



Maternity and Neonatal Equity Action Plan:

Review of 2022-25 and plans for 2025-27



Gloucestershire
**Local Maternity
and Neonatal
System**

Review of progress 2022-25

Introduction

In 2021-22, following the publication of NHS England's [Maternity and Neonatal Equity and Equality Guidance](#), Gloucestershire Local Maternity and Neonatal System¹ (LMNS) conducted a maternity and neonatal population health needs analysis. This identified areas of the county where maternity and neonatal outcomes were poorest for women² and babies. The areas of the county with poorest outcomes were those with high proportions of ethnic minority populations and/or high levels of deprivation. The needs analysis also identified a number of risk factors that result in a difference in outcomes between different groups of women and babies across the county.

Following this needs analysis, we developed our five-year Equity and Equality Action Plan in 2022, which included the following as being priorities for us in Gloucestershire:

- Gloucester and the Forest of Dean, with particular priority wards within them, as well as a few wards in Cheltenham
- Smoking
- High BMI
- Stillbirths
- Pre-term births
- Late bookings
- Breastfeeding
- Perinatal mental health
- Mothers aged under 20
- Women from ethnic minorities
- Asylum seekers and refugees
- Gypsy, Roma and Traveller communities



This 2025 update on our ***Maternity and Neonatal Equity and Equality Action Plan*** summarises the engagement which has taken place and the interventions delivered so far, along with plans for the final two years of this five-year plan.

¹The Gloucestershire Local Maternity and Neonatal System (LMNS) is part of Gloucestershire's Integrated Care System (ICS) and consists of services across the system and service users. The LMNS has a real collective ambition to improve outcomes, reduce health inequalities, and co-design maternity and neonatal services in Gloucestershire.

²Note on terminology: This plan uses the terms 'women' and 'mothers' throughout. These should be taken to include people who do not identify as women but who are pregnant or have had a baby.



Staff feedback

Gloucestershire ICB's³ Maternity and Neonatal team delivered several workshops in 2022-23 for staff across the LMNS, including health visitors, midwives, consultants, and Children's Centre staff. In these workshops, we shared our maternity and neonatal population health needs analysis and asked for feedback and local intelligence from those working closely with women and families in the local area.

We also met with staff in the voluntary and community sector, to listen to feedback from the families they support.

Feedback was themed around:

- Barriers to providing services (eg IT, venue, time and capacity issues)
- Accessing appointments (eg transport issues and language barriers)
- Staffing issues (eg communication between different services; staff turnover)

Engagement with and feedback from families

Gloucestershire's Maternity and Neonatal Voices Partnership (MNVP)⁴ has engaged face-to-face with families across the county at groups held in Children's Centres and similar venues, focusing especially on those in and around the centre of Gloucester and in certain parts of the Forest of Dean.

With regards to women from ethnic minorities, a particular focus has been on engaging with women from Asian Subcontinent communities because they make up a high proportion of women from ethnic minorities in the county, and there are strong links already in place between them and the LMNS. Grant funding from for Black Mothers Matter and Lives of Colour community organisations has enabled the LMNS to increase engagement with Black and mixed ethnic minority communities. The LMNS is hoping to build relationships with the Polish community, who make up the largest number of the county's births from white non-British women, to ensure the services are listening to all minority communities across Gloucestershire. Some contact has been made with Gypsy, Roma and Traveller communities, and we hope to develop this in 2025-26.

The MNVP has also engaged with families online through its social media channels, to ask for feedback on a number of topics, including vaccine accessibility, experience of the maternity and neonatal services, Badgernotes (the digital maternity information system), accessing maternity services out of hours, the five-day postnatal check, and pre-term birth.

³ The ICB – or Integrated Care Board – is an NHS organisation responsible for planning health services for their local population. There is one ICB in each ICS area. The Maternity and Neonatal team at the ICB leads on much of the improvement work of the LMNS.

⁴ The Maternity and Neonatal Voices Partnership is independent of the NHS and its role is to gather and understand feedback and experiences from women, birthing people and their families who are currently or have recently used maternity and health visiting services in Gloucestershire.

The MNVP has delivered three in-person 'partnership events' to bring together families and staff to discuss topics of particular interest or concern to those attending. The topics included tongue tie, the GP postnatal check, booking with maternity services, infant feeding, personalised care, and Martha's Rule.

