DIVERSITY HOUSE

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COMMUNICATION ON ENGAGMENT

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diversityHOUSE
SUPPORT. DIGNITY. RESPECT.

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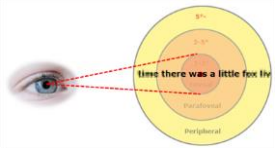
About Diversity House

Diversity House is a registered Not-for Profit Organisation in the United Kingdom, established for the benefits of disadvantaged people, particularly those with a minority background. We provide numerous culturally proficient community services including – Advice, Information, advocacy and guidance on access to housing, employment, resolution of family and social problems, support to address race and hate incidents, health promotion and health education, social networking opportunities, drop-in-services, youth club, culture and heritage programs, provisions to enable women and girls' empowerment among others.



Our vision is a world where all individuals and communities feel valued, lead fulfilling lives, enjoy equal opportunities and share a common sense of belonging.

Our mission is to promote community integration, inclusion and cohesion.

To fulfil our mission and vision we have set the following four strategic objectives

1. **Collective wellbeing:** Empowering individuals and families through access to advocacy, information, advice and guidance, and through providing skills, education and development.
2. **Cohesive communities:** Promoting cultural and heritage understanding, acceptance and integration through educational workshops, events, cultural celebrations.
3. **Community Research and Inclusive Community Policies:** Working in partnership with local, regional, national and global organisations to maximise our impact, reach and efficiencies and share our knowledge and expertise.
4. **Strong and effective organisation**: Ensuring Diversity House achieves resilience and sustainability, is accountable and transparent, has the right skills and capacity to meet our objectives, and conducts good governance.

Period covered by this Communication of Engagement:
From: December 2022 - December 2023

This report outlines Diversity House's activities to promote the tenets and principles of the United Nations Global Compact.

PART 1: Statement of Support by Chief Executive Officer, Diversity House, Christine Locke

To Our Stakeholders,

I am pleased to confirm that Diversity House (DH) reaffirms its support to the United Nations Global Compact, the Sustainable Development Goals (SDGs) and the UN Global Compact Ten Principles in the areas of Human Rights, Labour, Environment and Anti-Corruption. This is our Communication on Engagement with the United Nations Global Compact. We welcome feedback on its contents.

In this Communication on Engagement, we describe the actions that DH has taken to support the UN Global Compact and its Principles as suggested for an organisation like ours.

Yours sincerely,

Mrs Christine Locke (MA, MSc.) FCMI, ACIS
Founder & Chief Executive Officer
Diversity House

PART 11: Description of Actions and Measurement Outcomes.

Corporate sustainability starts with a company's value system and a principles-based approach to doing business. This means operating in ways that, at a minimum, meet fundamental responsibilities in the areas of human rights, labour, environment and anti-corruption. Responsible businesses enact the same values and principles wherever they have a presence and know that good practices in one area do not offset harm in another. By incorporating the Ten Principles of the UN Global Compact into strategies, policies and procedures, and establishing a culture of integrity, companies are not only upholding their basic responsibilities to people and planet, but also setting the stage for long-term success.
In all its activities, Diversity House adheres to the above values and puts them in practice both within its own operation and with partner organisations.

The legacy of the epidemic is still having a significant effect on our business areas, especially with regard to the cost of living. Consequently, we will report on our efforts to lessen the pandemic's negative effects and, in so doing, support the SDGs in our "Communication on Engagement" (COE), as well as how we interacted with the UN Global Compact, the UN UK Network, colleagues in the third sector, and others in our areas of operation.

COVID-19 Support and Addressing Health Inequalities.

A nonprofit organisation like ours, whose goal is to address social inequities and promote community cohesion, integration, and inclusion, found itself in a state of enormous turbulence and change during the global pandemic. We had to reconsider our preventive and intervention techniques through an intersectional lens to make sure that everyone receives the support they need within our areas of responsibility.

