

# Learning from the pilot project evaluation

## Background

Black women are four times more likely to die during pregnancy or in the postnatal period than White women. Stillbirth rates of Black and Black British babies are over twice those for White babies.

The reasons for the disparity are described as a 'constellation of biases'. Unconscious bias, stereotyping and lack of diversity competency have the potential to result in health services that disadvantage women from non-White ethnic backgrounds.



## About Black Maternity Matters

The Black Maternity Matters pilot was designed to deliver meaningful, actionable improvements to reduce inequity of outcomes for Black women within maternity systems through a collaborative quality improvement (QI) approach.

A key component of the pilot was the delivery of anti-racism training for midwives and maternity support workers. The training aimed to examine unconscious biases and the role of the individual in perpetuating unsafe systems of care for Black women.

## The evaluation

The training and later aspects of implementing QI approaches in maternity systems formed the basis for this evaluation.

Our aim was to understand the impact of the anti-racism training for midwives and maternity support workers from two hospital trusts in Bristol.

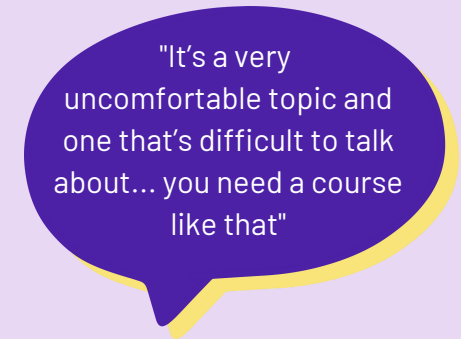
We also wanted to document the experiences of the steering group to deliver a co-produced pilot between the NHS partners and voluntary, community and social enterprise sector (VCSE) stakeholders involved, and to identify the strengths of this model.

# What we found



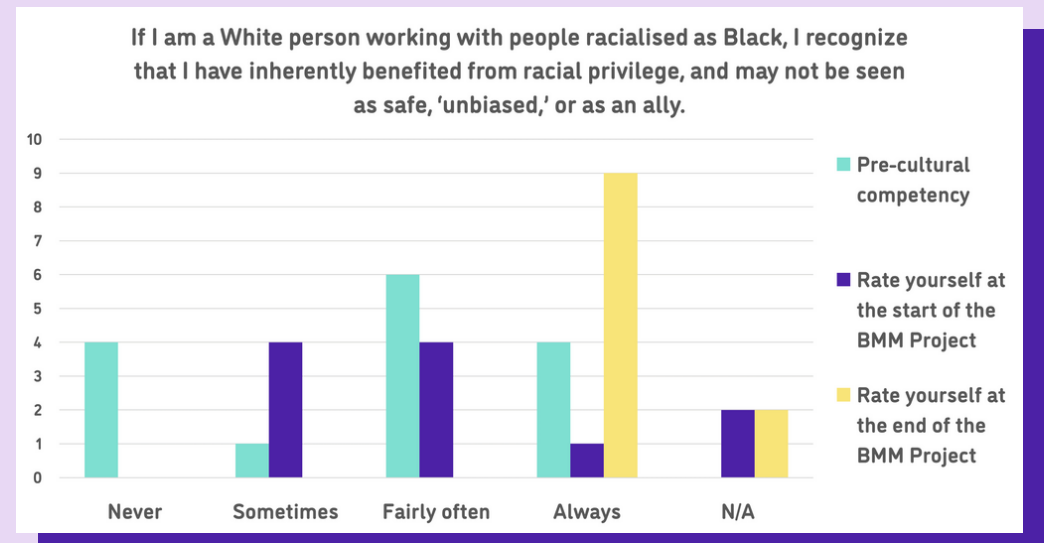
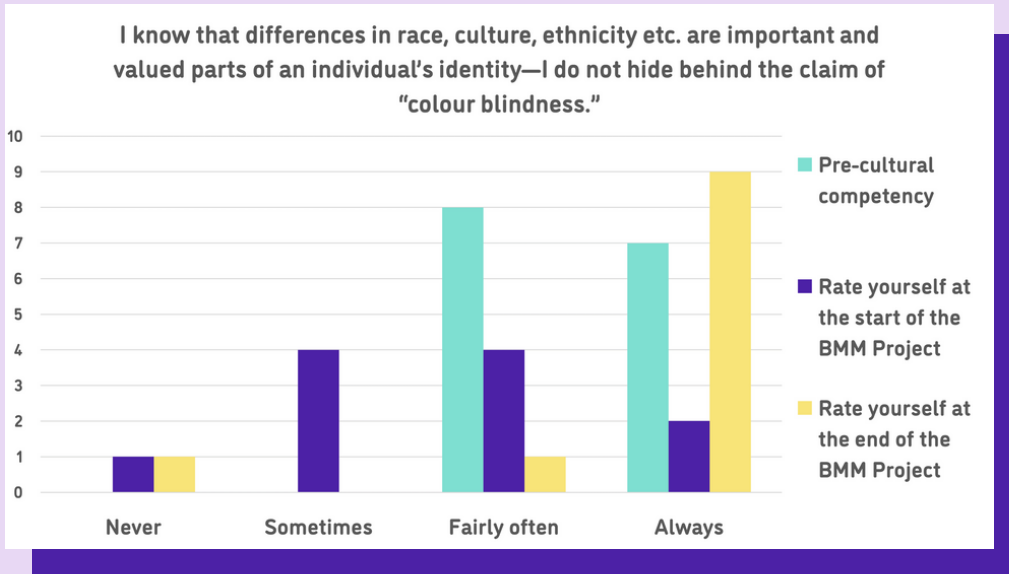
## Self-perceived knowledge and skills