Key themes identified through these engagement activities are:

- Lack of awareness of perinatal mental health and symptoms among women and their families and communities
- Not enough discussion in antenatal appointments about perinatal mental health
- Sense of isolation after childbirth, with many expressing difficulties in finding inclusive and culturally sensitive support groups. Anxiety around attending groups alone
- A need for more postnatal support
- Lack of budget for voluntary and community sector organisations to provide interpreters
- Increasing physical, social and mental health needs among perinatal women
- Need for more breastfeeding support groups
- Lack of awareness of health visitor role or how to contact health visitors
- GP 6-8 week postnatal checks not sufficient to discuss concerns
- Not being listened to by healthcare professionals



Our priorities and service improvements

The feedback collected was shared across the LMNS. As a result, organisations who are part of the LMNS, and service users, have worked together to deliver the following improvements:

Treating tobacco dependency in pregnancy



▶ A Quality Improvement project which started in **November 2023** initially aimed to reduce the proportion of women smoking at the time of birth to the national target of **6% by 2025.**



▶ The initiative is to provide a maternity Treating Tobacco Dependency service. As part of routine care, women are offered carbon monoxide (CO) monitoring and asked at their antenatal booking appointment whether they smoke. This is revisited throughout pregnancy, as appropriate, and women identified as smokers are referred to the TTD team. The graph on the following page shows a more rapid reduction in rate of women who smoke at delivery since the start of the project, compared with the previous year.



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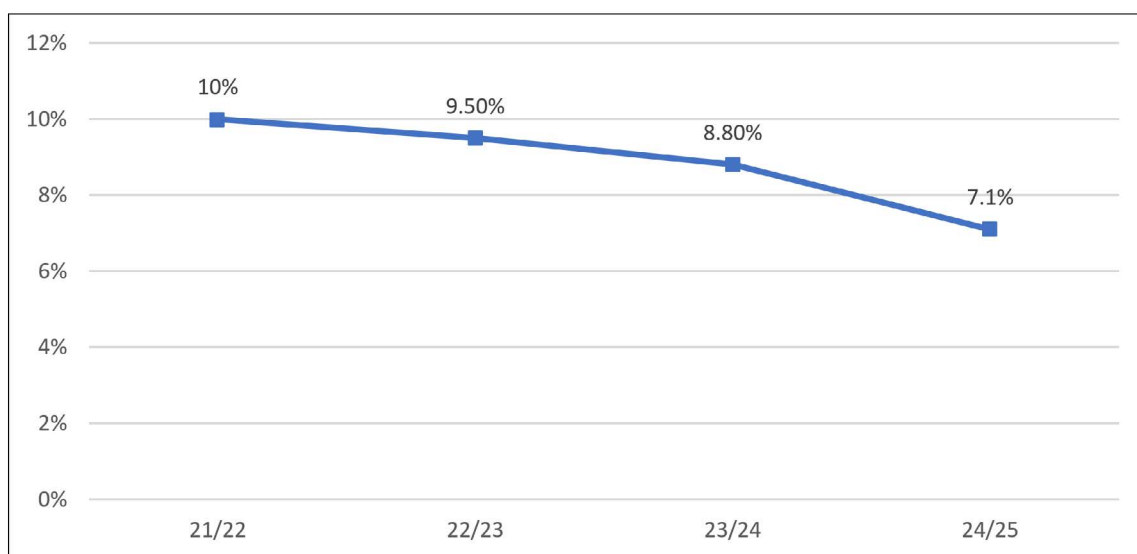
To further support women to stop smoking, in addition to nicotine patches women can access other support which has been shown to help stop smoking.

The project is continuing in **2025/26** to work towards the national ambition of **6%** and of a smokefree generation by **2030.**

▶ The Gloucestershire rates for smoking at delivery have declined since **2021/22**, with a greater decline from the year this project started.



Graph showing rates of smoking at delivery in Gloucestershire.
The Quality Improvement project started in November 2023.



Perinatal⁵ pelvic health sessions



These sessions are delivered throughout the county. They are free to attend but held at venues more likely accessed by those experiencing health inequalities. Some sessions are delivered as part of perinatal support groups for women from ethnic minorities.

738 women attended these groups in **2024/25**; we are waiting for the breakdown by ethnicity but in **2023/24** the ethnicity of service users



attending these sessions was broadly representative of that of the births in Gloucestershire. Feedback has been very positive, such as the following from a group run for South Asian women:

“ I had learned lots of new things and techniques. Same time I got the answer to my question in a nice friendly company. And a proper check up on the tummy muscle. [Physio name] was really nice and helpful, she was explaining everything so easy to understand. I am really happy alhamdulillah. ”



⁵ 'Perinatal' covers the period of time from becoming pregnant up to a year after giving birth

Improving access to breastfeeding support

Gloucestershire LMNS have worked closely with partners at the Health Innovation Network (West of England) to pilot the 'Anya' app which provides online breastfeeding and parenting support. The pilot focused on women in Gloucester and the Forest of Dean where breastfeeding rates in the county were lowest.

