



Birth Companions Submission to the Women and Equalities Committee Coronavirus Inquiry – 1 May 2020

The needs of women facing multiple disadvantage during pregnancy, birth and early motherhood.

Pregnant women and new mothers who face severe and multiple disadvantage are at significant and disproportionately high risk of harm as a result of the challenges that have arisen during the COVID-19 pandemic. The specialist services built in ordinary times with the needs of these women in mind, will be strained as a result of the pressures faced across the maternity, wider health, social care and criminal justice systems.

At Birth Companions we have concerns that the current response to COVID-19 does not give adequate consideration to the disproportionate impact experienced by women who are vulnerable as pregnant women and new mothers experiencing heightened anxiety, stress, isolation and reliance on others; and as women who have live in poverty, experience homelessness, or unsuitable and unstable housing; experience high levels of domestic abuse; have high levels of historic trauma and abuse, and don't have the means and support networks to protect themselves and their families from challenges created by the pandemic.

This paper outlines some of the issues we are already seeing among those we support, and highlights the need for a strong, centralised commitment to recognising and mitigating the inter-related impact of multiple disadvantage and health and social inequalities in a gender-informed response to COVID-19.

Defining multiple disadvantage

We define multiple disadvantage as the experience of three or more complex health or social factors at the same time. The issues usually included in such definitions vary significantly, but we argue strongly for all service providers, professionals, and organisations to work with a comprehensive list of possible experiences that will have a bearing on women's situations, including:

- Housing issues and homelessness
- Historic or ongoing domestic violence or abuse
- Financial difficulty
- Mental health issues
- Physical health conditions
- Substance misuse
- Criminal justice involvement
- Learning disabilities
- Experience of recent migration or asylum seeking
- Trafficking
- Social services involvement, as a child or an adult

Understanding women's experiences of multiple disadvantage can hold the key to building stronger, more sustainable engagement with services, benefitting women, their children, families, communities, and society as a whole.

What is the impact of multiple disadvantage during pregnancy and early motherhood?

Women facing severe and multiple disadvantage are more likely to die during pregnancy or after childbirth¹ and their babies are also more likely to die². Women facing multiple disadvantage also experience poorer maternity care; need extra support and trusted relationships to navigate their care³; and face inequities in the current provision of care. They are more likely to experience mental ill health during pregnancy, but less likely to be offered support⁴. Support available to such women can vary widely between different geographical areas.

Women experiencing pregnancy and motherhood amidst multiple disadvantage are not identified in a systematic or coordinated way across services, and their voices are seldom heard. The pressures brought by COVID-19 make it even harder to identify these women and make it even less likely their experiences, needs and concerns will be heard and responded to without a clear, resourced and sustained effort to do so. This work is difficult but necessary, as we know that without such work many women and their babies will miss out on opportunities for positive, supported change at a key point in their lives, disengage from services, hide their problems, or rely on abusive relationships to survive.

The impact of COVID-19

The added stress, anxiety, isolation and health risks posed by COVID-19 will be amplified for women facing multiple disadvantage by the health and social inequalities they face; poverty, abuse, mental health issues and historic trauma on top of the pressures posed by pregnancy, birth and early motherhood.

Emerging insights

We have adapted our face-to-face groups and individual support services, delivering informational, emotional and practical support over the phone, online, and through the postal system. In many cases this support includes intensive case-work, and in the course of the last few weeks we've been building a picture of many of the issues facing vulnerable pregnant women and new mothers in this crisis.

¹ Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK (2018). Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16

² Draper, E, Gallimore, I, Kurinczuk, J, Smith, P, Boby, T, Smith, L & Manktelow, B (2018). MBRRACE-UK Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2016

³ McLeish, J and Redshaw M (2019). 'Maternity Experiences of mothers with multiple disadvantages in England: A qualitative study'. *Women and Birth*, 32(2),178-184; Birth Companions and Revolving Doors Agency (2018) Making Better Births a reality for women with multiple disadvantages; Thomson, G and Balaam, M (2016). Birth Companions Research Project: Experiences and Birth Outcomes of Vulnerable Women. University of Central Lancashire

⁴ Redshaw, M and Henderson, J (2016). 'Who is actually asked about their mental health in pregnancy and the postnatal period? Findings from a national survey' *BMC Psychiatry*, 15(1), 322.

Challenges facing women in their homes

- Women are living in isolation, with no support networks, in inappropriate and unsafe housing (including shared housing), and in situations of abuse.
- Women are struggling to get the practical essentials they need for themselves and their babies, including food, nappies, baby wipes, clothing, a safe place for their baby to sleep and medication.
- Single mothers feel unable to go out to the shops without their children, and feel anxious about doing this.

