Equality and Engagement Impact Assessment

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form please contact the Patient Engagement and Experience team.

Title of service, policy or programme:	Maternity Service Case for Change		
Name and job title involved in the completion of this assessment:	Caroline Smith, Senior Manager, Engagement & Inclusion Danielle Rees, Programme Manager, Maternity and Neonatal Team		
Date of this assessment: *(It is good practice to undertake an assessment at each stage of the project)*	April 2026		
Stage of service, policy or programme change *(earlier versions of this impact assessment should be included in your submission)*	**Development** Y	**Implementation** ☐	**Evaluation/review** ☐

1. Outline	
Give a brief summary of your policy, service or programme. Include reference to the following: • Is this a new or existing policy, service or programme?	In recent years maternity services in Gloucestershire have seen a decrease in birthing numbers, changes in national guidance, an increase in caesarean sections and a decrease in birth unit usage. As a result, NHS Gloucestershire has undertaken a needs assessment and gathered insights from women[1], staff and partner organisations. These data and insights, together with the evidence base of good practice, have been used to assess if the current maternity service model in Gloucestershire is still the best fit and co-develop ideas for the future services.

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

• If it is not new, detail any proposals for change.	A 'case for change' has been developed to explain the current and future needs of our local population, the challenges facing maternity care in Gloucestershire and why change is needed. This has completed alongside work to better understand the experiences of women and families, the insights of staff and the clinical, demographic and societal changes happening both locally and nationally. The Maternity Health Needs Assessment (January 2026) highlighted: • **A changing birth rate** - The trend in live births in Gloucestershire overall follows the national picture: in 2016 there were 6,739 registered live births, but the rate has decreased since then to just over 5,800 in each of the years 2022-2024. Birth numbers are expected to remain stable until around 2032, before a projected modest increase with district-level variation. • **Changing demographics:** – Nearly a quarter of births in Gloucestershire in 2024/25 were to those from ethnic minority communities. 11.8% of women who gave birth in the county in 2024/25 did not speak English as their first language. – In 2024, the average maternal age in England rose to 30.9 years. In Gloucestershire nearly two thirds of all births were to people aged over 30. • **Changing health behaviours:** – Rising maternal obesity will likely increase demand for specialist pathways. – Smoking rates are highest in the most deprived areas – Breastfeeding rates are lowest in Gloucester and the Forest of Dean and among White British women. • **More obstetric-led care:** – Number of women giving birth in the obstetric unit increased from 70.6% in 2019 to 82.4% in 2024. – Caesarean section rates have risen from 28.5% in 2019/20 to 43.4% in 2024/25. – In line with the national trend, induction of labour rates have risen from 27.5% in 2021/22 to 33.2% in 2024/25. Several factors are likely to have contributed to this, including developments in national policy and clinical guidance. • **Inequalities in access and outcomes:** – Higher rates of stillbirths and neonatal mortality among families from ethnic minority communities and those living in areas of higher deprivation – Under-representation in referrals to Specialist Perinatal Mental Health Service of women from ethnic minority communities and those living in areas of deprivation.

	Current Services: All NHS maternity services in Gloucestershire are commissioned by NHS Gloucestershire ICB and provided by a single provider trust, Gloucestershire Hospitals NHS Foundation Trust (GHT). Services include antenatal, intrapartum, and postnatal care. The maternity services include the following: • **Midwifery-led care:** intrapartum care for low-risk women at home or in a midwifery led birth unit, and routine antenatal and postnatal care across Gloucestershire's six districts. • **Obstetric-led care:** higher risk women requiring consultant-led antenatal, intrapartum and postnatal care, including outpatient clinics and day assessment for women requiring additional monitoring. These clinics are supported by a range of specialist midwives (for women with additional or complex health or social needs, and include tobacco dependency, substance and alcohol support, safeguarding, bereavement, and perinatal mental health), other health care professionals, a regional Maternal Medicine Network (specialist care for women with significant pre-existing or pregnancy-related medical conditions) and a regional Fetal Medicine Network (specialist care relating to fetal medicine). • **Maternity triage and advice line:** a 24/7 in-person assessment service at Gloucestershire Royal Hospital for pregnant (more than 16 weeks) and recently postnatal women experiencing urgent, non-emergency or concerning symptoms. • **Maternity advice line:** 24/7 phone service based at Gloucestershire Royal Hospital; supports women and reduces pressure on in-person clinical teams. • **Maternity ultrasound:** routine antenatal scans for all pregnant women and additional scans for women with higher risk pregnancy. • **Local neonatal unit:** for babies more than 27 weeks' gestation requiring specialist neonatal care. These services are primarily concentrated in Gloucester and Cheltenham, with limited satellite provision for ultrasound and some obstetric-led clinics in the rest of the county. There is a choice of options for place of birth. The full range of choice is not currently available due to temporary closures, but would consist of: • An alongside midwifery-led birth unit (AMU) in the Women's Centre at Gloucestershire Royal Hospital in Gloucester. • Two freestanding midwifery-led units (FMU): Stroud Maternity Unit (which includes midwifery-led antenatal care, birthing suite, and 6 postnatal beds) and Aveta Birth Unit at Cheltenham General Hospital (antenatal midwifery-led care and a birthing suite). • Home birth.

