International Journal for Equity in Health

COMMENT

Open Access

Advancing maternal health equity: the need for cultural awareness and inclusivity in maternity service delivery in the UK: anchored in the MBRRACE-UK 2025 findings

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Abstract

Despite ongoing national efforts to improve health outcomes, the UK continues to experience entrenched inequalities in maternal mortality, disproportionately affecting Black, Asian, and migrant women. The MBRRACE-UK 2025 report reaffirms that these disparities are not random but rooted in structural deficiencies within the maternity service delivery system. This commentary argues that achieving maternal health equity requires a fundamental shift in how maternity care is commissioned, delivered, and evaluated. Cultural awareness and inclusivity should be recognised as an important integral to the provision of safe and effective maternity care, rather than treated as supplementary considerations. Embedding these principles into national clinical guidelines, service contracts, commissioning frameworks, and mandatory workforce training will reduce barriers to access, promote equity, improve the quality of maternity care, and rebuild trust among underserved populations. The paper calls for bold and decisive leadership, targeted policy reforms, and genuine co-production with affected women and communities to ensure that maternity services reflect diverse needs. Without such decisive actions, inequalities will persist, undermining the credibility and safety of the UK's maternity care system. The paper also offers actionable policy and system-level recommendations to guide measurable transition towards equitable, culturally responsive maternity services in the UK.

Keywords Maternal health equity, Cultural awareness, Maternity service delivery, MBRRACE-UK 2025, United Kingdom

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Introduction

The MBRRACE-UK 2025 report, *Saving Lives, Improving Mothers' Care*, presents a stark reality of the enduring ethnic and socio-economic disparities in maternal health outcomes across the UK and Ireland. Despite the slight reduction in maternal mortality rate from 13.56 to 12.82 maternal deaths per 100,000 women giving birth in the UK in 2020-22 and 2021-23, respectively, the report reveals that women from Black ethnic backgrounds remain more than twice as likely to die during or after pregnancy compared to their White counterparts [1]. Similarly, of the 643 maternal deaths examined in the report, 583 (91%) experienced multiple interrelated challenges, including physical health problems, delayed antenatal care, mental health issues, substance use, living in deprived areas, belonging to ethnic minority groups, and experiencing domestic abuse; highlighting the increased risk of maternal deaths among the socio-economically disadvantaged in the UK and Ireland [1]. These disparities in maternal deaths persist despite various efforts to achieve meaningful progress over the years.

Meanwhile, maternal deaths are mostly preventable within a well-functioning maternal healthcare system [2]. The leading causes of maternal deaths in the UK, which include thromboembolism, cardiovascular disorders, and mental health-related conditions, such as maternal suicides [1, 3], are often preventable with timely interventions and coordinated care. Thus, the persistence of these maternal deaths in the UK highlights a deeper systemic failure, one that goes beyond individual clinical errors to reveal broader maternal healthcare service delivery gaps. These include inadequate pre-pregnancy counselling, poor recognition of social risk factors, and fragmented support for women facing complex vulnerabilities [1]. The World Health Organisation [4] highlights inequalities in access to quality maternal healthcare services and socio-economic disparities as major contributors to the high number of maternal deaths in the world. Examining the lessons from the MBRRACE-UK 2025 report, this commentary explores how culturally awareness and inclusive service models can bridge the gap between clinical capabilities and equitable maternal health outcomes in the UK and Ireland.

Persistent gaps in maternity service delivery

Despite the longstanding commitment to maternal health equity, significant ethnic and socio-economic disparities in maternal mortality persist across the UK. According to the MBRRACE-UK 2025 report, Black women are more than twice as likely to die during or after pregnancy compared to White women [1], with women of Caribbean ethnicity facing the greatest risk of maternal deaths in the UK [5]. Also, women living in the most deprived areas experience a maternal mortality rate nearly twice that of those in affluent regions [1]. Evidence shows that the disparities in these maternal deaths exist even after adjusting for factors like age, comorbidities, and socio-economic status, suggesting that structural inequalities and systemic racism play a critical role [5].

