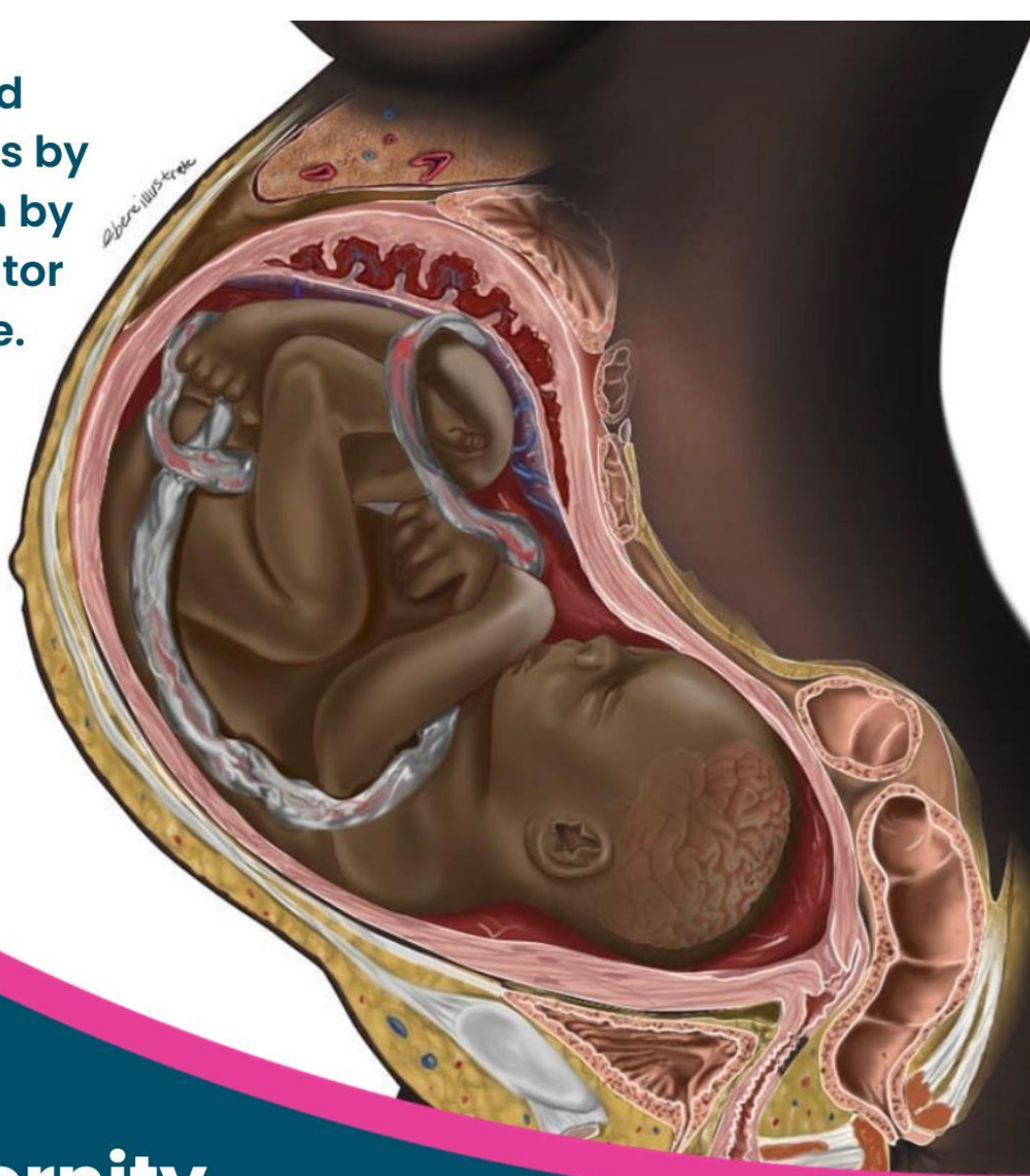


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Chidiebere Ibe.



The Maternity Experience of Black and Asian Women in Walsall Report.

January 2024



Engaging
Communities
Solutions

healthwatch
Walsall

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Introduction

Analysis of maternal deaths, stillbirths and neonatal deaths, shows mothers and babies from Black/Black British and Asian/Asian British ethnic groups have poorer outcomes. ¹ The UK has one of the lowest maternal mortality ratios in the world. There are, however, glaring and persistent disparities in outcomes for women depending on their ethnicity. Maternal mortality for black women is currently almost four times higher than for white women. Significant disparities also exist for women of Asian and mixed ethnicity. These disparities have existed and been documented for at least 20 years, but only received mainstream attention and Government action since around 2018. ²

Walsall is a culturally diverse town with minority ethnic groups accounting for 32.6% (1 in 3) of Walsall's population. ³ In 2021 40.7% of live births recorded were of ethnic minority.