	• An obstetric-led unit (OU) in the Women's Centre at Gloucestershire Royal Hospital (provides obstetric-led antenatal care, intrapartum care in a delivery suite, and a combined antenatal/postnatal maternity ward). Cheltenham birth unit and the postnatal beds in Stroud maternity unit have been temporarily closed since 2022, both due to midwifery shortages and to support safety, including the quality standard of 1-1 care in labour across services in Gloucestershire. In November 2025, the home birth service was suspended for six months following safety concerns raised by staff.
What aims/outcomes do you want to achieve?	Gloucestershire's maternity service needs to be fit for the future to meet the changing needs of the population, codesigned with women, birthing people, and stakeholders. We will achieve this by: • Delivering safe, equitable, personalised, high-quality care for women, babies, and their families • Reducing inequalities in access and outcomes across protected characteristics and particularly ethnicity, inclusion health groups, deprivation and urban/rural status • Providing good outcomes and experiences for women and the best start in life for babies • Ensuring high levels of staff engagement, satisfaction, and wellbeing • Providing a service that provides value for money and meets the needs of all women in Gloucestershire while continuing to provide choice • Joining up care across professional groups e.g. midwives, health visitors, and GPs, and between services e.g. maternity services, family hubs, perinatal mental health, health visiting, social care, and voluntary and community sector organisations, to make it easier for women to get the right help and support when it is needed.
Give details of any evidence, data or research used to support your work. Consider the following: • Health Needs Assessment • JSNA/Inform data • National/regional data • Patient experience data	NHS Gloucestershire Maternity Health Needs Assessment (January 2026): produced by NHS Gloucestershire ICB through a collaborative and iterative process led by a project team, drawing on data from Gloucestershire County Council, Gloucestershire Hospitals NHS Foundation Trust, and the National Maternity Services Data Set (MSDS), as well as mapping local resources. It also includes a dedicated chapter summarising insights collected from both users of maternity services and staff in Gloucestershire. Insights gathered via: • CQC Maternity Survey 2025 • Gloucestershire Maternity and Neonatal Voices Partnership • Maternity & Neonatal Equity Action Plan

2. Engagement	
What relevant patient experience data/feedback is already available? Include information from any relevant national/regional patient groups, eg. Healthwatch, national surveys	The views and experiences of women who have given birth in Gloucestershire in the last three years, and their families, were gathered as part of the Maternity Health Needs Assessment. Key improvement priorities identified from this data include: • **Strengthened communication at every stage:** improved communication; clearer and consistent information about procedures, delays in care, pain relief, and what to expect through labour, aftercare and postnatally once home; information about support services and resources. • **More reliable and accessible antenatal and postnatal care:** improved access/appointment system; more compassionate care; more regular postnatal checks especially around wound care; better postnatal staffing levels on the wards; better postnatal emotional and mental health support, including birth debriefs; personalised, consistent and compassionate postnatal care. • **Improved inclusivity, cultural sensitivity and equity of access:** better access to support services including antenatal classes, breastfeeding support groups, and mental health support, that is easily accessible to diverse communities and people from all parts of the county. • **Continuity of carer:** consistency of midwife and appointments to build trust and provide a sense of familiarity and reassurance. • **Enhanced breastfeeding support:** more support with breastfeeding and identification of tongue-tie. • **Better digital tools:** more accessible and reliable digital tools (due to issues with BadgerNet) that enable improved access to information for women, and improved communication between women and health professionals. Gloucestershire Maternity and Neonatal Voices Partnership (MNVP) reviewed the information from women collected as part of the national survey (2024) and noted the following themes: • Whilst some highlighted fantastic care from individual members of staff and positive antenatal care experiences, there were significant concerns raised about poor communication with both women and between staff, particularly during shift changes. • There was example of poor communication across the maternity pathway, including information about appointments, named community midwife, scans, post-surgical advice and feeding support. • Poor postnatal care with inconsistent support and a lack of compassion. The CQC Maternity Survey 2025 showed overall improvement nationally in many areas of maternity care, with Gloucestershire Hospitals NHS Foundation Trust noted as one of 12 Trusts in England