Access to timely and appropriate antenatal care remains a significant barrier for many minority women in the UK, particularly recent migrants and those with limited English proficiency. Evidence shows that language barriers, lack of interpreters, and fear of discrimination among pregnant migrants often lead to delayed booking and missed appointments [6, 7]. Migrant women are sometimes forced to rely on family members for interpretation during clinical encounters, a practice which is considered unsafe and inappropriate [8, 9]. These access barriers are compounded by immigration-related issues, which deter undocumented women from seeking healthcare [10]. These barriers contribute to delayed contact with maternity services, increasing the risk of adverse maternal outcomes and undermining the principle of equitable access to safe maternal healthcare.

Also, the gaps in coordination of services across maternity care systems further exacerbate the risk for minority women, particularly those with complex needs. Poor communications between primary care, maternity units, and mental health services often result in missed opportunities for early intervention and continuity of care [11, 12]. The Maternal Mental Health Alliance [13] reports that inconsistent referral criteria, long waiting lists, and a lack of integrated care models leave vulnerable women without the needed maternal mental health support. This is particularly concerning given the rise in late maternal deaths due to mental health conditions, including suicide, which now accounts for 34% of maternal deaths occurring between six weeks and one year postpartum [1]. In the absence of well-coordinated multidisciplinary healthcare systems, women facing intersecting challenges such as psychological trauma, substance use, and involvement with social services remain at increased risk of being inadequately supported within the maternity care system in the UK.

Finally, the MBRRACE-UK 2025 report highlights a "constellation of biases" that undermines the recognition of women's concerns, leading to unsafe delays in diagnosis and treatment of maternal health conditions [1]. Women from ethnic minority backgrounds, particularly black women, frequently report having their concerns dismissed, stereotyped, or not listened to during clinical encounters [14]. These experiences erode trust in maternity services and contribute to avoidable harm. The persistence of such biases, despite repeated recommendations to provide culturally awareness maternity services in the UK [15], reflects a deeper failure to embed equity into clinical practice. Addressing these issues

requires not only operational reforms but also a cultural shift that prioritises respectful and person-centred care for all women, regardless of ethnicity, language, or social circumstance. Priority actions should include strengthening culturally responsive care, improving interpretation services, enhancing multidisciplinary coordination, and addressing institutional biases within maternity services.

The case for cultural awareness in maternity services

Cultural awareness in maternity care refers to the ability of healthcare providers and systems to deliver maternity services that are respectful of and responsive to the cultural, linguistic, and social needs of diverse populations [16, 17]. In the UK context, this includes recognising the unique experiences of women from ethnic minority backgrounds, migrant communities, and socially disadvantaged groups, and tailoring maternity care accordingly. According to the Care Quality Commission [18], culturally awareness care involves understanding patients' cultural identity, beliefs, and preferences, and integrating these into care planning and delivery. The MBRRACE-UK 2025 report reinforces this, highlighting that many maternal deaths occurred among women facing multiple disadvantages, including language barriers, social isolation, and cultural dissonance with mainstream services [1]. Thus, cultural awareness should not be seen only as a discretionary skill but as a vital clinical requirement that forms the foundation of safe, equitable, and person-centred maternity care [19].

The absence of cultural awareness undermines continuity of care, erodes trust in healthcare providers, and delays help-seeking behaviour among vulnerable women [9]. Ethnic minority women frequently report feeling dismissed, stereotyped, or misunderstood during clinical encounters, which discourages early engagement with antenatal services and reduces disclosure of sensitive issues such as mental health concerns or domestic abuse [20, 21]. Meanwhile, culturally congruent care improves uptake of skilled maternity services [22], particular among refugees and migrant women [12]. The NHS Race and Health Observatory reports that Black women often feel unsafe giving birth in UK hospitals and may seek care in their home countries due to perceived discrimination and dissatisfaction [23]. These observations underscore the need for culturally awareness and inclusive care models that foster trust and continuity across the maternity care pathways.

Evidence from the UK shows that a lack of cultural awareness often leads to missed safeguarding opportunities and inadequate responses to women with social risk factors seeking maternity care [24]. The MBRRACE-UK 2025 report documented cases where poor cultural awareness and language barriers led to failure in capturing maternal risk factors, mental health, and cardiovascular histories [1]. The National Institute for Health and Care Excellence (NICE) guidelines (CG110) emphasise the importance of multi-agency assessment for pregnant women with complex social factors [25]; however, implementation remains inconsistent across the country. These gaps reflect a systemic failure to sustain the embedded cultural awareness in safeguarding protocols and maternity care planning for Black and ethnic minority groups in the UK. Addressing these challenges requires mandatory workforce development, strengthened safeguarding pathways, and greater accountability for equitable maternity care delivery.