A graph showing births by ethnicity in Walsall can be found on page 14.

What we did?

Healthwatch Walsall wanted explore how Black and Asian women in Walsall truly feel during their maternity journey. Do women feel as though they are listened to and valued as individuals? Do women feel they are treated with respect and compassion? These are major factors in the quality of treatment a patient feels they have received. Furthermore, we wanted to ask women if they felt their ethnic background influenced the treatment and care they received. Gathering such patient experiences helps to give a small insight into the maternity journey for Black and Asian women in Walsall.

We collected feedback by conducting a survey and speaking with Black and Asian women. The survey was designed by us with the involvement of Carol King-Stephens, Equality, Diversity and Inclusion Lead Midwife at Walsall Manor Hospital.

This survey was available online and in hard copy. The hard copy was available at different places in Walsall where new Moms would be able to access this, these places included, The Maternity Outreach Project, Midwifery Lead Unit (MLU) and Walsall Manor Hospital.

The online version was shared digitally via social media, Healthwatch Walsall website, added into the Healthwatch newsletters and distributed to organisations within Walsall for sharing through their own networks.

As part of our engagement, we held focus groups*, attended the Maternity Outreach Project weekly from its launch date, visited the Walsall MLU (Midwifery Led Unit) and visited Primrose Ward at Walsall Hospital. Throughout the project our engagement was female led and our intelligence is from face-to-face conversations with the participants.

***we will not name the focus groups to keep anonymity of the participants.**

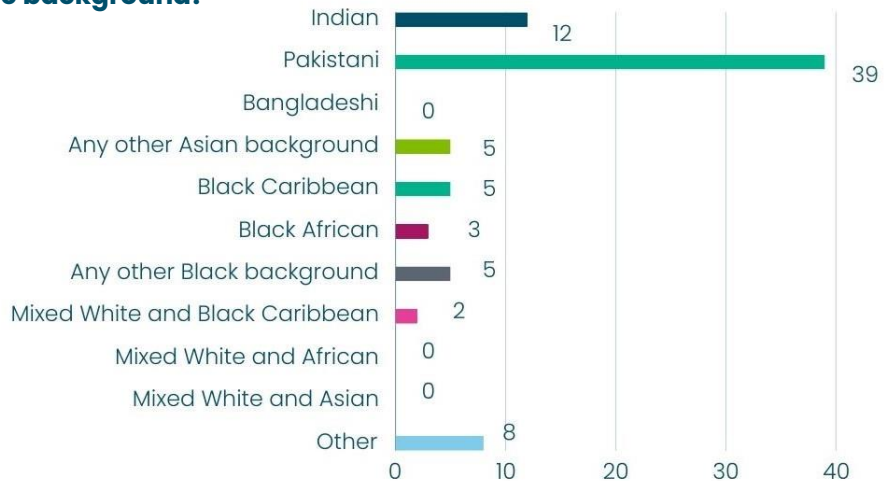
Who took part?

The project was aimed at Black and Asian women who had recent maternity experiences in Walsall. We heard from 82 women. We carried out this project from mid June to the end of September 2023 and we spoke to women whose babies were under 8 weeks old.

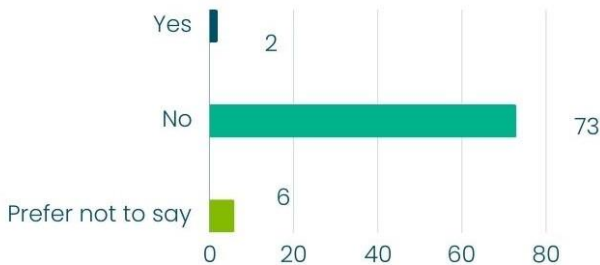
Below you will see graphs showing the demographics of the women who took part* We recorded the following information. Ethnic background, Long term condition, Physical disability, Age group and post code.