	performing 'Better than expected'. A project team is being formed to oversee any additional gathering of insight and future engagement with women, staff and other key stakeholders.
How have patients, carers and families, staff been involved in shaping your proposals. If your policy/programme is currently being developed, please explain any further plans for engagement and/or consultation. *(*Plans for additional engagement should also be included in the Section 5: Action Plan below)*	Insights gathered through national and local surveys, via the MVNP and during the needs assessment has been used to inform the case for change. Insights have been collected from women and birthing people, partners and other family members and staff working in, and in partnership with, maternity services in the county. A wide range of ideas and feedback was provided from staff working in maternity as well as from those who work closely with maternity colleagues, such as Family Hubs staff, GPs, those in the perinatal mental health team, and health visitors. The key points include: • **Staff wellbeing and support:** prioritise staff wellbeing by improving working conditions and reducing stress and workload. • **Communication and collaboration:** Clear dissemination of new information, guidelines and systems, and issues and concerns, is required. Monthly meetings with local health visitors and joint training sessions, where appropriate, would improve collaborative working. • **Resource allocation and system flow:** A review of working practices would ensure effective use of resources and reduce waste. Streamlining processes and reducing paperwork would allow staff to focus on providing quality care for women and babies and enable more efficient flow through services. • **Care and services:** Focus on providing individualised care. Provide improved postnatal care including breastfeeding support and care on the wards. • **Midwifery-led care:** Support midwifery-led services to be more cost effective and deliver good outcomes. • **Innovation and new ways of working:** Encourage innovative ideas and new ways of working, e.g. the HOME pilot for managing hypertension. Reviewing the role of Maternity Care Assistants would enable them to better support midwives. • **Information sharing and referral via BadgerNet** has been helpful, although there are challenges in terms of reliability, speed of updates and women being able to access their notes, appointments and general information. • **Greater continuity of midwife** would support women, particularly the most vulnerable. • **Birth trauma:** More support needed for those who experience traumatic birth. • **Collaborative working:** Opportunities for improved communication, clarity of roles and more

<table>
<tr><td></td><td>collaborative working with health visitors, GPs and voluntary sector/community organisations. Clear appetite from respondents to work more closely with community midwifery teams e.g. in Family Hubs.

Any potential changes to the way services are delivered will be subject to further engagement and public consultation as required.</td></tr>
<tr><td colspan="2">If your plans/policies are implemented, please explain:</td></tr>
<tr><td>Any impact on the way in which services are delivered?
eg. change in location, frequency of appointments.</td><td rowspan="3">The ‘case for change’ is the catalyst to further work that aims to ensure Gloucestershire’s maternity services are able to meet the changing needs of the local population.

Designing services that reduce inequalities in outcomes, meet the needs of diverse communities, are financially sustainable and create the right conditions for staff to provide safe and compassionate care will develop a maternity system that is both resilient and truly responsive to the women and families it serves.

Further conversations and engagement with women, clinical staff and wider stakeholders will be undertaken to share the Case for Change and codesign potential solutions for a maternity service fit for the future. The need for public consultation would be dependent on the outcome of this work.</td></tr>
<tr><td>Any impact on the range of health services available?</td></tr>
<tr><td>Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required (See Guidance or ask your Engagement Team for advice).</td></tr>
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3. Equality considerations This is the core of the Equality Impact Analysis; what information do you have considering any potential or existing *impact on protected groups, as defined by the Equality Act 2010*. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental and economic circumstances, e.g. unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section.					
(Please complete each area[2])	**What key impact have you identified at this stage?**			**Explain any positive or negative impact below. What action, if any, has been taken to address these issues?**	**Further action required?** *(*Include details in Section 5: Action Plan below)*
	Positive Impact	**Neutral impact**	**Negative Impact**		
The information and data below may be helpful in informing future work in relation to maternity care. The assessment below reflects insights and experiences collected as part of the needs assessment. The assessment is based on the assumption that any future changes would be made to ensure equity of access and provide a **positive** impact on services tailored to meet the needs of our Gloucestershire communities.					
Age	X	☐	☐	In 2024, nearly two thirds of all births in Gloucestershire were to people aged over 30. Since 2013, there has been a general decreasing trend in the proportion of births to mothers aged under 29 years. Although the overall number of births in Gloucestershire is expected to remain relatively stable, recent population projections indicate the trend of increasing maternal age will persist. Increased maternal age is likely to result in more complexity in the maternity population. This will be partly from women having pre-existing health conditions and partly from the increased risk of women developing pregnancy-specific conditions. This may lead	Service pathways and staffing levels should be reviewed to ensure that safe maternity care can be delivered in the context of increasing complexity related to maternal age. A project team is being formed to oversee any additional gathering of insight and future engagement with women, staff and other key

[2] Positive Impact: will actively promote the values of the ICB and ensure equity of access to services;
Neutral Impact: where there are no notable consequences for any group;
Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures.

