

**SOUTHWARK MATERNITY
COMMISSIONING**

**EUGENE OTENG-NTIM AND GINA
BROCKWELL**



**Evelina
London**

MBRACCE Report

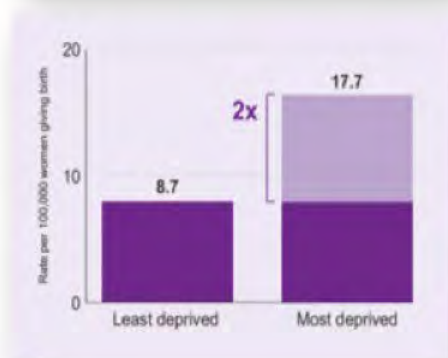
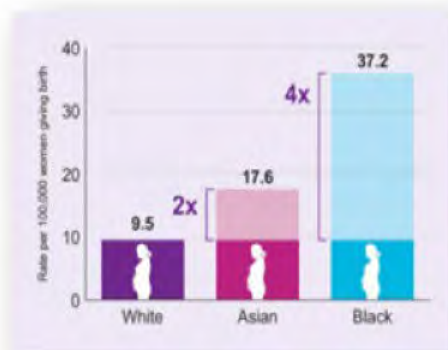
- **Every woman deserves safe, personalised and compassionate care throughout their pregnancy. Supporting this is an absolute priority**
- Maternal mortality has increased by 16%
- Compared to 2017-19, the last complete triennium, there was a statistically significant increase in the overall maternal death rate in the UK in 2020-22. This increase remained statistically significant when deaths due to COVID-19 were excluded.

Key messages

from the surveillance report 2023

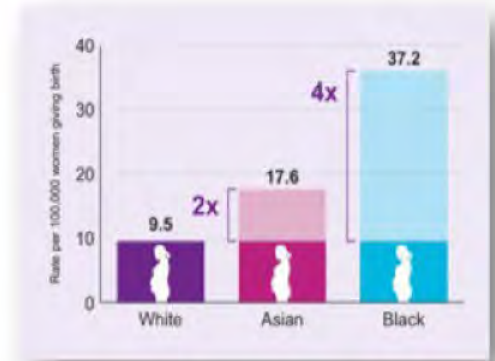
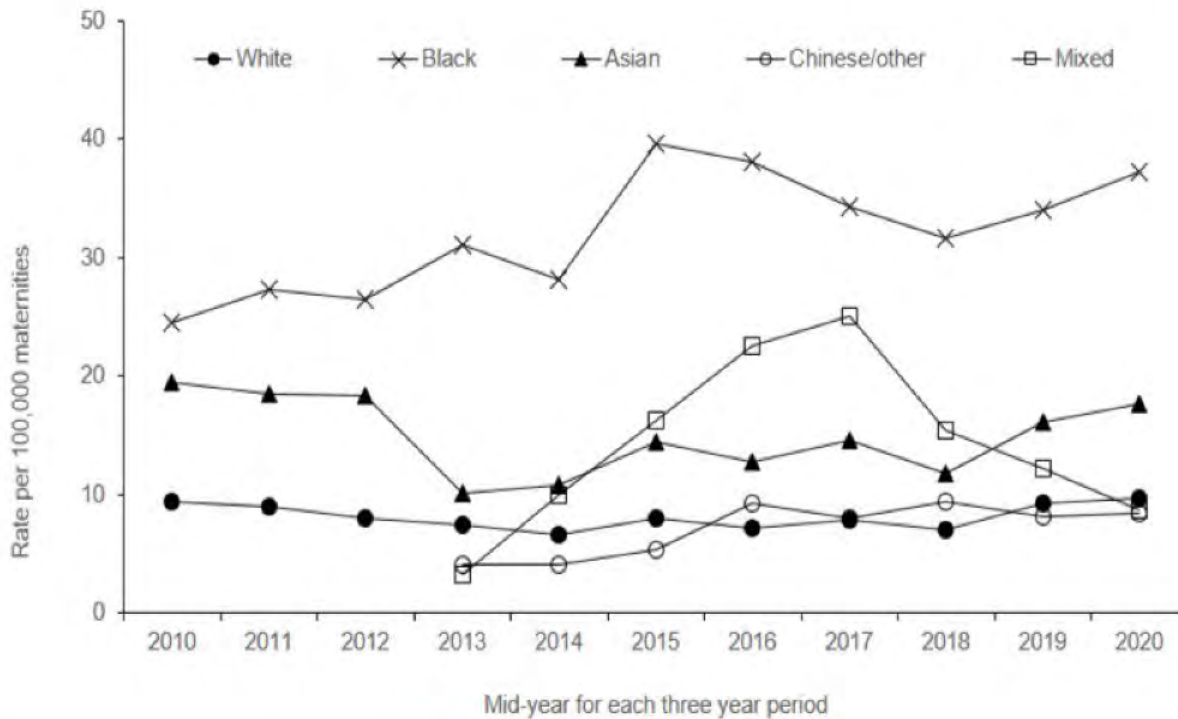


Continued disparities



- There remains a nearly four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women.
- 12% of the women who died during or up to a year after pregnancy in the UK in 2019-21 were at severe and multiple disadvantage. The main elements of multiple disadvantage were a mental health diagnosis, substance use and domestic abuse.
- Women living in the most deprived areas continue to have the highest maternal mortality rates, emphasising the need for a continued focus on action to address these disparities.