***questions were not mandatory, leaving participants the choice to not answer resulting in misalignment between the numbers shown and the questions answered.**

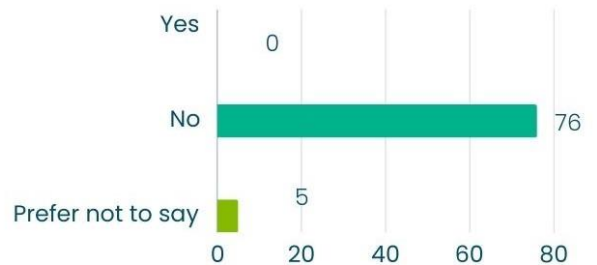
What is your ethnic background?



Do you have a long-term condition?



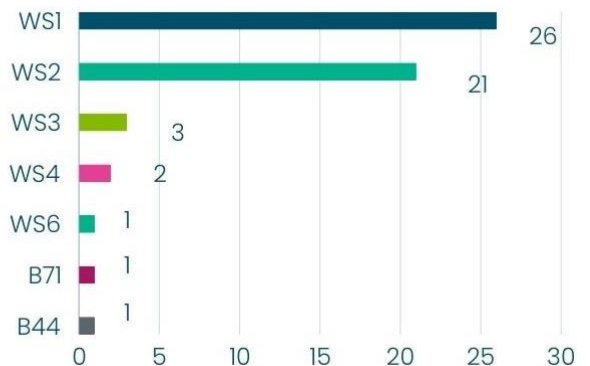
Do you have a physical disability?



Age group



Post code



Findings

While the majority of survey responses reflected positive experiences among women regarding maternity, we also received some negative feedback and comments. In the spirit of giving a comprehensive view, we believe it is important to share these perspectives as every woman's story matters.

Participants were presented with various questions, allowing them the opportunity to provide additional details and feedback at their discretion. The questions were optional, granting participants the freedom to choose not to respond, therefore, the numbers shown will not align with the number of women interviewed as some participants chose to not answer all questions.

The pages below show our findings from our work undertaken. This includes survey responses followed by patient comments and feedback to the questions asked. We have grouped them into the following sections,

- Treatment, Care and Communication.
- Partner Involvement.
- Safety.
- Barriers.
- Mental Health.
- Concerns and Complaints.

Treatment, Care and Communication

Key findings

Providing respectful, culturally competent care and open communication ensures well-being, addresses unique health risks, and fosters a supportive environment, which is essential for a positive birthing experience.

The feedback includes positive comments about certain aspects such as triage and overall patient satisfaction. With some patients telling us *"midwives are great, perfect, you cannot fault them."* However, there are also concerns raised, particularly regarding issues with staff communication, challenges with misleading information, a lack of kindness from staff and frustration with the process of complaints after giving birth, with women telling us *"I was just told lie after lie, tried to make a complaint but the process is too long."*

We asked...

During your maternity journey, did you feel listened to and valued as an individual?	Yes – 71 No – 10
Do you feel you were treated with respect and compassion?	Yes – 76 No – 5
Do you feel you were involved in your birth plan / care plan and that your wishes were taken into account?	Yes – 75 No – 5

Treatment, Care and Communication – Patient comments and feedback

"I felt the growth plan appointments were misleading to me. I was informed I had gestational diabetes, but this wasn't proven, so doctors scared me by saying problems could happen and I may need a section if baby is big, It happens that I wasn't diabetic, so I was scared for nothing. I felt during this time I was talked at not to. My baby was average weight so no need for the section, this could have been avoided if a definitive answer."

"Been in pain since Sunday with bulging waters, room not free in delivery suite. Sent down and brought back up. Now 3 cm and hoping can go back down. [to delivery] Could have stayed at home, why bring me in to be induced if no bed available in delivery. I know it isn't the staff fault, there aren't enough of them."

"Staff need to listen when someone says they are in pain."

"I felt rushed at my 12 weeks scan. When I asked questions, I didn't feel like they were listening to me, was rushing me along, not taking me seriously."

"Mostly listened to. Needed faster pain relief."

"Just feel the nurses could have been nicer to me."

"Always involved and listened to."

"Felt like I was just left to it. Wasn't sure of feeding and had to go back to clinic as baby was not latched on and I said this to them. They didn't listen."

"Hard to say. Felt put off by some midwives, the rest were great."

"Felt listened to apart from when I try to tell nurse something and she says no you are ok."

"I am early pregnant and very involved and treated well."

"I couldn't add any improvements, no issues at all. Everyone really good. All aspects really good. Leaflets in other languages if needed. Massive improvement to my last pregnancy 4 years ago."