				to an increased need for obstetric care (including maternal and fetal medicine specialists) and anaesthetic care. Births to mothers under the age of 18 have declined and figures in 2024 show these account for 0.5% of births in Gloucestershire. There is variation in the conception rates for those aged under 18 across the districts, with Gloucester having the highest number of teenage pregnancies.	stakeholders. As part of future service design and delivery it is important to ensure that the views and experiences of women from across the age range are heard and understood.
Disability	X	☐	☐	Maternity services in Gloucestershire are facing significant challenges that require strategic change. These pressures stem from a number of issues including increasing clinical complexities, some of which may be related to disability and long-term health conditions. The Maternity Health Needs Assessment concludes that there is likely to continue to be an increase in pregnant women with multiple long-term conditions who will require consultant-led care. These births are likely to be both more complex and require more medical input, including anaesthetics and physicians specialising in maternal medicine, as well as specialist midwives. **Learning Disability** Whilst there does not appear to be national or local data available on the number of women with a learning disability who are giving birth, the learning disability register for Gloucestershire indicates women with a	Skills and staffing levels should be reviewed and managed appropriately to ensure that safe maternity care can be delivered in the context of increasing clinical complexity. Services should be reviewed to ensure inclusivity and accessibility for women who are disabled. Information should be co-designed and provided in various formats, taking into account reasonable adjustments for people who have a disability and/or sensory impairment. As part of future service

				learning disability who are of childbearing age. Nationally, Learning Disability charities suggest an increase in the number of women they support who aspire to have their own families. Local insights recognise the need to support people with a learning disability, offering visual aids and easy-read information to help with decision-making.	design and delivery it is important to ensure that the views and experiences of women who have any disability and/or sensory impairment are heard and understood.
Gender reassignment	☐	X	☐	The 2021 census included a new voluntary question on gender identity. The data collected has been classified as 'official statistics in development'. This change in designation reflects the innovative nature of the gender identity estimates and the evolving understanding of measuring gender identity, along with the uncertainty associated with these estimates. 2021 census data for Gloucestershire indicates 0.4% of the population disclosed their gender identity as different to that allocated at birth. Although the numbers of women accessing maternity care in Gloucestershire who identify as transgender is like to be small, it is important that services are inclusive and offer personalised care. Person-centred conversations are particularly relevant to ensuring understanding and support for issues such as infant feeding. Local insight suggests the need for further	There appears to be very limited research into the experiences of maternity care for women who identify as transgender. It is important that services use inclusive language and focus on personalised care for all women accessing local maternity care. As part of future service design and delivery it is important to ensure that the views and experiences of women who identify as LGBTQ+ are heard and understood.

				investment in staff training to better support people who identify as LGBTQ+	
Marriage and civil partnership	☐	X	☐	Whilst the Equality Act only protects against discrimination because of marital/civil partnership status at work, it is important that maternity services are inclusive and make people feel comfortable regardless of their personal circumstances. It is important that services use inclusive language and focus on personalised care for all women accessing local maternity care, including single parents.	
Pregnancy and maternity	X	☐	☐	The Equality Act protects against discrimination due to pregnancy and maternity within, and outside, of the work setting. Given the focus of this work and the nature of maternity services, it is important to ensure equity for women regardless of the stage of their pregnancy and maternity journey, including those who have had a miscarriage or stillbirth.	
Race	X	☐	☐	The 2021 Census for Gloucestershire found that overall, 12.3% of the population in Gloucestershire identified as having an ethnicity that was not White British. However, there is a higher proportion (17.7%) of women who did not identify as White British in the 15-45 years age group. In 2024/25, 23% of births in Gloucestershire were to women who identified their ethnicity as one other than White British. This is in line	As part of future service design and delivery it is important to ensure that the views and experiences of women who do not identify as White British are heard and understood. Consideration should be given as to how we

				with ONS date that shows that the percentage of live births in England, where one or both parents were born outside of the UK is increasing overall. At district level, 2021 census shows: • Gloucester had the highest proportion of people from ethnic minority backgrounds (excluding white minorities), at 15.1% of its population. • The proportion of people within the 'other white' ethnic group was higher in Cheltenham than Gloucestershire and England as a whole (7.0% compared with 4.5% for Gloucestershire and 6.3% for England). • 41.5% of White Roma people lived in Gloucester City, and 37.3% of White Gypsy and Irish Traveller people lived in Tewkesbury borough The 2021 Census shows that, 27,000 people in Gloucestershire (4.3% of the population) did not speak English as their main language. At district level, Gloucester had the highest proportion of people who did not speak English as their main language (8%), followed by Cheltenham (6.9%). 4294 (0.7%) of the population were not able to speak English, or not able to speak English well. National research and data shows: • While the maternal mortality rate for women from Black ethnic backgrounds	engage with women from different ethnic minority groups living in all areas of the county. Further consideration of the impact due to intersection with other protected characteristics and other factors that result in health inequalities. Work is also ongoing through the Maternity and Neonatal Equity Action Plan

				continued to decrease in 2021-23, there remained a two-fold difference in maternal mortality rates for Black compared to White women. Asian women also had a slightly increased maternal mortality risk compared to White women. • Miscarriage rates are 40% higher in Black women, and Black ethnicity is now regarded as a risk factor for miscarriage). • Public Health England's 2020 report found that (preterm birth) is a major cause of long-term infant morbidity. Black mothers, particularly those of Black Caribbean background, are twice as likely to give birth before 37 weeks. • UK studies show that women from Black, Asian and ethnic minority communities are more likely to suffer from common mental health disorders, yet are less likely to access treatment. In addition, the Case for Change highlights the following inequality of outcomes in the county: • Higher stillbirth and neonatal mortality rates among women whose ethnicity is not White British. • Asian and British Asian women are more likely to experience third or fourth degree perineal tears. • Women who are of Black, Brown or Mixed ethnicity are more likely to have a	