Race, Ethnicity and COVID-19 in the UK.
This year we understand that the COVID-19 pandemic has had a significant impact on the lives of everyone. However, research regarding the number of deaths from

COVID-19 has identified that "People from all minority ethnic groups (apart from Chinese and mixed-race groups) are at greater risk of becoming very sick with COVID-19 than the white population in the UK. Black men and women are nearly twice as likely as white people to die from COVID-19" (NRHI, 2020).

We realise that although BAME women have been impacted more by the pandemic, many have also demonstrated strength and courage during this time. Therefore, to support the BAME groups that have borne the brunt of the upsurge of the pandemic, we engaged with 191 BAME women across Kent and Medway to identify the experiences of these BAME women, portraying how they coped during the COVID-19 pandemic. The legacies from the participatory work with the BAME women were later shared with others in the communities, showing how one can gain inner strength and power to address social difficulties and learn from them.

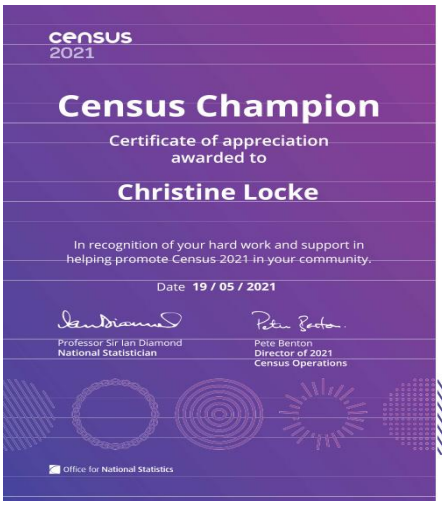
Engagement in local Global Compact networks, workstreams, and events -

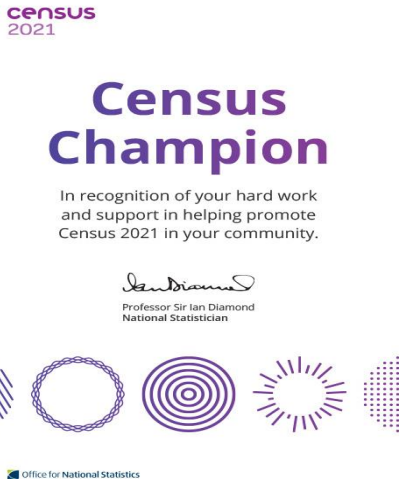
Diversity House is proactive in Global Compact Network by engaging with the Global Compact Network UK through meetings and attendance of Webinars. We engaged with the 'debating a climate -first approach to corporate sustainability on 21 July 2021. Also, on 15 September we attended an online event tagged 'climate resilience via a people and nature centred approach' organised by the UN Global Compact UK Network.

Described below are some examples of our activities during the last two years:

Advocacy and influencing policy - mainly through events in public spaces, open workshops, community outreach and seminars on topics as gender equality, women and girls empowerment, bridging of gender pay gap, women's health, female genital mutilation, violence against women and girls, and addressing policy on 'no recourse to public fund' for migrant women who entered the UK on spousal visas but are undergoing domestic violence; Refugees and Asylum seekers; taking climate and environmental actions; among others.

Also, on 19 June 2020, we engaged women and organisations in our spheres of operation on a webinar to explore the issue of 'women empowerment post COVID-19. This webinar was as a result of our engagement with the Leaders' Summit on 15 to 16 June 2020.





In recognition of the hard work of our charity and that of our CEO Christine Locke in supporting the UK government particularly the Office of National Statistics to facilitate and promote the engagement with Census 2021, Diversity House and our CEO were awarded the Census Champion Certificates of Appreciation.

Measurement Outcome
Women empowerment Principles –

Corporate mobilisation - Diversity House carried out roadshows and networking events to engage with 'Not for Profit' organisations, corporate businesses, Local Authorities and Academic institutes in its spheres of operation, creating awareness of the UN SDGs and its implications to organisations (public and private sectors). Some of the organisations engaged with in discussions, seminars, and workshops over the period were – Swale Borough Council, Kent County Council, Kent and Medway National Health Services, Department of Works and Pension, Swale Council for Volunteer Services, Kent Community Foundation, The Sittingbourne School, Westlands Secondary School, East Kent Business Partnerships, and among others.
Our CEO, Mrs Christine Locke spent time within the reporting period to visit public and private sector organisations, engaging those organisation's leaderships on the importance of embracing and implementing the tenets of the UN Global Compact in their organisations.