Although the evaluation found that Anya did not have a significant impact on improving breastfeeding rates in these areas, it did serve as a positive tool by offering out-of-hours support for women and helping

most users of the app to feel more confident to breastfeed and parent their baby. The areas with highest deprivation saw the greatest improvements, with a **6.8%** increase in breastfeeding rates at **6–8 weeks**.



Pre-term births and stillbirths



Our needs analysis report from **2022** highlighted the evidence which explained the link between socioeconomic factors such as ethnicity, body mass index (BMI), and smoking in pregnancy, plus booking 'late' (after 12 weeks of pregnancy) – and some poorer outcomes, such as stillbirths and pre-term births.

A pre-term birth clinic with specialist obstetrics and midwives' input was established in **2023/24** in Gloucestershire Hospitals NHS Foundation Trust. The purpose was to identify and support women at risk of pre-term birth. An audit of pre-term births was undertaken, with themes identified and recommendations to improve outcomes for women more at risk of pre-term birth. Rates have reduced from **6.6%** in 2023 to **5.8%** in 2024, and work continues to further improve outcomes for women.



The health needs analysis identified associations between stillbirths and ethnicity, and stillbirths and areas of high deprivation. An increase in stillbirths in **2023 and 2024** was identified through ongoing monitoring, leading to a detailed review. Key themes were identified, and an action plan has been developed to reduce the number of stillbirths.



Addressing inequalities for women from ethnic minorities



- **Black Maternity Matters (BMM) anti-racist staff training:** The LMNS has worked closely with the Health Innovation Network (West of England) and BMM Leaders to support 47 staff from across the LMNS to complete a six-month anti-racist maternity training course, and 11 senior leaders have completed the BMM leadership course. A number of service improvement projects have resulted from taking part in the training, such as: providing silk bonnets on the maternity units for women with texturised hair; developing a revised jaundice policy to include Black and Brown-skinned babies; and ensuring the correct pronunciation of first names. 150 staff will attend a shorter one-day introductory course in 2025/26, and another group of approximately 25 people will do the full six-month course. Each training session has been evaluated by Health Innovation West of England, with positive feedback from all participants.

In addition to this, maternity services at Gloucestershire Hospitals Trust have ensured that health inequalities are a key part of mandatory training. This includes different clinical representation of conditions in women and babies with Black and Brown skin, and learning from incidents.

- **Perinatal support groups for women from ethnic minorities:** The LMNS supports three community groups – *Moments of Motherhood* in Gloucester for Muslim women, *Black Mothers Matter* in Gloucester for Black/mixed ethnicity women, and Lives of Colour in Cheltenham, also for Black/mixed ethnicity women. These groups ensure that women from communities where outcomes in pregnancy and birth are poorest are supported in ways that meet their needs. Quarterly reports are provided to the LMNS showing the impact of these groups and sharing ongoing feedback to inform improvements in maternity and neonatal services.

One mother from the Black Mothers Matter group commented:

“I’m supported and understood culturally without having to explain and able to be unapologetically myself without judgement.”



Moments of Motherhood described the impact of the group on one of its new mothers:

Background: PL, a 27-year-old first-time mother, had recently moved to Gloucester and was new to the UK. With no family or friends nearby, she faced the daunting prospect of preparing for her baby's arrival in isolation. Although she considered contacting her mother back home, she chose not to, worried about causing unnecessary concern. Feelings of loneliness and uncertainty were significant challenges during her pregnancy.

Support provided: PL was introduced to Moments of Motherhood (MoM) through an Antenatal MoM session and a referral from the Health Visiting team. MoM practitioners, skilled in providing culturally sensitive and multilingual support, offered interpretation services to bridge language barriers and introduced awareness of perinatal mental health. Peer support groups helped her build connections, feel understood, and access vital health information in a culturally appropriate way.

Client Voice: *"I'm so grateful to have MoM. It means I can ask questions and trust that the answers will be Islamically correct. When I asked my midwife and health visitor about post-delivery bleeding and how it would affect my salaah, they didn't understand. The MoM lead was able to provide the information I needed, along with guidance and support. It made me feel like I have family here. I also love attending the groups because I can truly be myself and share how I feel without fear of being judged."*

Outcome: Through her involvement with MoM, PL overcame the isolation she initially experienced. She built strong social connections, improved her emotional wellbeing, and regained confidence in navigating both motherhood and the healthcare system. MoM's compassionate, culturally sensitive approach empowered PP to feel supported and understood during this significant life transition.

