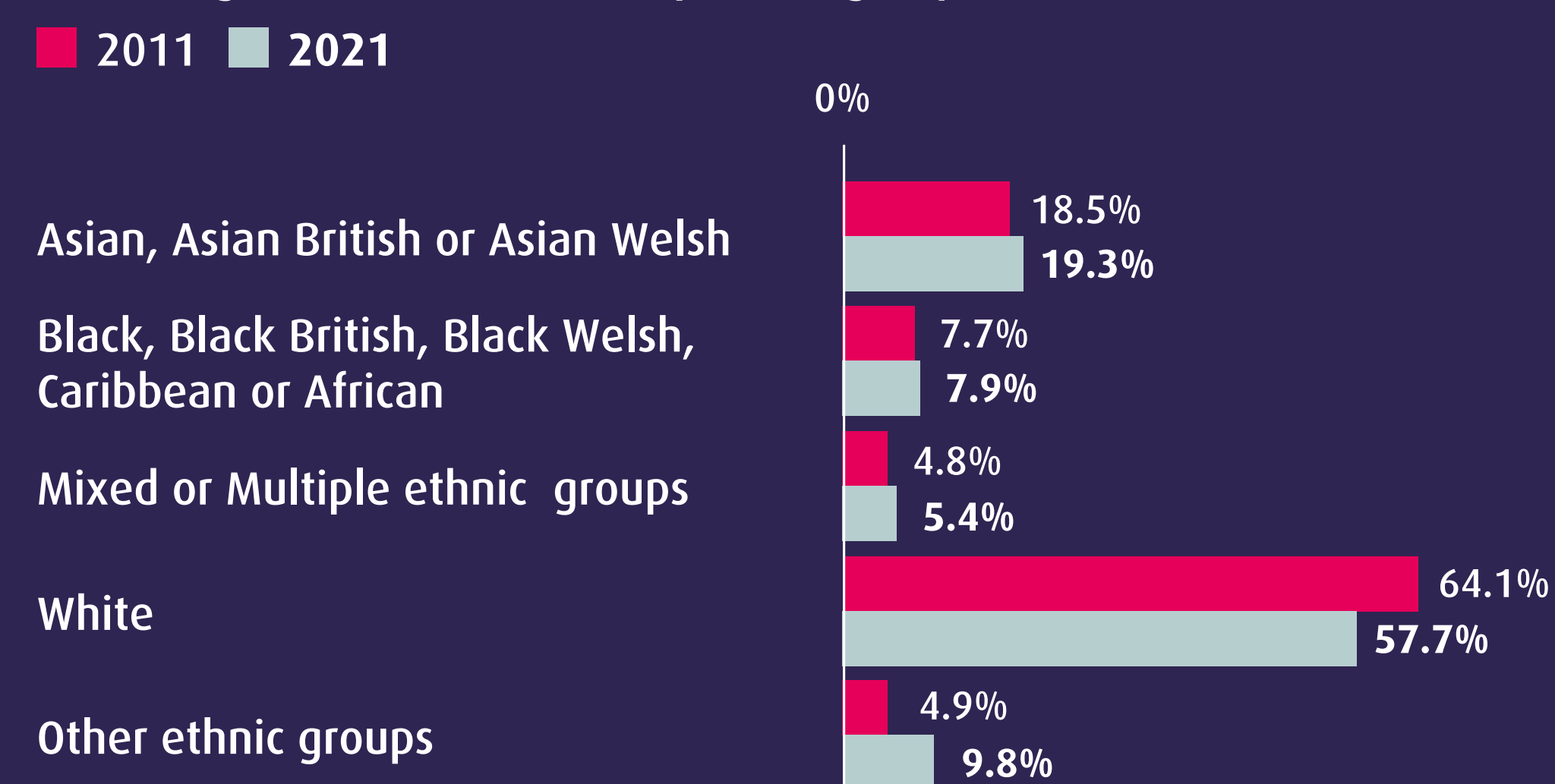
Care should always be individualised to the woman and her family. Staff should be encouraged to be aware of their own unconscious biases and avoid prejudice and judgement when caring for women and their families who may have different cultural beliefs and provide evidence-based information to allow women to make informed choices. The Royal Free London NHS Foundation Trust provide parent education classes for Black women, promoting individualised and culturally sensitive care.