Ethnic Disparities



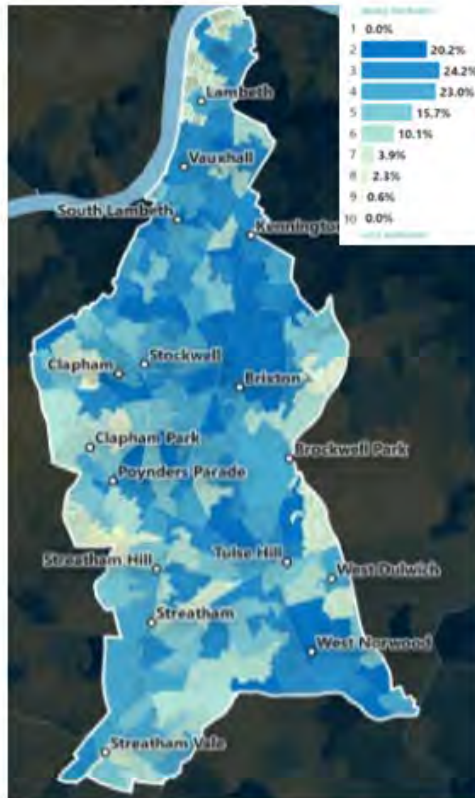
Black and Asian women have a higher risk of dying in pregnancy

White women	10/100,000
Mixed ethnicity women	9/100,000
Asian women	18/100,000 (1.8x)
Black women	37/100,000 (3.8x)

*Data for England only due to availability of denominator data

Caring for the pregnant population of Southwark

Lambeth

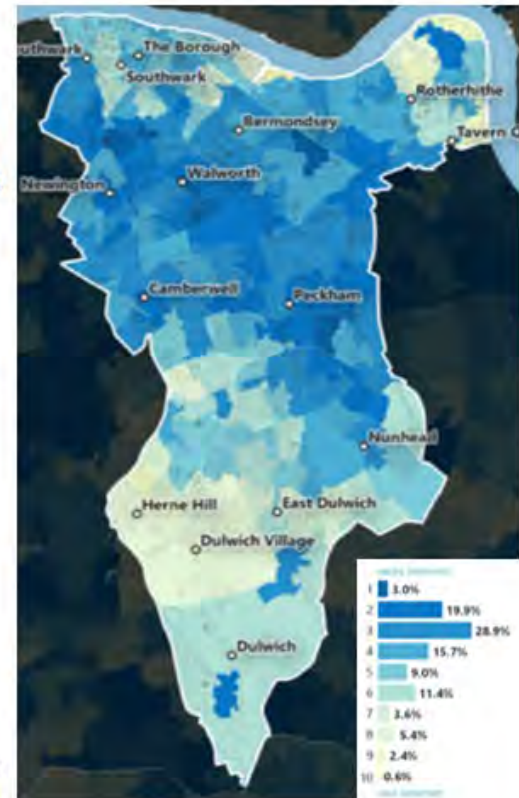


- Deprivation in Southwark is concentrated in the north and centre of the borough with large affluent areas in the south
- ~23% of the population live in LSOAs in the most deprived quintile in the country
- ~2.4% of the population live in LSOAs in the least deprived quintile in the country

- Deprivation in Lambeth is spread across the borough with small pockets of affluence throughout
- ~20% of the population live in LSOAs in the most deprived quintile in the country
- ~0.6% of the population live in LSOAs in the least deprived quintile in the country

More deprived Less deprived
Relative level of deprivation

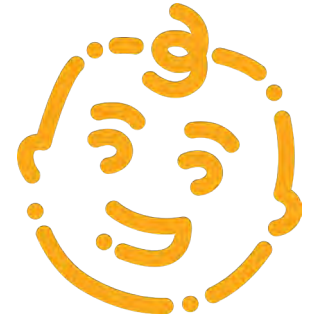
Southwark



How do Southwark commissioners address maternal health inequity

- A single answer: Population health management: Redesigning care pathways that addresses health inequity
- Legal requirement: 1. The health and care act 2022 2. Core 20+5 : a focus of national policy
- Moral case
- It is cheaper to do this in-utero and in early years
- You need proof of concept case examples