Measurement Outcomes:

Human Rights, Principles 1-2 - The responsibility for human rights does not rest with governments or nation states alone. Human rights issues are important both for individuals and the organisations that they create.

Diversity House Supports Kent Police.

Due to the increase in the violence against women and girls, Kent Police decided to hold a roadshow to talk to community members about the actions that the Police is taken to ensure that women and girls are safe. Diversity House supported the Police on this occasion, the CEO of the charity and the Chair of the Swale Independent Policing Advisory Group were present.

Diversity House had a stand to display at the event, the interventions it provides for women and girls to avert violence and empower them (https://www.diversityhouse.org.uk/violence-women-girls-event/).

Pictures below depicts two representatives of two organisations (SATEDA – Domestic violence support service and Involve- Housing organisation) proudly showing the SDGs that they are working towards in their separate organisations.

Promotion of Equality, Diversity, Inclusion & Intersectionality (EDII) in the Workplace

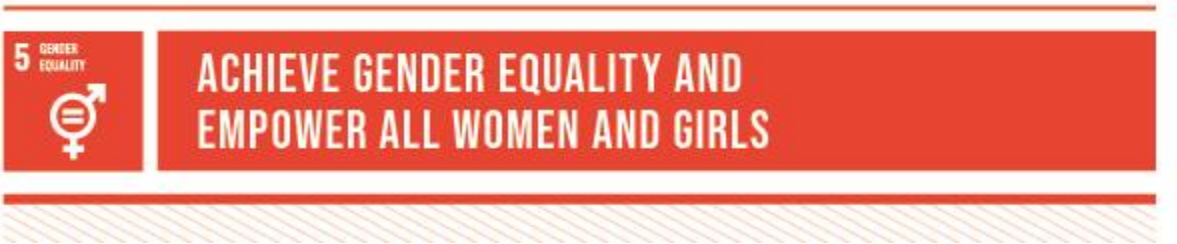
The charity has been working relentlessly to support corporate organisations, education institutions and businesses to embrace EDII as the culture of their organisations. We supported organisations such as the Dreamland Margate, Kent Community Foundation, and the Bradstow School with the audit of their policies, making recommendations so that their staff and clients are treated fairly and equitably. Due to the charity's activities in this area, it was nominated for the prestigious Diversity Award by the British Chambers of Commerce.

Climate and Environmental Actions

Diversity House in line with its commitment to the United Nations Global Compact and the

Sustainable Development Goals, particularly SDGs 13, 14, and 15, holds regular campaigns on climate and ecological issues in its spheres of operations. The campaign involved creating awareness of climate and ecological actions, encouraging people to take bold personal actions to reduce their carbon foot prints. Several activities including litter picking, cloths swapping, encouraging bikeability and public engagement through environmental sustainability workshops were carried out. The month-long campaign ended with a family festival and parade in the Town Centre of Sittingbourne (https://www.diversityhouse.org.uk/family-fun-day-festival/). #swaleclimateaction came to life on Saturday 25th September at @diversityhouse headquarters at ISP House, Church street Sittingbourne ME10 3EG. Many participants from diverse backgrounds were treated motivational talks on taking climate action, cultural talks, food, and performances. The Kent Police were not left out in the action

as they used the opportunity to celebrate their Diversity week. We appreciate #Familyhomes and #Morrisonssittingbourne for their support.



Promotion of "Gender Equality": On March 8th, women worldwide commemorate the strength and value of women as a group. By building a special Centre to advance the interests and empowerment of women and girls, our charity made significant strides in 2023 towards gender equality and women's empowerment in our areas of operation (https://www.diversityhouse.org.uk/portfolio-items/centre-women-girls-innovation-empowerment/). ***Centre for Women and Girls Innovation and Empowerment (***CWGIE) is a Diversity House project that intends to bring together woman and girls from different backgrounds to increase understanding and support that will create a cycle of empowerment. By discussing shared concerns and developing leadership and entrepreneurial skills we will enhance the economic prowess of women and girls. CWGIE aims to enable you to assess information, acquire skills and enhance your confidence to achieve your aspirations. CWGIE focuses

on the health and well-being of women and girls ensuring they can reach their goals. Empowerment training for men – help men understand a women's perspective at home and in the workplace. Vocational skills – cooking, cleaning, and sewing development and training.