- **Better access to interpreting services:** A new contract for interpreting and translation services began in September 2024, alongside improving staff awareness of how to book interpreters and the importance of offering interpreters to all service users for whom English is not their first language. Digital devices are now available on the maternity wards and in theatre to provide video translation services in these settings. Feedback from women has been that the interpreting service has worked well for them.

- **Understanding Badger Notes:** A leaflet has been developed and translated into the 10 most commonly spoken languages locally, to help non-English speakers download and use the Badger Notes maternity app.

- **Improved ethnicity recording:** Communications have been shared with staff to ensure they understand the importance of accurate data and what the data is used for. Ethnicity is now a mandatory field in Badgernet (the digital system in place since 2023). In 2024/25, an ethnicity was recorded for 99.1% of women (with the remainder being recorded as 'not stated' or 'not known') – an increase on 2023/24 when it was 97.3%, and 95.8% in 2022/23.

- **Monitoring outcomes:** A new dashboard has been developed to monitor outcomes by ethnicity and deprivation.

- **The Real Birth Company:** To ensure equity of access for all women to antenatal information and education, online antenatal education is now available free to women in Gloucestershire and in a number of different languages. Between the launch in July 2024 and the end of March 2025, 1270 women signed up to this provision. This represents approximately a quarter of all women booking with maternity in that period. During 2025/26, the LMNS plans to work with services and groups to ensure that local information is available to women via the app and that Midwifery Champions promote its use to all women. A directory of local support services has also been developed to support staff in signposting women to their local support groups.

Perinatal mental health

- **Access to perinatal mental health support:** As a result of an online survey to women in 2023, and of feedback from staff, a number of improvements were made to services including:

- ▶ **A perinatal mental health and wellbeing webpage** was created to provide advice and links to local and national support services. This is heavily promoted through cards and posters with QR codes, and an average of 90 users per month visit the page.
- ▶ Women wanted the opportunity to discuss their birth experience, particularly if it had been traumatic. The Maternity and Neonatal Team at the ICB is working with Gloucestershire Hospitals Foundation Trust to set up a new coordinated **'Birth review and reflect service'** to provide this opportunity for women where required.



- ▶ Women wanted **dedicated, private spaces** at baby hubs to discuss mental health or wellbeing issues. Cards are available at baby hubs which women can complete if they want to discuss something, and a member of the Health Visiting team will contact them for a private discussion. This will be evaluated in Q1 2025/26.

Are you a parent or parent to be?

Do you need some support with your **emotional wellbeing?**
There are lots of places that can help you.

Visit the link below or scan the QR code to find a list of services that can support you with issues around your emotional, mental and physical health.

 www.nhsglos.nhs.uk/perinatalmentalhealth

Can't find the words to ask for help?
Here are some suggestions:

- I feel low / anxious / overwhelmed / lonely
- I am struggling to feel any joy, I think this is affecting my baby
- I've asked for help before but I'm still struggling
- The birth was difficult. I am scared to have another baby
- This pregnancy / parenting isn't what I expected / planned
- I cannot wee / poo properly. Sex is very uncomfortable

 Gloucestershire Local Maternity and Neonatal System



- **Nelson Trust's Perinatal Emotional Health and Wellbeing Service:**

This is funded by the ICB and provides trauma-informed, holistic support for women with complex needs. From April 2024 to March 2025, the service supported 61 women, including 31 new referrals, and 30 women successfully completed their engagement with the service.

- **Young mothers:** The LMNS found gaps in support for younger mothers. We identified a need for a support group for young mothers in the Forest of Dean, so a group was funded by the ICB and set up by Forest Voluntary Action Forum in 2023 and has been running successfully since. A similar group was already in place through Aspire in Cheltenham, and plans are underway for a provision in Gloucester. A network was established in 2024 to bring together all the providers across the county who support young mothers in a variety of different ways, to ensure these mothers receive the best and most appropriate care, and that their voice is heard.

One young mum's journey

A young mum joined the Forest of Dean Young Mums group when it first launched, during a particularly difficult time in her life. She was living in a mother and baby foster placement and had previous involvement with county lines gangs. She chose to attend the group because it felt like a safe, non-judgmental space. The small, friendly environment allowed her to connect with other mums her age and begin building supportive relationships.