Universities should ensure that the education student midwives receive is culturally competent and reflective of the diverse population that they will care for. Students must be supported to raise any concerns they see in practice and advocate for safe care for all women.

IMPACT

We believe that the impact of advocating for inclusive PMH care will result in improved perinatal outcomes for BAME women, alongside improving their birth experience. By increasing awareness that BAME women are more likely to experience poor PMH due to a multitude of barriers, healthcare professionals and students are encouraged to adopt a culturally responsive approach to the care they provide. Healthcare professionals must continue to safeguard women from additional adversities.

Percentage of usual residents by ethnic group, Barnet



Source: Office for National Statistics – 2011 Census and Census 2021

REFERENCES

1. Nursing and Midwifery Council (NMC) (2019) [online] NMC sets out proposals to transform the future of midwifery care across the UK. Available at: <https://www.nmc.org.uk/news/press-releases/nmc-sets-out-proposals-to-transform-the-future-of-midwifery-care-across-the-uk/> (Accessed 05/08/2025).
2. National Health Service (NHS) (2018) Perinatal Mental Health [online] Available at: <https://www.england.nhs.uk/mental-health/perinatal/#:~:text=Perinatal%20mental%20illness%20affects%20up,child%2C%20and%20the%20wider%20family.> (Accessed 05/08/2025).
3. World Health Organization (2022) WHO guide for integration of perinatal mental health in maternal and child health services. [online] Available at: <https://www.who.int/publications/i/item/9789240057142> (Accessed 05/08/2025).
4. National Institute of Health and Care Research (NIHR) (2021) Maternity healthcare during pregnancy and afterwards: women from some ethnic minority backgrounds face barriers to access [online] Available at: <https://www.nihr.ac.uk/resources/implementation/publications/maternity-healthcare-during-pregnancy-and-afterwards-women-from-some-ethnic-minority-backgrounds-face-barriers-to-access/> (Accessed 05/08/2025).
5. MBRRACE-UK (2023) 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. [online] Available at: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Report_2023.pdf (Accessed 05/08/2025).
6. Pilav, S., Backer, K., Easter, A., Silverio, S., Sundaresh, S., Roberts, S., and Howard, L. (2023) 'A qualitative study of ethnic minority women's experiences of access to and engagement with perinatal mental health care', *Background*, 421(23) pp. 2-13.
7. Open Barnet (2021) Census Factsheet [online] Available at: <https://open.barnet.gov.uk/insight-and-intelligence/census-2021> (Accessed 05/08/2025).
8. Local Government Association (2022) Barnet: Tackling perinatal mental health problems [online] Available at: <https://www.local.gov.uk/barnet-tackling-perinatal-mental-health-problems> (Accessed 05/08/2025).
9. National Institute for Health and Care Excellence (NICE) (2018) [online] Available at: <https://www.nice.org.uk/guidance/qs144> (Accessed 05/08/2025).
10. UK Parliament (2023) Black maternal health - Women and Equalities Committee (Accessed 05/08/2025).
11. Open Barnet (2024) Inequalities [online] Available at: <https://open.barnet.gov.uk/insight-and-intelligence/inequalities> (Accessed 05/08/2025).
12. Khan, Z. (2021) 'Ethnic health inequalities in the UK's maternity services: a systematic literature review', *British Journal of Midwifery*, vol. 29, no. 2. <https://doi.org/10.12968/bjom.2021.29.2.100>
13. Office for National Statistics (2023) How life has changed in Barnet: Census 2021 [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/birthdeathsandmarriages/perinatal/how-life-has-changed-in-barnet-census-2021> (Accessed 06/08/2025).