Promotion of Health

The National Health Services and the Kent County Council, which oversees public health, were among the entities our charity collaborated with throughout this communication and engagement time to advance health literacy and behavioural changes about important health issues.

Diversity House is currently spearheading an impactful breastfeeding campaign that emphasises the many advantages it offers for both infants and mothers. This initiative sheds light on the vital role breastfeeding plays in nurturing the health and well-being of both these groups and is part of our Community Fund and support of the UN Global Compact.

For infants, the benefits of breastfeeding are multifaceted and remarkable. First and foremost, it acts as a powerful shield against ailments such as diarrhoea, ear infections, pneumonia, and asthma. Moreover, breastfeeding significantly reduces the likelihood of obesity and the development of allergies in infants. One of the most compelling advantages is the decreased risk of sudden infant death syndrome, illustrating the profound protective impact that breastfeeding can have on a child's life.

In addition to the advantages bestowed upon infants, mothers also reap substantial rewards from breastfeeding. Notably, breastfeeding emerges as a pivotal factor in lowering the risk of breast cancer and ovarian cancer for mothers. This remarkable health benefit highlights the profound impact that this natural practice can have on a woman's long-term well-being. Breastfeeding is also a proven stress reducer, offering mothers a valuable means of alleviating the pressures that often accompany parenthood. By preventing postpartum depression and mitigating the risk of type 2 diabetes, breastfeeding becomes a cornerstone of maternal health, promoting emotional stability and physical vitality.

Access to Healthcare: Looking at Health Inequalities in Swale

We collaborated with the Healthwatch Kent (https://www.healthwatchkent.co.uk/) to consult with local people in our spheres of operation regarding their perceptions and experiences of accessing health services. Healthwatch Kent is part of a network of over 150 Healthwatch across the country. It has the remit of listening to issues that really matter to people in Kent and to hear about their experiences of using local health and social care services. Healthwatch is independent and impartial, and anything shared with them is confidential. It uses feedback from people to better understand the challenges facing the NHS and other care providers and make sure that people's experiences are used to improve health and care for everyone – locally and nationally.
The link below contains the report from our consultation.
https://www.diversityhouse.org.uk/access-healthcare-looking-health-inequalities-swale-report/

On its part, our charity received an award from the Healthwatch for the role that we are playing in addressing health inequalities.

healthwatch Kent

Apart from the award from the Healthwatch, our organisation was recognised for addressing inequalities and promoting coproduction in prenatal health care by the Kent and Medway NHS Foundation Trust.


Kent and Medway
Local Maternity and Neonatal System
NHS
This certificate is awarded to
Christine Locke
WINNER
of the award for
Outstanding Contribution to Equity and Equality
Allison Cannon, NHS Kent and Medway Interim Chief Nurse
November 2023


Kent and Medway
Local Maternity and Neonatal System
NHS
This certificate is awarded to
Christine Locke
WINNER
of the award for
Outstanding Contribution to Co-production
Allison Cannon, NHS Kent and Medway Interim Chief Nurse
November 2023

Measurement Outcomes – outcomes from these engagements were manifold, meeting both the Labour Standards and the Women Empowerment Principles, as discussed below.

Labour Standards

- Principle 6: the elimination of discrimination in respect of employment and occupation. The CEO of Diversity House held discussions with the Army Engagement Group (AEG), the Armed Forces Diversity Engagement Team, and the Army Youth Outreach Team regarding the army reaching out to people of all backgrounds in their recruitment, particularly young people, women, and those with a minority background.