LEAP reach



~**600** LEAP babies since mid-2018

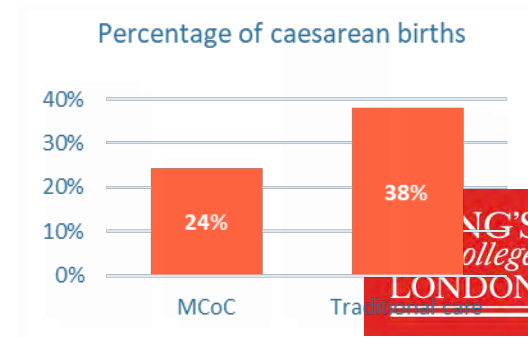
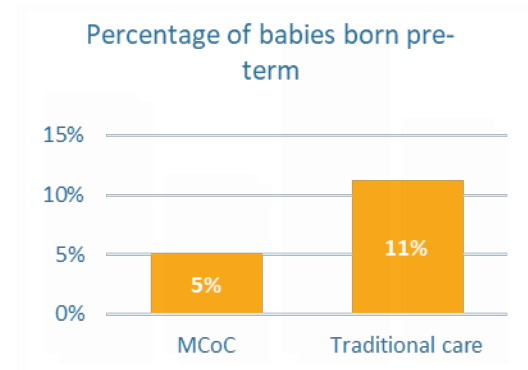
- 90% of LEAP caseload clients live in areas of greatest deprivation
- 62% of LEAP caseload clients identify their ethnicity as not white
- Most common social risk factors include mild to moderate mental health problems, social care involvement, domestic violence, refugee status, survivors of childhood sexual abuse, teen pregnancy



LEAP outcomes

Significant reduction in preterm birth rates in women allocated to caseload midwifery care, when compared with women who received traditional midwifery care (5.1% vs 11.2%)

Caesarean births were significantly reduced in women allocated to caseload midwifery care, when compared with traditional midwifery care (24.3% vs 38.0%), including emergency caesarean deliveries (15.2% vs 22.5%)



Hadebe R, Seed PT, Essien D, Headen K, Mahmud S, Owasil S, Fernandez Turienzo C, Stanke C, Sandall J, Bruno M, Khazaezadeh N, Oteng-Ntim, E. Can birth outcome inequality be reduced using targeted caseload midwifery in a deprived diverse inner city population? A retrospective cohort study, London, UK. *BMJ open*. 2021 Nov 1;11(11):e049991.

What other Population Health Management

- We have given you one proof of concept:
- Others are
- Commission for pre-pregnancy services in family and children hubs
- LEAP Community Activity Programme to address maternal obesity
- PAIRS : Parent and infant relationship Services
- Baby steps: Intervention delivered by midwives training will be parents to understand and bond with their babies plus a focus on infant feeding

Keeping informed of national learnings

- Maternity Clinical Governance Teams review national guidelines (NICE) and national reports. A gap analysis is carried out to measure compliance and areas for improvement.
- Learning from national reports (e.g; MBRRACE) Presented and discussed at mandatory training and MDT clinical governance meeting
- Report to quality and performance board, TRAC and LMNS
- Mandated national recommendations are implemented and clinical audit carried out to measure compliance and identify areas for improvement.

Organisational culture for EDI

- Diverse recruitment practice eg. recruitment panels consists of global majority
- **Training and Development:** Providing diversity training to employees and management teams to foster understanding
- **Supportive Work Environment:** Creating a workplace culture that values and respects diversity
- **Leadership Commitment:** Having visible and committed leadership that champions diversity and inclusion

Ensuring EDI for patients

- 1. Cultural Competence Training:** Providing staff with training to enhance cultural competency, ensuring they understand diverse cultural practices, beliefs, and values that may impact healthcare decisions and interactions with patients.
- 2. Diverse Representation:** Ensuring diversity among healthcare providers to better reflect the patient population, which can enhance trust and communication between patients and providers.
- 3. Language Access:** Offering interpreter services and multilingual staff to facilitate effective communication with patients who may have limited proficiency in the primary language used in the healthcare setting.

What roles do MNVP plays

- Advocacy and policy influence
- Community engagement and education
- Collaboration and partnership
- Advisory role

CQC review

- **Review and Analysis:**
 - Accessibility and timeliness of medical review in the Maternity Triage/Maternity Assessment Unit (MAU), and improvement of MAU facilities. A business case is in progress with the aim of improving the MAU environment and facilities and a review of midwifery and medical staffing levels.
 - Recruitment and retention of midwifery and obstetric staff.
- **Action Plan Development:** Based on the identified recommendations, the organisation developed a comprehensive action plan outlining specific steps, timelines, responsibilities, and resources required to address the highlighted issues.
- **Implementation of Changes:** The organisation implements the action plan, making necessary changes and improvements in line with the recommendations provided by the CQC. This involved staff training, policy revisions, infrastructure enhancements, or process modifications.

MBRRACE

- Lay summary
- Key messages
- Communication channels
- Create engagement contents

MBRRACE

- Policy review
- Implementation of best practice
- Resource allocation
- Education and training
- Continuous improvement

MBRACCE Report

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