Challenges women are experiencing with services

- 'Non-essential' maternity appointments have been cancelled or shifted to phone or email contacts, reducing the opportunities women have to engage with professionals and opportunities for those professionals to identify emerging or escalating needs, including domestic violence.
- Restrictions and service changes across the board are impacting on women's support, including complete cancellation (rather than a shift to remote support) in the case of some services and programmes, including substance misuse and mental health services.
- Some maternity services have reported that vulnerable women are disengaging because of the lack of face-to-face contact
- Women are having problems getting through to their doctors' surgeries on the phone, and unaware of 111 services.
- Problems with safe transport to hospital appointments including during labour. This includes women planning to take public transport to travel to hospital during labour.
- Limited support during, and particularly after birth, where restrictions on the number of visitors are being put in place by hospitals and staffing levels are reduced. This includes a woman who was alone after a very traumatic birth, and who was told she couldn't use her mobile phone to call anyone due to the infection risk.
- Our research with Birthrights⁵ highlighted issues with access to interpretation services for those who speak little or no English. Inadequate, ineffective or completely lacking interpretation is a clear safety risk, as well as a breach of a woman's Article 8 rights, and Article 14 rights to non-discrimination.
- Some of the women we are currently working with who have language and literacy issues are less aware of the need for social distancing, the vulnerability associated with pregnancy, changes to services affecting them, and the latest government advice.
- Difficulties accessing wider health services including sexual and reproductive health services. This includes a woman affected by the criminal justice system whose supporters were unable to help her access an abortion.
- Scaling back of social services to focus on priority cases, and a shift to remote contact for assessments and family court hearings posing risks to the level of support and fairness in these processes which have such a profound impact on women and families.
- Significant issues were identified in terms of access to healthcare in prison before this pandemic⁶ and the pressures on staffing in prisons, and in maternity services across the country, raise serious concerns for the ability of the prison system to

⁵ Holding it all together - 2019 <https://www.birthcompanions.org.uk/resources/92-holding-it-all-together>

⁶ Locked out? Prisoners' use of hospital care – Nuffield Trust 2020

<https://www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care>

respond quickly and appropriately to pregnant women and new mothers at this time.

- Mothers who are separated from their children as a result of custody, but who would normally have some level of contact with them, are also experiencing high levels of trauma and anxiety as a result of the end to visits. This is particularly pronounced for mothers of infants, who cannot communicate with their babies and toddlers on the phone or through written communication.
- Women held in prison are experiencing unprecedented levels of isolation, with reports of being given just 30 minutes out of their cells each day and no access to peer networks. This is in addition to the trauma of complete separation from children and wider family and friends, while knowing that loved ones are experiencing difficulties in the outside world.

Our concerns for the coming weeks and months

Based on our experience of the needs of the women we support, and the emerging insights being gathered by our teams delivering services in the current circumstances, there are a number of general points, and points specific to key issues, we would like to highlight to the Committee at this stage. We will continue to gather evidence on these and other areas in the coming weeks and months, and will be happy to provide further information at a later stage of the inquiry.

General points

Services need to be funded to support women through coordinated channels to provide:

- Information relating to pregnancy, birth, early parenting, and the COVID-19 pandemic tailored to the needs of women with literacy and language issues, and relevant to their situations.
- Emotional support.
- Help accessing essential items and phone credit.
- Safe transport to hospital for antenatal and postnatal appointments and when in labour.
- Advocacy in dealing with maternity care, housing, social services and other key providers.
- Ensuring those with No Recourse to Public Funds are fully supported through adapted local authority responses.
- Ensuring pregnant women and mothers of children under the age of two years released from prison during this period are properly supported during and after their transition into the community.
- Ensuring pregnant women and mothers under the age of two years who remain in prison during this period are properly supported with their physical and mental health needs, and in maintaining their relationships with family and friends.

Maternity services

Maternity services are facing significant staffing pressures and concerns have been raised about the redeployment of maternity staff to other areas of the health system, as well as reduced choice and support around birth options⁷. Key points to note include:

- The impact of a reduction in continuity of care models proven to improve outcomes for the most vulnerable women and babies.

⁷ Birthrights 2020 - <https://www.birthrights.org.uk/wp-content/uploads/2020/03/Final-Covid-19-Birthrights-31.3.20.pdf>

- Reports of drops in the number of safeguarding referrals being made in some maternity teams suggest low levels of identification/ response to concerns.
- Restrictions on birth partners and the impact on vulnerable women who need additional advocacy during and after birth (Birth Companions is providing phone services to support women and advocate with midwifery teams in some cases).
- Women who are unable to access good postnatal support, from partners, staff, or volunteers, may find it harder to establish breastfeeding (particularly for post-operative mothers) and to navigate mental health issues.
- Informed choice and consent relating to maternity care and birth should be protected as far as is possible within public health parameters, yet concern has been expressed by charities such as Birthrights and by the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists about broad-brush steps that restrict choice.
- The necessary use of PPE in maternity care can and does have an impact on women's communication with healthcare professionals. This is unavoidable but the disproportionate risks this poses to some, in terms of re-traumatisation and triggering past trauma, should be considered and steps taken to minimise the impact.