Diversity House works collaboratively with the Kent Police and at the start of the pandemic our CEO was elected the Chairperson of the Sittingbourne Independent Policing Advisory Group and since then, our charity has stepped up activities to promote Equality, Diversity, Inclusion, and Intersectionality in the Police Force.

- Women Empowerment Principles - are a set of Principles for business offering guidance on how to empower women in the workplace, marketplace, and community. The Principles emphasise the business case for corporate action to promote gender equality and women's empowerment and seek to point the way to best practice by elaborating the gender dimension of good corporate citizenship, the UN Global Compact, and business' role in sustainable development. Diversity House in engaging with the local organisations, particularly, DS Smith Kemsley Paper Mill, succeeded in getting the organisation's leadership to rethink on their Human Resources, Equality, Diversity and Inclusion, and flexible working policies. The Director for Equality and Diversity pledged to work with Diversity House to implement changes to their policies.

UN Global Compact

COMMUNICATION ON ENGAGEMENT

Engagement with the UN Global Compact

We interacted both in person and digitally with the UN Global Compact and the UN UK Network. Our CEO, Mrs. Christine Locke, went to the UN Assembly in New York in 2022 for the Leaders Summit. The summit was originally scheduled to take place in person, but it was shifted to an online event because of the worldwide pandemic. Nevertheless, our CEO was forced to attend the conference from her hotel room at the Millennium Hilton One UN Plaza in New York since she had already gone to New York for the gathering before learning of the platform change.

Our commitment to the UN Sustainable Development Goals (SDGs) was demonstrated in September 2023 when we raised an SDG flag with hundreds of our colleagues throughout the UK. We also hosted seminars and interactive events in our Centre, focusing on each of the 17 SDGs, as part of the awareness campaign, involving businesses, not-for-profit organisations, local governments, national health services, and community people. This image, taken at our Centre with our SDG flag hoisted, displays a cross-section of National Health Service representatives.

Appendix 1. Perinatal Health Report

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This qualitative study was conducted on behalf of NHS Kent and Medway to examine how BAME women and women from the mainstream population who reside in underserved areas of Swale experienced maternity services.
Evidence indicates that women from ethnic minorities may encounter greater challenges in obtaining services and may think their experiences are less favourable (Jones et al., 2014; Sambrook et al., 2019). Given that race and ethnicity interact with other socioeconomic categories to either produce privilege or disadvantage, it was necessary to conduct a study that allowed BAMEs and other people living in underprivileged areas to provide their first-hand accounts of maternity services and care. The experiences of 64 BAME women and other women from underprivileged backgrounds in Swale who accessed Kent and Medway maternity services between 2017 and 2022 were presented in this research. It is predicted that the study's findings will guide clinical advancements in prenatal and postnatal care for ethnically diverse mothers.

1.1 Setting

The NHS Kent and Medway Clinical Commissioning Group funded the study. Sittingbourne and vicinity, Isle of Sheppey, and Faversham are the three primary Swale regions covered by the study.
The District of Swale is a local government area with Borough status in Kent, England. It has an area of 364 square kilometres. Swale's prime location, which is forty miles between London and the Channel Ports, though set in the Kentish countryside, makes it an attractive place for people to reside and commute to work (Swale Borough Council, 2009). Medway circumscribes Swale to the west, Canterbury to the east, Ashford to the south, and Maidstone to the south-west (Swale Borough Council 2016). Swale district derived its name from 'The Swale, a narrow channel separating the mainland of Kent from the Isle of Sheppey. The Borough is mainly rural except for the northern coast of the Isle of Sheppey and Sittingbourne. Swale contains the highest proportion of the UK's orchards and many of its remaining hop gardens.

