



Christine Ekechi is an O&G consultant at Queen Charlotte's and Chelsea Hospital in London

# “We need to talk about race”

More Asian and black women in the UK die during or soon after pregnancy than white women, and the RCOG believes it's time we started to ask ourselves why

**I**N NOVEMBER 2018, the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford published its Saving Lives, Improving Mothers' Care report for 2018. This was part of its MBRRACE-UK\* work, and among its findings was a higher risk among Asian and black women of dying in or around childbirth compared to white women. For Asian women, this risk was twice as high. Black women, however, were five times more likely to die during or soon after pregnancy than white women.

This wasn't a new finding. Previous reports had highlighted this inequality – and the fact that the risk discrepancy was increasing. What was new was the subsequent public debate. Articles were written in the national press. BBC *Woman's Hour* produced a programme on the issue,

which the College contributed to, in July this year. Finally, there seemed to be some appetite to examine this huge disparity.

#### Raising awareness

A writer of one of those articles (an opinion piece for *The i* in May 2019) was Christine Ekechi, an O&G consultant at Queen Charlotte's and Chelsea Hospital in London.

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**“It cannot stand that we do not acknowledge that we have such a stark difference in health outcomes”**

“Interestingly, the MBRRACE report was released in November but it only seemed to hit the public consciousness around summer this year,” she says.

“The story was picked up by a number of major news outlets but I think the interest was very much piqued by Serena Williams [the tennis player],” she says. Williams had written an article on CNN.com in February 2018 about her experience of giving birth and her health problems immediately after. She also highlighted the risks that black women around the world face when they have a baby.

“She wrote a very powerful article,” Christine says. “Then in America there was a series of publications, reports and articles looking at the maternal disparities between ethnic groups in the US.”

The conversation eventually spread to the UK. “It was an important shift in the way we

## “People find it very hard to acknowledge racism and implicit bias in healthcare”

looked at ethnic outcomes and disparities,” Christine says. “When we think about poor outcomes invariably what comes to mind is a woman from a developing country for whom English is not the first language – who lives in a lower socioeconomic class. So we tend to use these factors to fully explain the outcomes. But then you had powerful black women such as Serena Williams and Beyoncé also talking about their experiences of childbirth and it encouraged other prominent women to say, ‘Look, I’m middle or upper class and actually the only difference for me is the colour of my skin.’ It started a conversation.”

### Uncomfortable truth

But why hadn’t this conversation started before, when the statistics are so stark? “For the medical profession, when you see that black women are five times more likely to die, that’s a very hard statistic to swallow,” Christine says.

“As medics, the idea that we may cause harm either consciously or subconsciously is hard for us to admit. We tend to take it personally. And we tend to take it as a slight to our medical capabilities.

“As a country, we find it very hard to talk about race. Because we don’t acknowledge the historical basis of racism and how some of those fragments still exist in many of our institutions, we can’t talk about negative bias and other behaviours that may impact on our care. People find it very hard to acknowledge racism and implicit bias in healthcare because they think it means by extension that they are the deliverer of ‘racist’ care. It’s not as simple as that.”

Fortunately, the willingness to engage in the debate is increasing, Christine believes. “I’m able to have conversations about bias now with my colleagues,” she says. “It’s important to acknowledge that

we all have bias, by way of how we grow up and what we’re exposed to. But as medics we have a huge responsibility to work through those negative biases because it potentially affects patient outcomes. Historically people would say, well, black women are more likely to be of a lower social class. They’re more likely to have as a disadvantage some of the factors that will render them more prone to certain disease. However, there’s been significant research in America that shows when you adjust for these socioeconomic factors, the discrepancy in healthcare outcomes still exists. It is hard to admit, therefore, that persisting differences in outcomes may be due to differences in care that a patient receives based on externalities.”

### Judgement call

Doctors have to make quick judgments about patients to assess risk and to triage, but when race is part of that process it can be problematic. “We can make snap judgements not only in terms of symptoms but also about disease processes that we think are more prevalent in one group versus another. There may be some benefits, but we’re very slow in recognising the disadvantages,” Christine says.

Open discussion is the first stage of understanding bias and discrepancy in medical outcomes. Christine chaired the RCOG’s first debate on this subject at a recent Women’s Network event. It concluded that increasing awareness among members of the RCOG was the first priority, followed by gathering data on health outcomes for black, Asian and minority ethnic (BAME) women in other areas, not just maternity.

“We deliver care to an ethnically diverse population,” Christine says. “It cannot stand that we do not acknowledge that we have such a stark difference in health outcomes. To ensure excellence in care for a disadvantaged group in society is to achieve excellence in care for all.” ●

### ➔ FIND OUT MORE

- **MBRRACE-UK Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK**  
[www.npeu.ox.ac.uk/mbrrace-uk](http://www.npeu.ox.ac.uk/mbrrace-uk)



### DEBATE

## The role of the RCOG’s Women’s Network

“It’s not like every day I face open racism but there’s often something where I know I’m being ignored, or on the sideline – not quite being seen as a whole picture. When it comes to being on the labour ward, then it becomes a major issue,” says Catherine Nestor, co-vice chair of the RCOG’s Women’s Network.

The MBRRACE-UK report was the catalyst for a whole afternoon of discussion at the Women’s Network’s latest meeting. Catherine and her colleagues made sure that there was as wide a representation as possible at that event: researchers, doctors, midwives and women as users of O&G services, most of whom were from a minority origin themselves.

As a result of the event, the College is now looking at how it can harness the various aspects of its work – for example, training, guidance and policy – to bring about change. In the meantime, Catherine is pleased that as a result of the group’s influence, the RCOG’s focus for next year’s International Women’s Day will be the O&G experience of BAME women.

“That will make it a much more public point and an open debate,” Catherine says. “We’re absolutely right to be talking about this now as much as possible.”