18 months later and now 17 years old, she has made remarkable progress. She is employed as an ambassador for young people in care with Social Services and has transformed her outlook on life and motherhood. The support provided through the group played a key role in her development, helping her build her CV, practice interview techniques, understand and plan for childcare challenges, and explore local nursery options. Her story highlights the life-changing impact of targeted, consistent support in a safe and inclusive environment.



Improving race equality for NHS staff in Gloucestershire

The Workforce Race Equality Standard (WRES) data is a return of specific questions about ethnicity and equalities in the workplace asked within the NHS staff survey, and is an annual return that Trusts must make. In our 2022 Equity and Equality Needs Analysis, we reviewed Gloucestershire Hospital Foundation Trust's 2020 WRES data for the Women's and Children's (WACS) division (which covers maternity and neonatal services). 46% (411 staff) of WACS staff responded to the survey. While accepting that there needs to be some caution when looking at this data, the data showed that ethnic minority staff experiences in WACS were poorer compared to White WACS and other Trust staff.

Since 2022, improvements made have included:

- A comprehensive retention programme for the Trust's internationally recruited midwives, including international recruitment videos to share with the wider workforce
- Recruiting a Legacy Mentor to support international recruitment
- Actively acknowledging the contribution of Internationally Educated Midwives (IEMs) to our maternity services
- Providing pastoral support to all IEMs
- Supporting staff to access the right help & advice
- Linking closely with the Trust's EDI network
- Labour Ward Coordinators participating in a study day with a main focus on anti-racism

Our priorities for 2025-2027

Data review

We are currently reviewing our maternity and neonatal services and the needs of women, to ensure our services meet changing needs and that we provide safe, equitable, high quality and personalised care. We will use data and feedback from this work to update our Maternity and Neonatal Equity and Equality Plan for the final two years – 2025/26 and 2026/27. In the meantime, we know we want to focus on the following over the next two years:

We will continue with the following projects which are already underway:

- **Late booking:** A Quality Improvement project is addressing the higher likelihood of late booking/presentation to maternity care among non-English speakers. Presenting late for pregnancy can have a negative impact on women's antenatal screening options, and also on maternal and neonatal health and wellbeing. The project involves collaboration with primary care (GPs), community groups and support services, and will hopefully have a positive impact in improving access to early maternity care for **all** women.
- **Young mothers:** Continue to make improvements in this area, with an initial focus on engaging with mothers aged under 20 in the county to find out what matters to them.
- **Perinatal mental health:** Continue with Quality Improvement project with community outreach workers who are mainly of Asian heritage, to increase access to support and awareness of perinatal mental health in these communities. If successful, we will use the model to reach out to women from other ethnic minorities.
- **Stillbirth review:** Continue work to reduce stillbirths.
- **Digital access:** A digital inclusion initiative is underway to provide devices, SIM cards and data to eligible women. This aims to reduce digital poverty and ensure all women have access to information, with non-digital alternatives available for those who need or prefer them.
- **Anti-racist training:** Continue to provide Black Maternity Matters training for staff across the LMNS.

We will start work in these new areas of focus, starting with a review of the data and engaging with staff and relevant communities:

- **Readmissions of babies to hospital:** Review recent data to see if this still needs to be a priority area.
- **Breastfeeding in younger mothers:** Review previous work in this area from 2020 ('This Mum Can') and see what more can / needs to be done.

- **High BMI / healthy lifestyles:** Link in with health inequalities team in ICB/GCC (including Children's Centres) to see what work is happening around BMI, healthy eating, and being active. Find out what other areas of the country do. Find out about women's experiences and what support they were offered. Engage with Black minority ethnic groups and communities in areas of higher deprivation to understand perceptions around BMI.
- **Blood pressure monitoring from home:** This project will enable remote blood pressure monitoring for pregnant women, reducing the need for hospital visits and benefiting those with limited transport or work/caring responsibilities.
- **Accessibility of information:** Review how accessible current information is and what can be done to improve this.
- **AI pocket translator trial:** Hoping to participate in a trial of an AI-enabled pocket translator in inpatient maternity areas, to support basic communication with service users who have limited understanding of English.
- **Gypsy, Roma and Traveller communities:** Follow the 'Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities', link in with NHS engagement teams on their work with this community, and decide on priorities and next steps.
- **Refugees and asylum seekers:** Work with GARAS to look into need and any interventions / service improvements.
- **Improving race equality for staff:** Continue to take actions to improve outcomes and experiences for maternity and neonatal staff from ethnic minorities.

We will continue to review and update our Maternity and Neonatal Equity and Equality Plan until its completion in summer 2027.