Despite being a region of outstanding natural beauty, Swale suffers from economic hardship, and there are significant differences in the severity and prevalence of poverty throughout the region. According to the Index of Multiple Deprivation, 2019, Swale is the second most disadvantaged district in Kent, behind Thanet, with seven of its neighbourhoods ranking among the 10% poorest in England (Kent County Council, 2020). Seven of the twenty-one areas in Kent with the

2. Participants, ethics, and methods

2.1. Study Design

lowest poverty rates—those in the bottom 10 per cent—are in Swale. With a 3.6-year advantage in life expectancy over men, women make up more than half of Swale's population (Public Health England, 2020). Women, however, face more difficulties in the borough than do males, and they are subject to societal inequalities in nearly every aspect of their lives, including the way they are treated in terms of their health. It was challenging to determine the precise number of Black, Asian, and Minority Ethnic (BAME) women to contact for this study since there was a paucity of recent information about the ethnicity of BAME women living in Swale. However, given the recent inflow of BAME women from other regions of the southeast in Swale, this study is important. Along with ethnicity, this study included Swale's marginalised women and areas of poverty.

Based on in-depth, semi-structured interviews, this study was qualitative and descriptive. The study's theoretical underpinnings are phenomenological, which allowed for the inclusion of women's perspectives while recognising the importance of both participants' and researchers' interpretations in the process of knowledge creation (Pidgeon & Henwood, 1997). As is customary for the Diversity House research team, extra clearance from the Diversity House ethics committee was sought after receiving the contract from NHS Kent and Medway CCG to conduct the study.
The target population interview covers a variety of topics, including the experiences of women throughout pregnancy, delivery, and postpartum. To assess what is efficient and what needs to be improved, the NHS Kent and Medway CCG intended for this study to be a part of a bigger examination into maternity services. Women who identified as being a part of marginalised groups, such as BAME and other groupings, were specially chosen. Based on how each participant self-identified, the study used their ethnicity. We acknowledge the ongoing debate over ethnic surveillance and the reality that racial and ethnic backgrounds are more complex than the general classifications offered in this study. We do, however, hope that it demonstrates sensitivity to the delicate topic of racial, ethnic, and cultural identities.

2.2. Participants

Recruitment began in June and lasted through July 2022 after Diversity House received word from NHS Kent and Medway CCG that it had been given the go-ahead to carry out the study in Swale. The recruitment of participants (n = 64) continued until theme saturation was reached (Francis, Johnson, et al., 2010: pp. 1229-1245). Participants were identified and recruited through partner organisations, coffee mornings, drop-in sessions at Diversity House Centre, and our community navigators' regular weekly outreach in public places across Swale.

2.3. Data Collection

Women living in any area of Swale who self-identified as BAME and/or who reside in underprivileged areas of Swale with a child or children aged 0 to 5 were included in the study. Additionally, Kent and Medway-based maternity services must have provided the participant's experience with maternity care. Notably, BAME women made up the majority of the study's participants, however, individuals of White descent living in underprivileged sections of the Swale borough were also included.

An interview schedule devised by the NHS Kent and Medway CCG and adapted by Diversity House researchers for cultural appropriateness and sensitivity was used to explore and gauge the perceptions and experiences of sixty-four (64) women on maternity services (see appendix two for interview schedule). The results provided are not limited to this and included their experiences of accessing a variety of perinatal and post-natal care (GP, community midwives, ambulance services, and others) together with experiences of in-hospital and remote delivery and other adaptions that affected their maternity experiences and care.

In-depth qualitative semi-structured interviews were carried out between June and July 2022, allowing for the asking of common questions to all participants while also allowing for flexibility in the style of questioning to follow up on or probe into specific points made by individuals (McIntosh & Morse, 2015). The interviews were carried out utilising a hybrid strategy, which included both in-person and online interviews (telephone or zoom). Utilizing a hybrid method allowed for flexibility and made sure that more participants took part in the interview because they had the choice of speaking with the researchers face-to-face or remotely from the comfort of their own homes. Initially, it was planned to interview 30 women for the study; however, by employing a hybrid strategy, 64 women were questioned.

After obtaining written and signed informed consent (see appendix 2), interviews took between 45 and 60 minutes and were conducted in person, over the phone, or using Zoom. Each interview was recorded using a recording device, and a research assistant also took notes with the participant's permission. Verbatim manual transcription of the interviews was done. Each participant was given a code number to protect their privacy and enhance confidentiality. The code numbers given to the women that participated in the interviews are depicted in Box 1 below. The anonymized transcripts were saved on a password-protected computer in a special folder labelled "perinatal." Additionally, only the researchers had access to the encrypted and zipped folder on the computer where the interview transcripts were kept.

