**Strategies for enabling and facilitating access to midwife-led birth settings for racialised women in the UK: A scoping review protocol.**

Anna Melamed, MSc student, Global Maternal Health, City, University of London

Dr Marina A. S. Daniele, Lecturer in Midwifery, City, University of London

Prof Christine McCourt, Professor of Maternal and Child Health, City, University of London

Dr Lucia Rocca-Ihenacho, Senior Lecturer in Midwifery, City, University of London

Anna Horn, PhD Candidate, City, University of London

**Overall review objective**

Racialised women and their babies have worse perinatal outcomes (NPEU, 2020) and worse experiences of maternity care than white women in the UK (Peter and Wheeler, 2022, Birthrights, 2022, Gohir, 2022). It is well known that midwife-led birth settings (MLBS) have comparable or improved clinical outcomes (Scarf et al., 2018), higher level of maternal satisfaction (Hodnett et al., 2010), and can offer woman-centred, culturally safe care (Rogers et al., 2020) when compared to obstetric-led care settings. MLBS could improve both outcomes and experience for racialised women by offering personalised , culturally appropriate and respectful care. This scoping review will investigate facilitators and barriers to access to MLBS for racialised women in the UK and any successful interventions aimed at facilitating access.

**Definitions**

We use the term “racialised women” to encompass black and brown women and birthing people, and other women and birthing people racialised by British society. Midwife-led birth settings include the home and alongside or freestanding midwifery units defined as ‘a location offering maternity care to healthy women with straightforward pregnancies in which midwives take primary professional responsibility for care’ (Rocca-Ihenacho et al., 2018). They are based on a midwifery model of care with a defined scope of practice (International Confederation of Midwives, 2019). Access can be understood as those who use the service or understand themselves to be fully able to. Barriers can be institutional, economic, medical (including pathologisation and iatrogenic causes), geographical, workplace cultures and others.

**Details of any preliminary searches undertaken**

A preliminary search in October 2022 of the PROSPERO database for systematic reviews revealed no existing or registered similar scoping or systematic review on racialised women access to MLBS. A preliminary search using similar search terms to those below in Ovid and EBSCO host indicated the search parameters are sufficiently specific and broad. Limited specific research on this subject means a systematic review would not be feasible, whereas a scoping review could yield useful results.

**The problem**

Racialised women and their babies have worse perinatal outcomes (NPEU, 2020, Scarf et al., 2018) and worse experiences of maternity care than white women in the UK (Peter and Wheeler, 2022, Birthrights, 2022, Gohir, 2022). Increasing access to MLBS could improve both the outcomes and experience of racialised women needing maternity care.

We found very little quantitative data regarding the use of MLBS by ethnicity, indicating a research gap. Across the general population the use of MLBS for birth is at 12% (NHS England, 2021); much lower than the potential 45% of all women at the start of labour (Sandall et al., 2014, Walsh et al., 2020). The Birthplace study reveals a higher proportion of white affluent women accessing freestanding midwifery units (Hollowell et al., 2015). Qualitative and anecdotal data suggests the low take up of MLBS may well be exacerbated for racialised women. There is growing evidence that MLBS are not offered or promoted to racialised women both on a structural and individual level by health care professionals (Henderson, Gao and Redshaw, 2013, McCourt et al., 2012). Research on black and Muslim women’s maternity care revealed a lack of fully informed choice being offered regarding place of birth (Peter and Wheeler, 2022, Gohir, 2022).

Our research acknowledges existing evidence of institutional racism in the NHS (Fernandez Turienzo et al., 2021, Taylor, 2020, Peter and Wheeler, 2022, Birthrights, 2022), which itself exacerbates and reinforces the material and social inequality prevalent in society; economic (Office for National Statistics, 2020), racist migration laws (Maternity Action, 2022), language, social and cultural inequalities (Rogers et al., 2020). A woman’s experience of maternity services can become either an exacerbating (Khan, 2021) or a mitigating (Overgaard, Fenger-Grøn and Sandall, 2012) factor.

**Access to MLBS**

Public Health England (2020) identified the scope for improving outcomes for racialised women by offering midwifery-led services. MLBS provide good maternal outcomes across the board including lower rates of instrumental delivery, higher rates of maternal satisfaction and better clinical outcomes including lower rates of post-partum haemorrhage, better breastfeeding rates, and reduced medium- and long-term morbidities (NICE, 2017, Scarf et al., 2018, Cohen et al., 2018). Additionally, MLBS may be better placed to offer culturally safe care than obstetric-led settings due to the highly personalised care, the possibility of continuity of carer and the emphasis on relational care in the biopsychosocial model (Macfarlane et al., 2014, Rogers et al., 2020). Higher use of MLBS by racialised women may therefore improve both satisfaction with maternity care and outcomes. Data from the Birthplace study show no difference in serious adverse maternal outcomes in midwifery units for racialised women, in contrast to the overall national figures (Hollowell et al., 2015). This indicates a need for an analysis of the barriers and facilitators to develop a strategy for informing, encouraging and promoting access to MLBS for racialised women. This scoping review will not set out to evaluate issues of the quality of midwifery care for racialised women per se. However, this topic may arise as theme when analysing the data.

**What this review will add**

In order to deliver equitable care and improve outcomes for racialised women it is imperative to ask: what strategies and best practice facilitate access to MLBS for low-risk racialised women? To date there is no comprehensive research about barriers and facilitators for access to MLBS for racialised women. This is the first study to explore that question directly and offer insights for strategies for improvement of access.

# **Review question**

What good practice, barriers or rationale have been documented regardingstrategies for enabling and facilitating access to midwife-led birth settings for racialised women in the UK?

# **Keywords**

Birth centre, inclusivity, racism, woman-centred, personalised care, BAME, minority-ethnic, midwife-led, midwifery unit.

**Eligibility criteria**

The objective of this scoping review is to assess and synthesise the extent of the literature relating to facilitators and barriers to midwife led birth settings for racialised women in the UK. As there is limited direct research on the topic, literature that contains relevant material will be considered. The unique history of the United Kingdom and the specific context of midwife led services necessitates the scope of the review to be UK only research and discussion papers. We have included BAME, migrant and other terms in the search terms as literature pertaining to these groups or using these definitions may yield useful content. Research within the last 10 years from academic publications and grey literature will be considered. Excluded are articles describing the problem of poor outcomes as that is not the scope of this review.

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| **Inclusion** | **Exclusion** |
| UK only | Descriptive of the poor outcomes only |
| 2012 - 2022 | Focus on ethnically white minorities |
| Academic and grey literature | Focus on quality of care only (not access to care) |
| Qualitative, quantitative or mixed method |  |

**Search strategy**

**Academic texts**

Search engines:

* Ovid
* EBSCO host
* Backchain from selected articles.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OR | AND | OR | AND | OR |
| Black | Midwi\* led | Access to care |
| Brown | Midwi\* | Facilitat\* |
| BAME | Birth\* centre | Enable |
| Ethnic minority | Midwi\* unit | Barrier\* |
| \*Caribbean |  | Respond\* to needs |
| Migrant | Access |
| Refugee |  |
| Asylum seeker |
| Racialised |
| African |
| Asian |
| Muslim |

**Grey literature**

Grey literature search using OpenGrey on-line database and specific searches including existing practice documents or toolkits developed by health or social care providers aimed at increasing or facilitating access for racialised women in maternity settings.

**Data analysis**

Qualitative data from the selected literature will be analysed using thematic inductive analysis. Any quantitative data gathered will be synthesised where possible.

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