Partner, Family member, Friend Involvement

Key Findings

The key findings suggest that a partner, family member, friend involvement contributes to a sense of safety and positive birthing experiences. Women highlighted feeling 'safe', with people sharing comments like *"My partner is involved, and I feel safe"* and *"Everyone so good to myself and my partner."* However, there is also a comment around the potential limitations for fathers around inclusive facilities and support for both parents – *"I feel like Dads aren't involved too much. It is aimed at mostly Mothers, Fathers can't even use the toilets on the ward, they have to go outside to visitors' toilets, possibly missing birth."*

We asked...

Did you feel your partner / family member / friend or other were given the opportunity to be involved in their maternity journey as much as they would have liked them to be.

Yes – 75
No – 4
Not applicable – 1

Partner, Family member, Friend Involvement – Patient comments and feedback

“I felt in safe hands, my husband was very involved.”

“Everything was explained to my partner, so he felt very involved. The girls in the room answered all the questions too.”

“I had the chance to have an ultrasound on a Sunday which was suitable for me and my partner.”

Safety

Key Findings

While there were positive aspects of feeling safe and well-cared-for, there were also instances of communication challenges and delays that impacted the overall experience for some women. We heard things like “Feel safe and staff are lovely, but they said they would break my waters a day ago and haven’t” and “Felt safe but was getting different answers from different staff.” This indicates a lack of communication between the staff and the patients.

We asked...

During your maternity journey, did you feel safe?

Yes – 77
No – 3

Safety – Patient comments and feedback

“Always felt safe. When something happened during labour, other midwives were called and they came running.”

“Felt at ease all the way through.”

I was told to walk down to ICU to my baby. Had not long had a c section, I was told this by the night staff. They are not very good.” [patient usually took down in a wheelchair by a staff member.]

“Safe and looked after. Primrose Ward is amazing.”

“Surgical team were amazing, they cannot be faulted, brilliant team, kind and helpful and really made me feel taken care of.”

Barriers

Key Findings

Providing supportive services that enhance the ease and safety of a person's maternity journey is essential. Services should be welcoming, accessible, and inclusive for every patient.

Our findings suggest there are some barriers around communication due to language differences; here are some examples of a lack of translation support – *"No translator or nurse. Language issue, after-effects of epidural (too much) baby born and vomiting, was left alone and no one could stay" and "Has relative who helps translate. Felt was moved around from room to room as no one understood each other - this was when family member was not there to support. No one helped patient to carry their belongings from ward to ward either. Very dismissive."*

The key findings underscore the need for improved language assistance and clear communication to ensure a positive and inclusive maternity experience for individuals with language barriers.

We asked...

Were you given the information you needed in a format you could understand?	Yes 71 No 9
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Barriers - Patient comments and feedback

"There needs to be female translators available when needed."

"I find it all too medical, just a better way of putting it to moms would be good, wrong timing with appointments, with no explanations. I am mixed race, so I was born in this country, so no language barriers. My sister some years ago had a very bad experience as she doesn't stand up for herself, like a lot of moms I have seen. I am fortunate I can do this if needed."

"Info was given in such a way I could not understand, they would explain things and I would not know what they were on about. When I attended future appointments, they would then explain this further thankfully."

"Little English, partner translate. Staff good explaining."

"The language barrier was hard at times."

"Everything given to me in a way I can understand."

"Everything good."

Ethnic Diversity

Cultural Consideration

Key Findings

The findings highlight positive aspects of cultural consideration and support during maternity journeys including; inclusive care and appreciation for cultural considerations, comments express positive experiences, with mentions of receiving food from 'home' or being given preferred cultural foods whilst on the ward. We saw comments emphasize the positive interactions with staff, describing them as 'lovely.'

We asked...

Was your ethnic diversity and culture considered?	Yes 67
	No 12

Cultural consideration - patient comments and feedback

"Food from home always given, I don't have to ask I am always asked."

"Been given the food I prefer. All good."

"Gave cultural food while on ward."

"The girls are lovely, couldn't ask for more."

Ethnic Diversity

Ethnic Background

Key Findings

There is a perception of different treatment. Some women expressed concerns about being treated differently based on their ethnic background, while others assert that they have not faced any issues, emphasising everyone is treated the same. From comments received, there is uncertainty about whether observed differences in treatment are due to race, tiredness, or overwork, with one person saying *"Nothing at all to do with ethnicity, they are just too busy with not enough staff downstairs (delivery) and not enough beds too. Patients need to be made more comfortable if in for so long" and "Not sure if some of them are the way they are because of race. Can't tell. Seem like they have attitude, might be tiredness. Overworked. Don't know. Feel like you are annoying them."*

These comments show it is important to address concerns about staff attitude.