				postpartum haemorrhage. Key considerations in the Maternity Health Needs Assessment endorse the need to: • Investigate barriers to digital antenatal education update, in particular from women from ethnic minority communities. • Tackle the systemic factors contributing to poor maternal outcomes among ethnic minority communities. • Take into account the complexity and inequalities experienced by women from ethnic minority communities (including those who identify as White Other). • Review any work carried out nationally in relation to perineal tears in Asian/British Asian women to see if it could be applied locally to understand and reduce the risk. • Continue work underway to reduce barriers to the Specialist Perinatal Mental Health Team for women from ethnic minority communities. • Investigate the reasons women from ethnic minority communities are more likely to book their pregnancy after 10weeks, seeking to improve the rates of booking before 10 weeks. Local insight gathered as part of the Maternity Health Needs Assessment highlights the need to improve cultural sensitivity among maternity staff, ensure	

				clearer communication and ensure a more inclusive, respectful approach to care that acknowledges and responds to the needs of diverse communities. This includes: • Specialist leads for diverse ethnic groups to improve understanding, with dedicated teams for vulnerable women and those with additional needs. • Mandatory training should tackle unconscious bias and foster trust. Further investment in training similar to Black Maternity Matters and more LGBTQ+ awareness. • Need for services to be more inclusive, particularly for those who do not speak English. • The need for more targeted communication strategies ensuring that accurate, culturally appropriate messages are shared through the channels the community uses and trusts. • Reducing language barriers and ways to address the expressed fear of being misunderstood. • Attention to the cultural differences in parenting styles and health practices. The intersection between race and other factors – such as language and communication needs, mental health, and multiple long-term conditions – creates layers of vulnerability that influence clinical risk,	

				access to timely care, engagement with services and overall maternity experience, often compounding disadvantage.	
Religion or belief	X	☐	☐	According to the 2021 Census, 49.2% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by people who said they had 'no religion', which accounts for 41.4% of the total population. There is some variation across the districts: • Cheltenham had the lowest proportion of people who are Christian (45.5%). This was lower than the county and marginally lower than the national figure. • Cotswold had the highest proportion of people who follow Christianity. • Cheltenham had the highest proportion of Buddhists and people who have no religion. • Gloucester had the highest proportion of Muslims (4.7%). • Stroud had the highest proportion of people who follow an 'Other Religion' and of people who did not state their religion. Examples of local good practice, e.g. information to support women who follow particular religion or beliefs - *Use of Heparins during pregnancy and after birth Faith and personal choices*	As part of future service design and delivery it is important to ensure that the views and experiences of women are heard and understood. Any engagement activity would need to be designed to enable women who follow different religions or beliefs to participate, e.g. consideration of meeting venues, times of day, etc.

Sex	☐	X	☐	Whilst the nature of maternity services focuses on support for women, additional support should also reflect the needs of fathers, partners and other family across the maternity pathway. Insights gathered as part of the Maternity Needs Assessment show that whilst may women rely on the support of their partners there is mixed response to partners being allowed to stay overnight at Gloucestershire Royal Hospital.	As part of future service design and delivery it is important to ensure that the views and experiences of birth partners are heard and understood.
Sexual orientation	☐	X	☐	In the 2021 Census there was a new question around sexual orientation. It was directed only at people aged 16 and over, and answers were voluntary. Overall, 93.2% of residents in Gloucestershire aged 16 and over answered the question. There were almost 15,000 people (2.8%) who described their sexual orientation as being in one of the LGB+ categories. This is lower than the national average of 3.2%. The LGBT Foundation suggest that some people who identify as LGB+ would be reticent to answer the question and as such, remain underrepresented in the data. Although the numbers of women accessing maternity care in Gloucestershire who identify as LGB+ is like to be small, it is important that services are inclusive and offer personalised care. Person-centred conversations are particularly relevant to ensuring understanding and support for both	It is important that services use inclusive language and focus on personalised care for all women accessing local maternity care. As part of future service design and delivery it is important to ensure that the views and experiences of women who identify as LGBTQ+ are heard and understood.

				women and their partners. Local insight suggests the need for further investment in staff training to better support people who identify as LGBTQ+	
Other considerations:					
Mental Health	X	☐	☐	Perinatal mental health (PMH) issues have significant and long-lasting impacts on women, babies, and families. National data shows that around one in four women experience PMH conditions, with rising prevalence and clear inequalities affecting younger women, those living in deprivation, and ethnic minority groups. In Gloucestershire, care is provided through a number of services. Local data indicates increasing referrals each year and lower rates of access among women from ethnic minorities and those living in areas of deprivation. The data does not indicate any clear under-representation by maternal age. As awareness increases and birth trauma recognition expands, demand for specialist perinatal mental health support is expected to rise further. Insight data collected as part of the Maternity Needs Assessment highlight a need for better postnatal emotional and mental health support, including birth debriefs. The importance of inclusive and culturally sensitive mental health support was also noted.	As part of future service design and delivery it is important to ensure that the views and experiences of women who have poor mental health are heard and understood. Further consideration should be given to ensure the needs of women with intersecting protected characteristics, and/or those who experience other factors that result in health inequalities, are met.