Building inclusive maternity services

The persistent ethnic and socio-economic disparities in maternal outcomes reported by the MBRRACE-UK 2025 highlight the urgent need for comprehensive structural, cultural, and operational reforms that integrate equity across all dimensions of maternity care delivery in the UK. A critical initial measure involves instituting compulsory cultural awareness training for all personnel engaged in maternity care [26]. The Care Quality Commission [18] have documented the positive impact of cultural awareness in promoting safe, effective, person-centred, and inclusive care. Also, the NHS Providers [27] suggested that embedding cultural awareness training programmes into annual mandatory training for maternity care providers, together with anti-racism and equity modules, minimises pre-existing biases and assumptions and ensures that all staff are equipped to deliver inclusive, respectful, and person-centred care across a diverse population.

Adapted communication strategies are equally vital in building inclusive maternity services. In the UK, language barriers remain a significant obstacle to safe, informed, and inclusive care, particularly for women whose first language is not English [12]. Various reports emphasise that reliance on family members for interpretation when seeking healthcare compromises confidentiality and safety, especially in safeguarding contexts [28–30]. Whilst the use of professional interpreters is often recommended for women with language barriers accessing maternity care [31], access to interpreters and confidentiality issues are often a challenge [32]. Thus, besides ensuring consistent access to high-quality interpretation services, digital tools, such as multilingual maternity applications and accessible electronic notes, can enhance engagement and understanding, promoting inclusivity in maternity services to Blacks and other ethnic minorities in the UK.

Also, workforce diversity is a critical enabler of inclusive maternity care. Maternity care providers from ethnic minority backgrounds, particularly midwives and

obstetricians, bring cultural insights, lived experiences, and linguistic skills that enhance empathy and trust with maternity care users [16, 22]. Meanwhile, healthcare staff from ethnic minority backgrounds often face discrimination, exclusionary workplace cultures, and limited career progression [33, 34]. Addressing these barriers through targeted recruitment, mentorship, and leadership development programmes is essential in building inclusivity in maternity services in the UK. The Royal College of Midwives [21] advocates for representative staffing across all levels of maternity services to reflect the communities served and reduce disparities in care experiences.

Beyond workforce diversity, staffing capacity and workforce shortages also play a significant role in perpetuating maternity health inequalities. Persistent shortages of midwives and specialist maternity staff have placed considerable pressure on maternity services across England, limiting the ability of healthcare professionals to provide safe, personalised, and culturally responsive care. Responding to the Care Quality Commission's State of Care report, the Royal College of Midwives noted that maternity services are operating with too few staff and insufficient time to provide the care women require, contributing to concerns about safety and quality of care [35]. Similarly, the Care Quality Commission identified workforce challenges as one of the recurring factors underpinning poor maternity care, alongside communication failures, inadequate leadership, and weak organisational cultures [36]. Evidence from national reviews has further demonstrated that staffing shortages can undermine continuity of care, delay assessment and intervention, and reduce opportunities for meaningful engagement with women, particularly those from ethnic minority, migrant, and socioeconomically disadvantaged backgrounds who may require additional support and advocacy [15, 37]. Addressing workforce shortages through sustained investment, retention strategies, and equitable workforce planning is therefore essential for achieving maternal health equity and delivering safe, inclusive, and high-quality maternity care.

Further, community engagement through co-design is another key strategy of delivering an inclusive maternity service. Maternity Voices Partnerships (MVPs) and community-based women's groups offer meaningful perspectives on the real-life experiences of women assessing maternity care [38]. Co-production frameworks, such as those developed by the National Maternity Voices and King's College London, demonstrate how collaborative design improves service relevance, evaluation, and outreach to ensure that maternity care is responsive to local needs and builds confidence among marginalised groups [38–40].

Finally, data-driven accountability is essential to monitor progress and guide interventions. Studies have shown that minority ethnic groups and women in deprived areas face significantly higher risks of severe maternal morbidity, independent of other factors [14, 41, 42]. This emphasises the need for maternal outcome data to be routinely collected and disaggregated by ethnicity, socioeconomic status, and disability, which should be made publicly available. Transparent reporting enables targeted resource allocation, policy reform, and continuous quality improvement. Without robust data systems, maternal health inequalities in the UK remain invisible and unaddressed.