We asked...

Do you feel your ethnic background affected the treatment and care you received?	Yes 20
	No 47

Ethnic Background – patient comments and feedback

“Sometimes staff speak to you differently when they think you don't speak English, they act different when they realise you do.”

“Staff are amazing here.”

“Feel like foreign people are treated differently.”

“The night staff were not good around ethnic backgrounds. African women tend not to like Jamaican women, there was a definite problem with them.”

“Yes, being a Pakistani woman made a difference on my treatment.”

“I feel if I was a white woman, I wouldn't have been brushed off neither would my family.”

“No problems at all where ethnic background concerned. All looked after the same here from what I have seen.”

“No, not treated differently at all, they've been perfect.”

Mental Health and Emotional Support

During the initial planning of the project, our primary focus was on exploring the patient experience within maternity services.

Recognising the significance of maternal mental health, we expanded our project scope after discussions with Walsall's Equality, Diversity and Inclusion Lead Midwife, who drawing firsthand experience with service users, highlighted the need to explore whether women felt comfortable sharing their mental health concerns with professionals and if they would feel at ease seeking support when needed.

Ensuring a service is welcoming, inclusive and effective is crucial for supporting women throughout pregnancy and afterwards. Are women happy to access services available? What do they do if they are not? What awareness do they have regarding available services?

Healthwatch England **says “one in four women experiencing mental health problems during pregnancy and in the first year following the birth of a child, support from maternity services can significantly impact their mental health and wellbeing.”**

In October 2022 Healthwatch England carried out a project and asked women to share their maternal mental health stories with them. If you would like to see their findings, their report **‘Left Unchecked – why maternal mental health matters’** can be read here <https://www.healthwatch.co.uk/left-unchecked-why-maternal-mental-health-matters>

Key Findings

Although the majority of women who answered yes to accessing mental health services said their needs were met, there were still some negative comments, showing there are areas for improvement or times when the service did not fully meet expectations.

The feedback we received identifies potential gaps in formal communication channels, one woman commented *“No communication between hospitals.”* While others highlighted challenges in accessing support services where Health In Pregnancy team wasn't available for appointments – *“HIPS (Health In Pregnancy) team wasn't available for the appointment. This happened a couple of times. Hips would contact me a day or 2 later apologising – no showing interest.”*

We asked ...

If you needed to access mental health or emotional support services during or after your pregnancy, would you have felt comfortable to share this with a health professional?	Yes 24 No 4 Not applicable / did not need to 53
Did you access a service for emotional support?	Yes 6 No 11
Were your needs met by the mental health service you accessed?	Yes 5 No 1

Mental Health and Emotional Support - patient comments and feedback

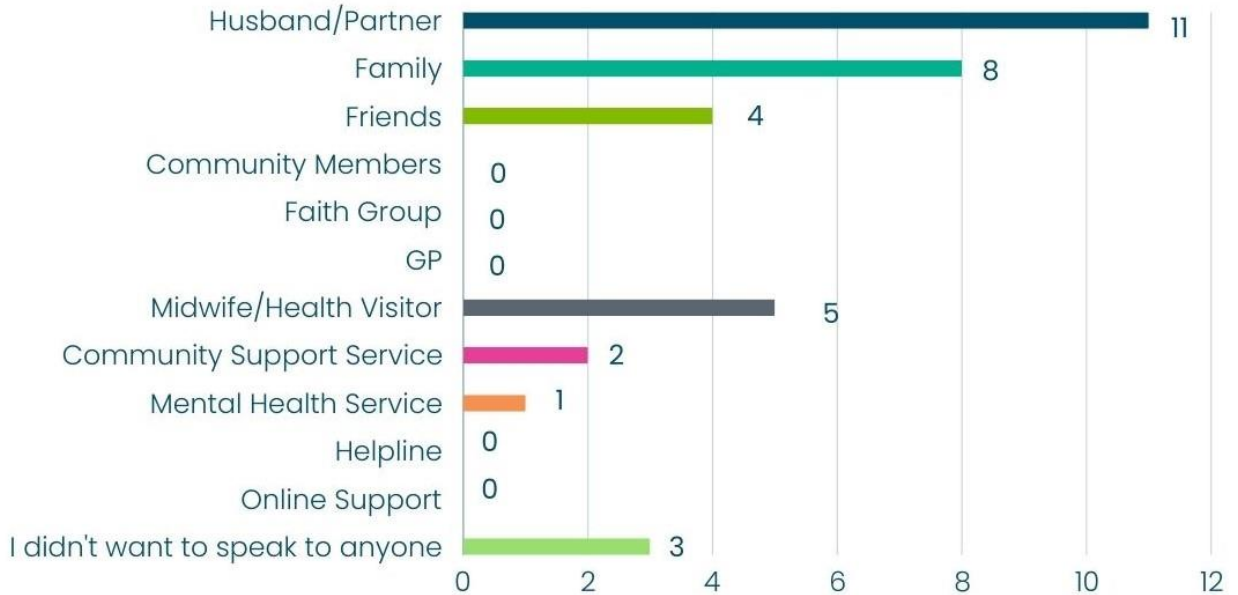
"We speak with our friends or our moms."