				UK studies show that women from Black, Asian and other ethnicity minority backgrounds are more likely to suffer from common mental health disorders, yet are less likely to access treatment. National data shows that women who experience poor mental health together with other multiple challenges such as domestic abuse, substance misuse, etc face greater barriers in accessing support and are at greater risk of maternal morbidity. The Maternity Health Needs Assessment identifies key challenges in: • Understanding barriers to access to the Specialist PMH Team for women living in areas of higher deprivation. Work underway to reduce barriers for women from ethnic minority communities should continue. • Reviewing the capacity of the joint Obstetric and PMH multi-disciplinary clinic (at GHT) to support increasing demand. • Reviewing the capacity of the Birth Anxiety and Trauma team and maternity workforce development needs to support women in the light of rising referral trends. • Addressing birth trauma requires early and proactive identification, timely debrief and psychological support, and integrated care pathways between maternity and mental health services to ensure safe,	

				personalised care, and break the cycle of poor mental health across generations.	
Deprivation	X	☐	☐	Although Gloucestershire is among the 20% least deprived counties nationally, there are concentrated pockets of deprivation. Deprivation is strongly linked to increased risks of stillbirth, neonatal mortality, preterm birth, and maternal death. Wider socioeconomic factors such as unemployment, low educational attainment, domestic abuse, homelessness, digital exclusion, and limited access to transport, further hinder engagement with maternity services. These intersecting challenges emphasise the need for tailored, equitable service provision that aim to reduce barriers and improve outcomes for women and babies across the county. Key considerations included in the Maternity Health Needs Assessment are: • Deprivation varies across the county and is particularly high in parts of Gloucester and the Forest of Dean. This requires targeted enhanced service provision and resource to support a reduction in health inequalities and inequality of outcomes. • Ensure that information is accessible for women who may face barriers to	As part of future service design and delivery it is important to ensure that the views and experiences of women who live in areas of deprivation are heard and understood. Further consideration of the impact due to intersection with other protected characteristics and other factors that result in health inequalities. Work is also ongoing through the Maternity and Neonatal Equity Action Plan

				understanding or receiving it, including those without digital access, or those with lower literacy levels or language challenges. • Ensure maternity services are equipped to identify and support women experiencing complex social factors such as poverty, homelessness, and/or domestic abuse. • Improve interagency collaboration between maternity services, other healthcare services, social care, Family Hubs, and voluntary and community organisations, to support women who experience severe and multiple disadvantage to ensure enhanced and joined-up care. • Improve access to some services e.g. ultrasound scanning and obstetric care. This should be in line with the principle laid in out in the Gloucestershire Joint Forward Plan for services to be "local where possible, centralised where necessary".	
Rurality	X	☐	☐	The 2021 Rural-Urban Classification (RUC) is a statistical classification system used to categorise geographies based on the form and characteristics of the settlements present within them. It aims to provide a consistent and standardised method for classifying areas as Rural or Urban, based on address density, physical settlement form, population size, and relative accessibility.	As part of future service design and delivery it is important to consider physical access to services and where possible ensure equity of offer across districts. Any future engagement should ensure the views

				It shows that the majority of Gloucestershire (87.5% of the total area) is comprised of Output Areas that are classified as Rural. In 2024 only 28.7% of the county's population resided in Output Areas that fell into this category. Whilst Gloucestershire's Urban Output Areas accommodate the majority (71.3%) of the county's total population, the county has a significantly higher proportion of its population living in rural areas than the national average (17.4%). At district level, 78.9% of Cotswold's population live in rural areas. Forest of Dean has the second highest proportion of residents in the county living in rural areas (65.0%). Conversely, in Cheltenham and Gloucester,100% of the population live in urban areas. Gloucestershire has well connected road networks with the M5 running through the county to support travel from North to South. However, it is much harder to get across the county. In rural areas, there are moderate to low levels of connectivity and fewer transport options available than in towns and cities. Public transport is often limited or infrequent, leading to problems for residents that do not have access to a private vehicle. Almost 20% of households in Gloucestershire do not own a private vehicle, and approximately a third of	and experiences of women living in both urban and rural areas of the county are heard and understood.

