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Reviewed July 2021

Clinical briefing: Women from ethnic minorities and impact of COVID

Current key guidance

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

MBBRACE (2019) identified that women from black Asian and ethnic minority groups are respectively five times, three times and twice more likely to die due to pregnancy related complications.

Death rates from COVID-19 have been shown to be higher for black and Asian ethnic groups when compared to white ethnic groups. Among females, deaths were almost 3 times higher in this period in black, mixed and other females and 2.4 times higher in Asian females compared with 1.6 times in white females (Public Health England (PHE), 2020).

Evidence suggests inequalities lie behind poor health outcomes for black, Asian and minority ethnic groups. Several factors are thought to contribute towards the disadvantage experienced by these groups, including job roles, income, housing and access to appropriate healthcare and social support (Marmot 2020).

Health inequalities

As a result of racism, people from ethnic minority backgrounds are more likely to experience socioeconomic disadvantage, which is known to be closely linked to poorer health outcomes, or health inequalities. The PHE review confirmed that there are strong associations between socioeconomic disadvantage,

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contracting COVID-19 and experiencing poor outcomes. For example, the review found that the risks associated with COVID-19 transmission, morbidity and mortality are heightened by housing challenges faced by ethnic minorities such as overcrowding and affordability. They are more likely to work in occupations which put them at higher risk of contracting COVID-19, e.g. as key workers in health and social care, essential retail and public transport and are therefore less able to socially isolate and are also more likely to rely on and use public transport.

Socioeconomic disadvantage and race are closely associated with higher prevalence of non-communicable diseases such as obesity, diabetes, hypertension and cardio metabolic complications because of biological weathering. All these conditions have an impact on pregnancy and on the severity of COVID-19 outcomes.

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

Inherited conditions

There are several inherited conditions which are found to be more common amongst certain minority groups. These include 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

Information on care and services should be co-produced with the women, Maternity Voices Partners and community organisations who are representative of local women and families. These should be tailored, using appropriate languages and in relevant formats and media..

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

Although ethnic minority women are at increased risk of becoming seriously unwell if they contract COVID-19, they do not need to be treated as a higher obstetric risk in labour if they are asymptomatic. All women should be provided with 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 given to all women from ethnic minority backgrounds receiving maternity care during the pandemic. This should alert them to the heightened risk of becoming seriously unwell with COVID-19 and the importance of following social distancing and infection control measures. An individualised care plan must be put in place.

For women who do not have English as their first language, interpreting services must be used, with additional resources available, as appropriate.

Data
To assist with the accumulation of evidence and identify those most at risk, accurate data must be recorded on maternity information systems on the ethnicity of every woman, as well as other risk factors, such as living in a deprived postcode, co-morbidities, BMI and those aged over 35.

Vitamin D
Women with dark skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should be encouraged to take a daily supplement of 10 micrograms. These are available through Healthy Start and uptake of this scheme by those who are eligible should be encouraged.

Mental health

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Maternal mental illness remains one of the leading causes of maternal death. Up to one in five women will experience mental health problems during or after pregnancy. This figure is likely to be higher for women from ethnic minority backgrounds, reflecting the higher rates of poor mental health among women
from those backgrounds. This could be associated with a range of factors, such as poverty and low social support (NIHR, 2019) or experience of trauma and war, particularly among refugees or those seeking asylum.

People from ethnic minority 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).

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 those 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

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personal circumstances, for example, mental wellbeing or lack of family support, that affect some women. Barriers can also 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
It is unknown how prevalent domestic abuse and violence is among women across the population (PHE 2014), in part because of underreporting. We do know trafficked women are at increased risk of abuse but failure to disclose can be because of the woman's concerns for her immigration status, community influences, problems with language and interpretation, and unsupportive attitudes of staff. This risk increases if they have been forced to isolate with violent partners, family members or those they may be dependent on for their immigration status.

Domestic abuse
As per our recent updated guidance on conducting a safeguarding assessment, include the following:

- how safe the woman feels in her home environment or talking to you
- the level of support required
- the need for immediate safety
- the need for practical support e.g. finances, housing, essential items for self and her baby.

Midwifery continuity of carer is recommended as it enhances the level of support women receive and removes the need for women to repeatedly relay their circumstances. The midwife can then support the necessary interventions, administration and follow up appointments, especially when women do not attend. Extra time should be available to you in these circumstances.

References and links to online and virtual support and guidance

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Femi-Ajao, O., Kendall, S., Lovell, K. (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 Ethnicity and Health Vol 25

Maternity Action Briefings

MBRRACE-UK (2019) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17 November

Memon, A., Taylor, K., Mohebati, L. M., et al. (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. BMJ Journals

Marmot M., Allen J., Boyce T., Goldblatt P., Morrison J. (2020). Health equity in England: The Marmot review 10 years on, Executive summary. Institute of Health Equity.

Mental Health Foundation (2021) Black, Asian and minority ethnic (BAME) communities July

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

NIHR Evidence (2019) New insights into how ethnicity and culture affect maternal mental health - Informative and accessible health and care research

Public Health England (2014) NHS entitlements: migrant health guide. Advice and guidance for healthcare practitioners on the health needs of migrant patients

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Public Health England (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups

Phiri P., Delanerolle G., Al-Sudani A., Rhatod S. (2021). COVID-19 and Black, Asian, and Minority Ethnic Communities: A Complex Relationship Without Just Cause. JMIR Publications. Vol 7, No 2 (2021)

Royal College of Psychiatrists (2020) COVID-19 Working with vulnerable people: Pregnant women and those in the perinatal period.

Wellock, V. (2010) Domestic abuse: Black and minority-ethnic women's perspectives

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

Resources for migrants

Maternity Action
Migrant Help
Refugee Action resource list

Resources for mental health

Metal health apps
Royal College of Psychiatrists advice