Policy and system recommendations

To advance maternal health equity in the UK, policy and system-level reforms are required to integrate cultural awareness and inclusivity into the core structure of maternity care. The following policy priorities should be considered urgent actions for reducing inequalities in maternal outcomes across the UK.

NHS England and local Trusts should incorporate cultural awareness standards into maternity service contracts, commissioning frameworks, and regulatory inspections. This would ensure that equity is not merely aspirational but operationalised through measurable expectations and accountability mechanisms. The MBRRACE-UK 2025 findings underscore the need for consistent, culturally safe care across all settings, particularly for Black, Asian, and migrant women.

The NICE should strengthen its clinical guidelines to explicitly incorporate provisions for culturally responsive maternity care. Current frameworks provide limited guidance on the adaptation of clinical pathways, communications strategies, and psychosocial support mechanisms to effectively address the needs of blacks and ethnic minority women seeking maternity care. Enhanced guidance would support clinicians in delivering maternity care that is both evidence-based and culturally responsive. This should include explicit guidance on culturally responsive communication, interpretation support, and the assessment of social risk factors.

Investment in continuity of care models is another critical strategy for advancing maternity service reforms. Evidence shows that sustained relationships with a known midwife improve trust, reduce missed clinical risks, and enhance the birth experience [43, 44], especially among women from minority ethnic groups. Effective scaling of such models requires strategic allocations of resources, robust workforce planning, and adaptive rostering frameworks responsive to diverse maternity service contexts. Priority implementation should focus on communities experiencing the highest burden of maternal morbidity and mortality.

Finally, the systematic inclusion of women's lived experiences in service redesign and evaluation is essential.

Co-production with service users, particularly those from ethnic minorities and underrepresented communities, ensures that maternity services reflect the real-world needs of clients and foster trust. Embedding these voices into governance structures, quality improvement cycles, and policy consultations will help dismantle structural inequalities and promote culturally safe maternity care in the UK.

Conclusion

Persistent inequalities in maternal health outcomes across the UK indicate underlying systemic failures in service delivery rather than isolated clinical incidents. Immediate priorities should include workforce investment, culturally responsive service delivery, strengthened accountability mechanisms, and meaningful engagement with affected communities.

The MBRRACE-UK 2025 report reaffirms that comprehensive structural reform is necessary to remove the systemic barriers that disproportionately disadvantage Black, Asian, migrant, and socio-economically marginalised women. Without embedding inclusivity and cultural awareness into the core of maternity services, disparities in maternal mortality and morbidity will persist, undermining national commitments to healthcare equity and patient safety.

Transformative changes require bold and decisive leadership at all levels of the healthcare system, with policymakers, commissioners, and clinical leaders prioritising equity through targeted reforms such as culturally tailored maternity care pathways, representative workforce strategies, and robust accountability mechanisms. Equally important is the co-production of services with communities most affected by disparities, ensuring that women's lived experiences directly shape the design, evaluation, and governance of maternity care to make services more responsive, respectful, and just.

Advancing maternal health equity is a key ethical and professional obligation that healthcare systems must prioritise. Incremental adjustments are no longer sufficient in addressing the persistent maternal health disparities in the UK, as highlighted in the MBRRACE-UK 2025 findings; what is required now are bold, decisive, and inclusive actions that institutionalise equity as the normative standard of maternity care rather than an exception.

Abbreviations

MBRRACE UK	Mothers and babies: reducing risk through audits and confidential enquiries across the United Kingdom
UK	United Kingdom
NHS	National health service
NICE	National institute for health and care excellence
MVPs	Maternity voices partnerships
WHO	World Health Organisation

Acknowledgements
We acknowledged the support received from the Union for African Population Studies in designing the scope of this overall project.

Author contributions
OB conceived the idea for the commentary and wrote the full manuscript. The author reviewed and approved the final version of the commentary prior to submission.

Funding
There is no specific funding received for this commentary.

Data availability
No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate
Not applicable.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Received: 20 May 2026 / Accepted: 19 July 2026
Published online: 27 July 2026

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