"People don't talk about their mental health. Judged."

"Don't like to talk about with staff or family."

"No one talks about their mental health."

We asked women if they spoke with anyone else about their mental wellbeing, the table below shows what they told us.



Issues and Concerns

A report by [MBRACE-UK \(Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK\)](#) report 'Saving Lives, Improving Mothers Care' said ***"Emerging themes, backed up by testimony from healthcare professionals, include feeling unsafe, their concerns being ignored or dismissed, denial of pain relief due to racial stereotypes, and pervasive microaggressions causing harm or distress"***

Experiencing genuine listening is a significant element in receiving quality maternity care. As mentioned earlier in the report, we explored women's perspectives on feeling heard.

Expanding on this, we wanted to know if women feel listened to when expressing concerns, if they feel acknowledged when raising issues, and if they feel comfortable and taken seriously in doing so.

Key Findings

There is a range of experiences, including positive staff interactions, communication challenges and instances where concerns were not adequately addressed, this suggests, again, a need for improved communication and a responsiveness to individual needs.

While one woman praised the staff as currently amazing; *"...staff are amazing now.." – other patients have shared comments around rudeness, disregard for concerns and challenges in communication. With one parent expressing frustrations around the complaints support, they told us; "I explained my issue to different people and then someone else would come and ask and I would have to explain it again. I was spoken to rudely by a final member of staff and my issue was disregarded. I didn't want to explain to even more people. I said I wanted to complain, and no one would take the complaint. I gave up. I just wanted to go home with my baby."*

A theme that arose was 'not being taken seriously' and staff 'not listening'. Women shared comments like *"No one took it seriously"* and *"They didn't listen about the feeding."*

We asked ...

During your maternity journey did you raise an issue or concern?	Yes 14 No 66
Did you feel comfortable about raising your issue or concern?	Yes 12 No 2
In your opinion, were your concerns taken seriously and actioned appropriately?	Yes 5 No 7
Were you happy with the outcome of raising your issue or complaint?	Yes 5 No 7

Issues and Concerns – patient comments and feedback

“It’s probably a thing about culture not to raise up my issues in order to not harm anyone even if I’m treated unfair.”

“I needed toilet they say I am ok. I had a tube and still needed toilet; it was not fitted properly. I was told off as well.”

“Staff were not approachable during a prior experience; staff are amazing now. There was an issue – I am not full term and was put on a ward for full term healthy babies and moms. I requested to move beds and they moved me as soon as they could.”

“HIPS team – not taken seriously.”

“I was called aggressive for advocating for my baby.”

“Still waiting for answer.”

“They didn’t listen.”

Patient Story

Below is a patient experience which we have been given permission to share anonymously.

Throughout our engagement, we gathered various patient experiences and comments, yet the one we are sharing stood out prominently, leaving a lasting impact on the parent involved.

We have changed some details to maintain anonymity, however the story remains factual.

Patient Story

“I had a c section, the surgical team were amazing, so professional and really made me feel safe and looked after. I had a c section in the past and had a bad experience, I was really worried, but they made me feel at ease this time, we honestly cannot fault the surgical team.

Unfortunately, when I arrived at the ward following surgery I was not well, I was having a reaction to the epidural I had, and I needed the support of the staff on the ward. When I arrived, I was I was handed over and told that my needs were explained to the staff on the ward, so they would be informed and ready to support me should I need assistance. But was not given any.