Box 1: Participants' Code Numbers

#01, #02, #3, #04, #5,#6, #07, #8, #9,#10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64

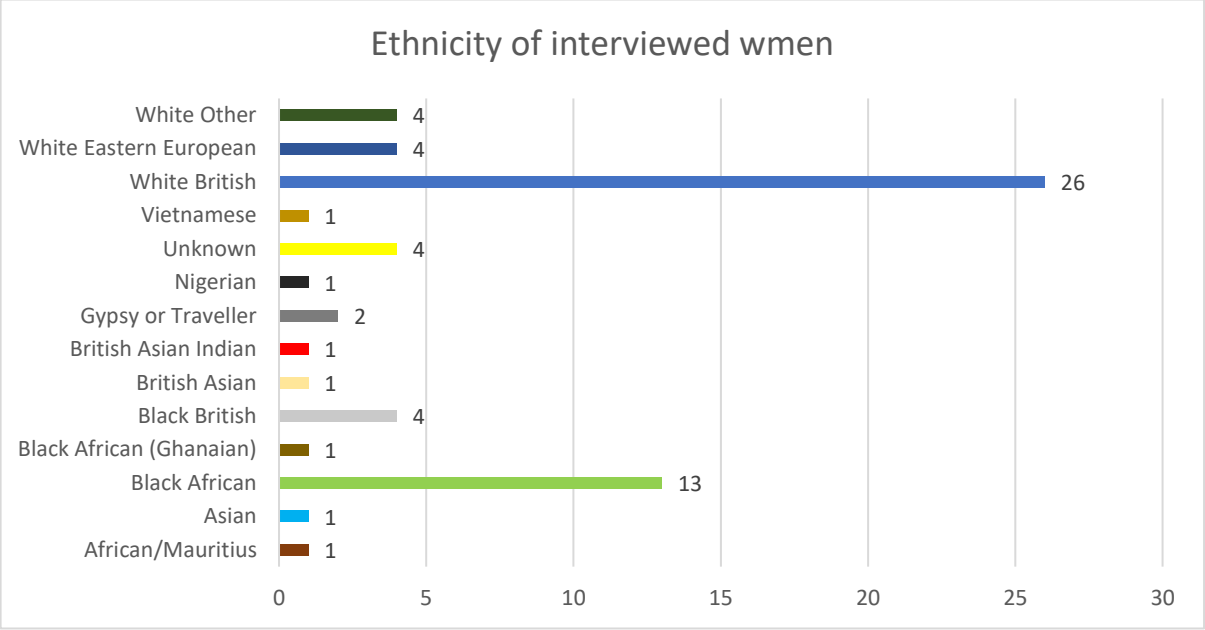
Below is a list of the characteristics of the women interviewed, including their ethnicity, area of residence in Swale, age range, hospitals where they gave birth to their children, and what maternity services they first visited.

Table 1 and chart1 below show that a significant portion of the women interviewed were of BAME descent.