				the population cannot drive. Car/van ownership (Gloucestershire County Council, 2022) has reduced over the last 10 years, with the Forest of Dean and Stroud seeing be biggest change. The bus network mainly serves Gloucester, Cheltenham, and Stroud, with limited services in rural areas. Average public transport journey times (Transport, 2021) to key services in the Forest of Dean are the longest in the county, placing it among the 20% least accessible districts in England. Insights gathered as part of the Maternity Needs Assessment highlight the inequity in provision of support services such as breastfeeding support, antenatal classes and mental health support.	
Digital exclusion	X	☐	☐	Digital exclusion relates to those people who are disproportionately disadvantaged by the increasing turn to digital. Lloyds Digital Consumer Index (2024) estimates that 1.6 million people in the UK currently are living offline and around a quarter of the UK population have the lowest level of digital capability, meaning they are likely to struggle to use online services. The Government's Digital Inclusion Action Plan: First Steps (2025) concludes those who cannot use digital technologies are likely to have worse health outcomes, face higher costs when shopping for everyday items, and are over 5 times more likely to be	As part of future service design and delivery of online tools and services it is important to consider the needs of those who experience digital exclusion and consider what could be done to mitigate any negative impact and ensure equity. It is important that the views of women and staff contribute to future developments. Consideration should be given to ensure the needs

				unemployed. The report suggests that groups more likely to be digitally excluded are: • Low-income households: more likely to struggle to afford broadband and data. • Older people: less likely to use the internet. • Disabled people: more likely to be impacted by the digital skills gap and struggle with accessibility. • People experiencing unemployment and seeking work: more likely to be unable to afford broadband, data and devices. • Young people (including those not in education, employment or training): most likely to perceive a lack of digital skills as a barrier to future work. There appears to be little data collected locally about people who are digitally excluded, but the information available suggests the number of people in Forest of Dean and Gloucester who have used the internet either at home or anywhere else is 91.3% and 92.3% respectively, which are both lower than the England average of 92.7%. Whilst all districts have wards at risk of digital exclusion, the Forest of Dean has the largest number of wards at risk. Gloucestershire County Council has developed a Digital Strategy (2025-2028), to improve digital access across the county.	of women with intersecting protected characteristics, and/or those who experience other factors that result in health inequalities, are met.

				Their research concludes that a considerable proportion of the Gloucestershire community currently lack digital skills and the confidence to engage through digital channels. Some communities are also unable to access equipment to enable digital engagement. Local engagement to support the development of the Gloucestershire Population Health and Strategic Commissioning Plan: 2026-2031 suggests that some people are cautious about the national shift to digital. Whilst most people responding to the engagement had digital devices and the knowledge and skills to do things online, there were concerns that the shift to digital would replace face-to-face access or appointments. Many of those responding said that they had used technology to access some healthcare services but cited concerns about the lack of personal contact (68%), information security (41%) and confidence that information would be monitored (51%) as barriers. Insight gathered as part of the Maternity Health Needs Assessment reinforces some of these concerns and highlights inequity of access to online tools and services. It also stresses the need for more accessible and reliable digital tools that enable improved access to information for women and improved communication between women and health professionals. Data collected since the launch of the online	

				Real Birth antenatal classes in Gloucestershire shows that: • nearly a third of women have taken up the offer (28.3% of total bookings to GHFT maternity services in the same period). • Women from more deprived communities are less likely to take up the offer (women from IMD 1-3 make up 12.2% of users). • Women are more likely to take the course in English (97.7% of users) of the 8 languages available. In Gloucestershire 1.3% of course users have taken the class in Polish and 1% in other languages (includes Arabic, Portuguese, Romanian, Sorani Kurdish, Tamil and Urdu).	
Health behaviours: • Maternal obesity • Smoking • Breastfeeding • Late booking • Severe and multiple disadvantage (SMD)	X	☐	☐	The Case for Change highlights the negative impact of specific health behaviours on maternal and neonatal outcomes such as higher rates of stillbirth, neonatal and maternal mortality, full-term neonatal admissions, preterm birth and maternal morbidity – patterns which are unlikely to reverse without significant targeted intervention. Maternal obesity, smoking in pregnancy, lower breastfeeding rates in some districts and delayed antenatal booking among certain groups are all trends that may continue to drive widening inequalities. Rates of **maternal obesity**:	The Case for Change notes that behaviour patterns highlighted here are trends which may drive widening inequality unless local maternity services adapt their models of care and engagement strategies to be more inclusive and culturally sensitive. As part of future service design and delivery it is important to ensure the views and experiences of women