I needed someone on the ward to come and help me, so I pressed the buzzer, but no one came, I pressed the buzzer on several occasions, and no one came to me. I eventually had to verbally call for help, it took over 3 hours for me to get the attention of staff. I asked if the buzzer wasn’t working and was told it was, I asked why I had been left for so long and no one could tell me why. I feel like I have been let down. My partner was not with me as it was an evening, and they are not allowed on the wards.

...continued on next page

The next day we asked if we could raise the issue and make a complaint. I spoke to someone and told them what happened, following this, I had to tell someone else, this went on until eventually I got tired of going over it to different staff. I explained this to the staff, and they said they would send someone to speak with me. A staff member came into my cubicle and said "go on then, what's the matter" I was so tired following the baby's birth, the issues from the day before and just looking after the new baby that I could not face going over the event yet again, especially with a staff member that spoke to me in this way. There was no sympathy or apologetic manner at all.

Some staff really are very good, they are kind and caring and make you feel happy. Some can spoil the whole experience; it only takes one staff member to ruin it for the rest."

Whilst this story was being shared the Mom said, "The next day, women were being brought onto the ward and the staff were taking better care of them, they must have listened to how it made me feel and did not want to make the same mistake again."

The patient's partner added, "they looked after them better because they were white."

While there is no evidence to show this is fact, the view of the patient and their family was that they observed white patients being treated better than they were, with more compassion and respect. The reasons behind this differential treatment remain unclear, however this is not an isolated view, with other parents taking part in our survey expressing similar sentiments.

Following this being shared with us, we supported this patient by writing up their experience for them to make a complaint. However, when we offered to escalate this, the patient did not feel ready to go through a complaint procedure with a young baby but wanted us to stay connected for when they feel ready. The patient told us "I keep thinking about it, I will just be having a normal day and then I will remember what happened and it makes me feel scared, it makes me feel ill" The patient was signposted to a support service.

Key Findings

The above patient experience highlights some of the findings we have shared during our report;

- Communication challenges.
- Frustration around making complaints.
- Lengthy complaints processes.
- Gaps in formal communication channels.
- Delays that impact overall patient experience.

While the above seems to be an isolated experience, and we have received numerous positive reports, it is crucial to acknowledge and address the occurrence to promote learning.

Collaborate Working

Collaborative work holds profound importance as it drives ongoing positive transformations within services. By fostering partnerships with services, we help to actively shape these beneficial changes in the future.

During our project we spoke with Carol King-Stephens – Equality, Diversity and Inclusion Lead Midwife at Walsall Manor Hospital, who at the time of our conversation had been working in post for 18 months.

Carol said ***“I believe with the recommendations of Healthwatch [Walsall] we will have a guidance. As I said earlier – we must not take our foot off the pedal, there are many surveys out there, but we’re not getting the voice of every single body.”***

When talking about barriers and the importance of representation Carol goes on to say ***“research has shown that trust is a key factor, and you tend to find that if some service users don’t see people that look like them and have a similar culture, they’re not going to be open with us. What you find is when an organisation have staff that represent the service users, we get more of a dialogue between us and the service user. It is important that the service users do see that there is a representation.”***



If you would like to see the video and hear the full conversation, use the link below.

<https://www.healthwatchwalsall.co.uk/news/2023-12-04/conversation-equality-diversity-inclusion-lead-midwife-walsall-manor-hospital>

Primrose Ward

During the final weeks of our project, we attended Primrose Ward at Walsall Manor Hospital to talk to the new Moms.

This was facilitated by Andrew Rice, Head of Patient Experience and Tracey Denmade, Patient Experience Midwife.

Firstly, thank you to the team who supported this project and thank you to the Moms who gave their time to us.

During our visits to the ward, we engaged with approximately 24 women. Each day, we received a list of women meeting our project criteria, providing us with the time and opportunity to speak with each one.



Patient comments and feedback

We were given positive feedback from all but 2 women. They said the staff were kind, caring and helpful. The women painted a truly great picture of the team on Primrose Ward, and we believe this is something that should be shared in this report.

Even on the busiest days, with limited staff and a high number of patients, the women expressed 100% satisfaction with their treatment and care.

We heard things like *"I have been waiting to go down to delivery suite, there are no beds, it isn't the staff's fault there aren't enough of them. Honestly, they are great, they've really looked after us."*

We were told by Moms that the girls on Primrose Ward *"could not be improved if they tried."*

We spoke to a patient who had a previous baby at Walsall Manor Hospital and had a negative experience, she told us *"this time has been different, I asked if I could move beds because I was stressed and they moved me, they have been good this time so far."*

When talking to the women about the project, we would go through our questions and at the end would ask **"If you could wave a magic wand, what would you improve?"** They all answered with *"nothing."*



"The girls are lovely, can't fault them."