Mental health

- Women's access to mental health provision in the community and in prison, including specialist perinatal mental health services, should be maintained and strengthened during the pandemic. Any reduction in, or diversion of resources or staffing away from these services, poses a significant threat to the lives of pregnant women and new mothers, particularly given the risks associated with escalating mental health needs in the postnatal period⁸.
- Decisions relating to service adaptations must be taken with an awareness of, and steps to mitigate, the disproportionate impact isolation has on the mental health of those who have a history of trauma and abuse, including Adverse Childhood Experiences.
- Effort must be put into planning for the increased demand and related pressure on services likely to emerge in the months following the lifting of the lockdown measures, given the impact on mental health across the wider population. Services need to be ready and resourced to respond to this demand to ensure the most vulnerable women are able to access the support they need, *when* they need it.

Domestic violence and abuse

- Many organisations including Agenda, Women's Aid and Refuge have highlighted a significant increase in the number of calls for help and support relating to domestic abuse, in all forms, since the start of the pandemic.
- Specifically, for the women we work with, there are concerns about the implications of a reduced number of engagements with maternity care and other statutory services in this period, and the impact this will have on the identification of and response to domestic violence and abuse during pregnancy and early motherhood.
- Women released from prison during the pandemic, whether via early release schemes or because they have reached the end of their custodial sentence, are at significant risk of entering or returning to situations of violence and abuse.

⁸ Maternal suicide is the leading cause of direct deaths in the year after the end of pregnancy – MBRRACE-UK 2019 <https://www.npeu.ox.ac.uk/downloads/files/mbrpace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

Housing

- While the work being done to find suitable housing for vulnerable groups amidst this pandemic is onerous and responses in many situations have been impressive, it is vital that systems and solutions relating to housing take adequate consideration of gender-specific needs, including a need to offer women who have a history of trauma and abuse housing that allows them and their children to feel safe and supported.
- It is also essential that housing policies reflect the needs relating to pregnancy and early motherhood – that housing options for women do not necessitate moving shortly before or after birth, for example, but allow women to settle in a suitable home where they can remain once they have had their baby, and that facilitates contact arrangements for women who are separated from their children.
- Safe, appropriate and supported housing must be a priority in navigating the release of women from prison during the pandemic. We know that large proportions of the female prison population leave custody without a home to go to – one Independent Monitoring Board report from HMP Bronzefield in 2018 put the figure at 50 per cent⁹.

Social services

- As social services assessments and family court proceedings shift to being conducted remotely, there are many issues to be considered in terms of the nature and level of support, protection and justice afforded to birth mothers. The work of the [Nuffield Family Justice Observatory](#) is a useful source of information on this.
- Of particular concern for us is the level of tailored support being provided to women who are in prison and who struggle to manage contact with social services during assessments in more normal times. With the pressure on social services teams and the extent of the lockdown in prisons, access to a fair and supportive process during custody is likely to be severely limited.

What needs to happen

- The needs of pregnant women and new mothers facing multiple disadvantage must be considered in all national and regional planning for COVID-19 in the short and longer term, including trauma-informed approaches to managing the risks of transition during the easing of lockdown restrictions.
- This planning needs to be combined with a monitored commitment to maintaining the best possible levels of contact and service delivery throughout this period, with the Women and Equalities Committee providing an ideal mechanism to maintain scrutiny of this.
- The voices of women with lived experience of multiple disadvantage must inform planning for both the short and longer term, with the appropriate support and resources made available to allow them to engage in such processes.
- The provision of antenatal, intrapartum and postnatal care must be protected as far as is possible in the pandemic period, with no diversion of resources to other areas of healthcare. Where rationing or restriction of services becomes unavoidable, priority case-by-case decision-making should be given to the most vulnerable.
- Government must invest in services able to provide specialist support to women, in addition to statutory services, helping them and the agencies they need to engage with navigate their care needs through these unprecedented times.

⁹ <https://www.independent.co.uk/news/uk/home-news/female-prisoners-homeless-imb-report-jailed-bronzefield-a8618806.html>

- The role of the voluntary sector in recognising and responding to needs on a local and national level, and in helping to inform and lead in systems change, must be fully recognised and supported across government departments and agencies. The emphasis on domestic abuse organisations in the government's response to date is welcome, but focuses on one part of a complex and interconnected network of services.
- Data on multiple disadvantage, taking into account a comprehensive range of health and social factors, and disaggregated by gender, race, age and region, must be collected and shared on an ongoing basis to allow more informed, evidenced decision-making relating to the most vulnerable groups in the future.

About Birth Companions

Birth Companions is an award-winning charity working to improve the lives of mothers and babies facing severe disadvantage. We aim to:

- improve the physical and emotional well-being of pregnant women and new mothers
- enable new mothers to give their babies the best possible start in life
- shape the local and national policy and practice that impacts on mothers and their babies.

More information is available on our website www.birthcompanions.org.uk