				• BMI 30+ increased from 21.0% in 2020/21 to 27.2% in 2024/25. • BMI 40+ increased from 2.8% in 2020/21 to 4.6% in 2024/25. Maternal obesity, particularly prevalent in areas of higher deprivation, increases the risk of maternal complications such as gestational diabetes, hypertensive disorders, prolonged labour and need for a caesarean section. There is also an increased risk of adverse neonatal outcomes including stillbirth, premature birth and childhood obesity. Rising maternal obesity will likely increase demand for specialist pathways, including gestational diabetes, hypertension and anaesthetic support. **Smoking** at time of delivery rates (2024/2025) for Gloucestershire was 6.9% compared to 6.1% in England. Although this has reduced from 10% in 202/21 there is variation across the county with higher rates seen in the most deprived areas. Local data indicates that although Gloucestershire's **breastfeeding** initiation rates are above the national average overall, there is variation between districts with lower rates seen in areas of deprivation and among women whose ethnicity is White British. Persistent challenges remain, including high rates of infant readmissions linked to feeding issues and ongoing dissatisfaction with	affected by these behaviours are heard and understood.

				feeding support. **Late booking** – defined as attending the first appointment after the first10 weeks of pregnancy – can be associated with poorer maternal and infant outcomes such as preterm birth, low birth weight, admission to neonatal intensive care, and maternal morbidity, and may reflect underlying barriers such as culture, language, deprivation, or lack of awareness. Local data, in line with national figures, shows that late booking is more prevalent among women from deprived communities, ethnic minority communities, younger mothers and those with complex social needs. The Maternity Health Needs Assessment calls for the development of targeted initiatives and campaigns to improve rates of timely pregnancy booking. Women experiencing social exclusion and/or **severe and multiple disadvantage** (SMD) (those who face multiple challenges such as domestic abuse, homelessness, substance misuse, and mental health issues) face significantly greater risks in pregnancy than those without these experiences. These women are at the highest risk of severe maternal morbidity and maternal death, reflecting both heightened need and the systemic barriers they encounter.	
Other considerations: please consider, and identify, any impact on those who face health inequalities. This may be because they live in areas of deprivation, people with poor mental health, social/rural isolation, experience digital exclusion, people who misuse drugs and/or alcohol, people who are homeless, sex					

workers, etc. You may wish to add rows to differentiate between each cohort

4. Monitoring and review			
If you are at the implementation or evaluation stage of your policy development/service or programme change:			
Has an earlier Impact Assessment been undertaken?	**Yes** ☐	**No** X	**N/A** ☐
If yes, please include details of any action plan below:			
What issues/actions have previously been identified?			
Are any further actions required?			

5. Action Plan			
Issues/impact identified in Section 2, 3 or 4 above	**Explain any further actions required**	**How will you measure and report impact/progress**	**Timescale for completion**
Increased maternal age is likely to result in more complexity in the maternity population.	Service pathways and staffing levels should be reviewed to ensure that safe maternity care can be delivered in the context of increasing complexity related to maternal age.	Work in response to the Case for Change will be overseen by the Maternity Service Review Project Board.	March 2027
There is likely to continue to be an increase in the percentage of pregnant women who will require consultant-led care.	Skills and staffing levels should be reviewed and managed appropriately to ensure that safe maternity care can be delivered in the context of increasing clinical complexity	Work in response to the Case for Change will be overseen by the Maternity Service Review Project Board.	March 2027
Inequity of access for women with specific protected characteristics	Service pathways should be reviewed to ensure inclusivity and equity of access.	Work in response to the Case for Change will be overseen by the Maternity Service Review Project	March 2027

and those who live in areas of deprivation.		Board. Work to tackle inequality will continue to be developed by the Gloucestershire Local Maternity and Neonatal System	 Ongoing
It is important that services use inclusive language and focus on personalised care for all women accessing local maternity care. Information needs to be culturally sensitive and recognise the needs of women with specific protected characteristics.	Information should be co-designed and provided in various formats, taking into account reasonable adjustments for people who have a disability, sensory impairment and other communication needs.	Work to tackle inequality will continue to be developed by the Gloucestershire Local Maternity and Neonatal System	Ongoing
As part of any future service design and delivery it is important to ensure that the views and experiences of women with specific protected characteristics are heard and understood. Further consideration should be given to ensure any future engagement takes account of women with intersecting protected characteristics, and/or those who experience other factors that may result in health inequalities	Any future engagement needs to be inclusive of women who have specific protected characteristics and/or experience other factors that may result in health inequalities. This includes, but is not limited to, women who are: • From ethnic communities other than White British • Aged over 30 • Young mums under the age of 20 • Disabled, including those with a learning disability • In same sex relationships, or identify as LGBTQ+ • Living in areas of deprivation • Living in rural areas of Gloucestershire • Experience poor mental health	A project team is being formed to oversee any additional gathering of insight and future engagement with women, staff and other key stakeholders.	March 2027

When will the proposal be next reviewed?	N/a

5. Completion:	**Name and Job title**	**Date**
Completed by:	Caroline Smith, Senior Manager, Engagement & Inclusion	24/04/26
Equality Lead:	As above	
Project Sponsor:	Helen Ford, Deputy Director and Programme Director, Mental Health, Learning Disability, Neurodivergence, Children and Maternity	
Policy/programme signed off by: (*eg. Governance and Quality, Governing Body, etc)*		