"They have been nice; I haven't got anything negative to say."

Conclusion

It is essential for healthcare providers to ensure patient satisfaction and well-being and although a significant number of women expressed satisfaction with the treatment and care at Walsall Manor Hospital, it's crucial to acknowledge that some shared adverse patient experiences that require attention.

While there is no concrete evidence of discrimination based on ethnic background at Walsall Manor Hospital, it's noteworthy that a few women communicated a perception of different treatment. Acknowledging these concerns, even if expressed by a minority, is important for addressing potential issues.

Several women highlighted the need for additional support after c-section surgery, including one instance where a patient reported waiting over 3 hours before receiving assistance. While this was an isolated incident, addressing such patient experience is vital to prevent reoccurrence.

It is important to note that our conversations were with 82 women who underwent a maternity journey at Walsall Hospital, and this may not represent the entirety of experiences during the project period. While the majority were pleased, recognising that there are unshared stories emphasises the need for ongoing engagement to understand any potential issues or concerns.

It's good to observe that the majority of women had positive experiences in Walsall Hospital's maternity service. Sharing these success stories is important to demonstrate good practices that can benefit other hospitals and departments.

Recommendations

Treatment and Care

- The Trust to review their policies and procedure on treatment and care for patients following C section surgery and increase support and individualised care where needed.

Ethnicity

- The Trust to ensure its staff continue to tackle ethnic and racial inequalities during a patient's maternity journey.

Communication

- The Trust must ensure there is clear processes in place to support patients wanting to make a complaint.
- The Trust should review its communication (including its use of interpreters and translation) policies and procedures within 6 months so as to improve the experience of users from ethnic diverse backgrounds.
- The Trust to encourage staff communication with patients around waiting times.
- The Trust to ensure staff actively listen to the views of their patients.
- The Trust to focus on improving interdepartmental communication.
- Encourage communication about mental health and offer support when needed.

Acknowledgements

Healthwatch Walsall would like to thank all the Moms who gave up their time to participate in this work.

We would like to thank Carol King-Stephens for her ongoing support throughout the project engagement. We would like to thank the team at the Maternity Outreach Project for welcoming us to speak with their service users.

We would like to thank Walsall Manor Hospital for welcoming us onto Primrose Ward to speak to the new Moms. Thank you to Tracey Denmade and Andrew Rice for facilitating our visit to Primrose Ward.

To the right you will see a piece of artwork by Medical Illustrator Chidiebere Ibe. We have been fortunate to have permission to use this art which is called 'Shades' this work shows the importance of representation in healthcare.



You can find out more about Chidiebere and his work by clicking this link

<https://www.bbc.com/pidgin/articles/cmjxpmz1418o.amp>

Appendix and Reports referenced

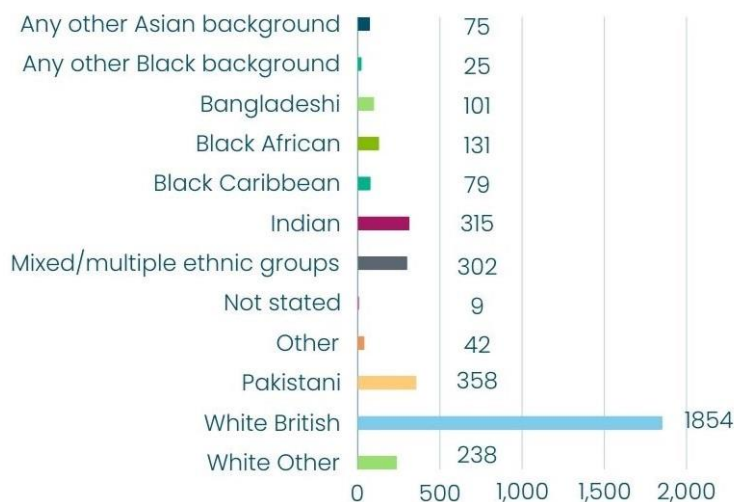
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3 - <https://www.walsallintelligence.org.uk/home/demographics/diversity/>

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MBRACE-UK report - [MBRACE-UK \(Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK\) report 'Saving Lives, Improving Mothers Care](#)



Births by ethnicity in Walsall



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