- Participants overestimated their cultural competency at the start of the training, demonstrating the Dunning-Kruger effect of cognitive bias.
- At the end of the training, all participants showed a significant increase in the knowledge and skills associated with cultural competency (n=11 linked data sets).



## Participants' learning and experiences

- Participants increased their understanding of how racism impacts health inequalities and could transfer this to their work context.
- The focus on anti-racism has the potential to cause discomfort but participants felt this was part of a necessary journey.
- Branding the training as anti-racist creates a bold statement but could feel too 'hard-hitting'. Consider a balance in the use of language to describe the training for future courses.

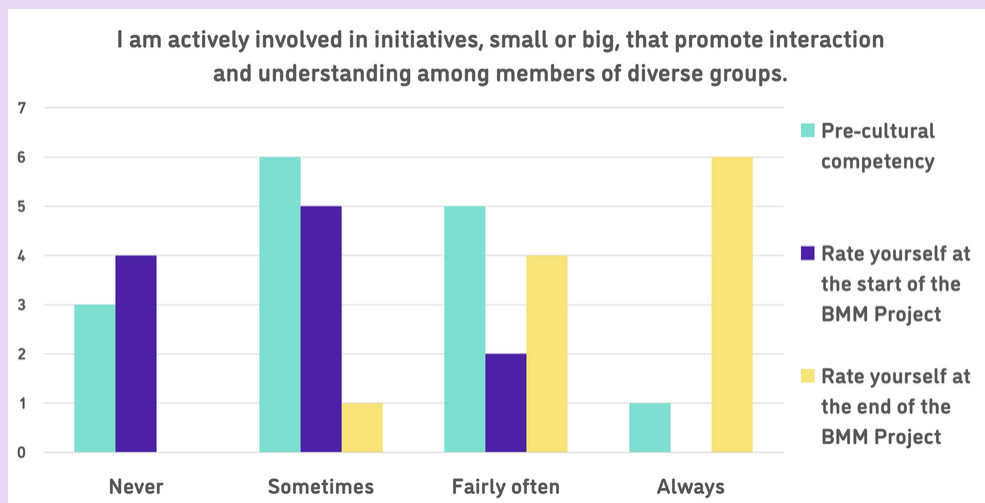


# What we found



## Training as a catalyst for change

- Participants' improved understanding of the impacts of racism has the potential to act as a catalyst for change.
- Quality improvement training should form an integrated aspect of the programme.
- The Midwife Champions need internal support from organisations and should be someone with either lived experience or demonstrate a good understanding of the issues of racism.



"If you have a collective of people within a particular environment making change, we can penetrate it at a much deeper level to get to the core root issues which are systemic racism. And then we could do much more to challenge the maternity system and make a difference to these women"



## Pilot structure and implementation

- The partnership between the West of England Academic Health Science Network, VSCE and health community was an integral aspect to the success of the project.
- Training should be extended to organisational and clinical leadership to enhance systems change in health settings.
- A programme such as this should be embedded in organisational strategies for Equality, Diversity and Inclusion.

Read more about the evaluation findings at

[www.weahsn.net/black-maternity-matters](http://www.weahsn.net/black-maternity-matters)