Table 1: Participants' Ethnicity

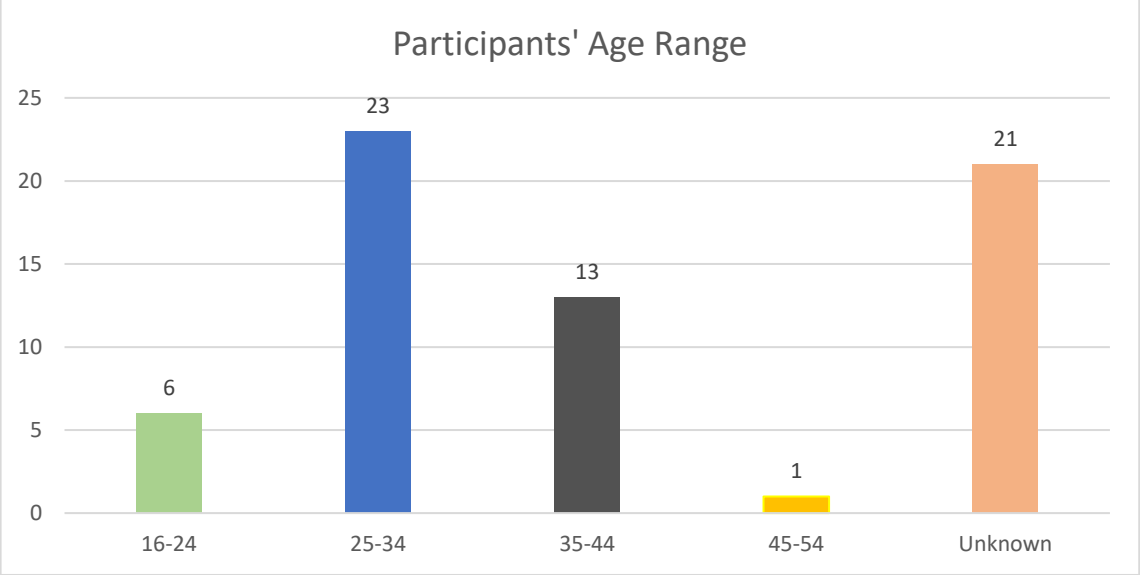
Ethnicity	Number of Participants
Black British- Nigerian	1
Black African	3
white British	16
Vietnamese	1
African - Mauritius	1
Black African - Nigerian	3
Nigerian	1
Black African - Ghanaian	1
White Eastern European	2
White Other	2
Black Other	33

Chart 1: 1 Ethnicity of Participants



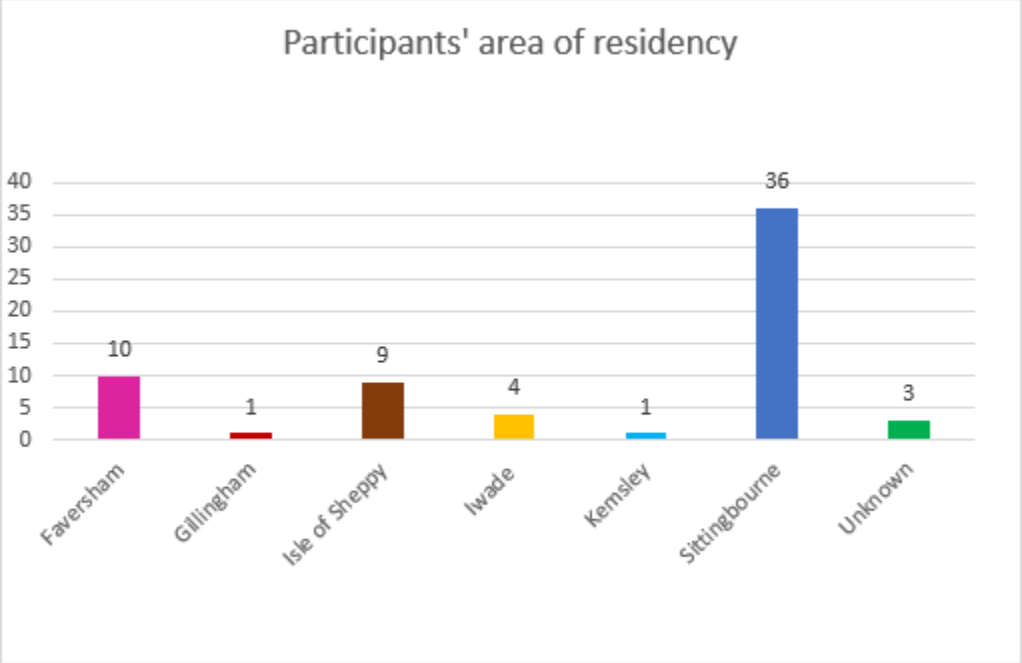
According to the age distribution of the participants, chart 2 below shows that a sizeable number of the women interviewed were between the ages of 25 and 34.

Chart 2: Age range of participants



As shown in chart 3 below, a sizable portion of the women who participated in this study was from Sittingbourne.

Chart 3: Participants' area of residency

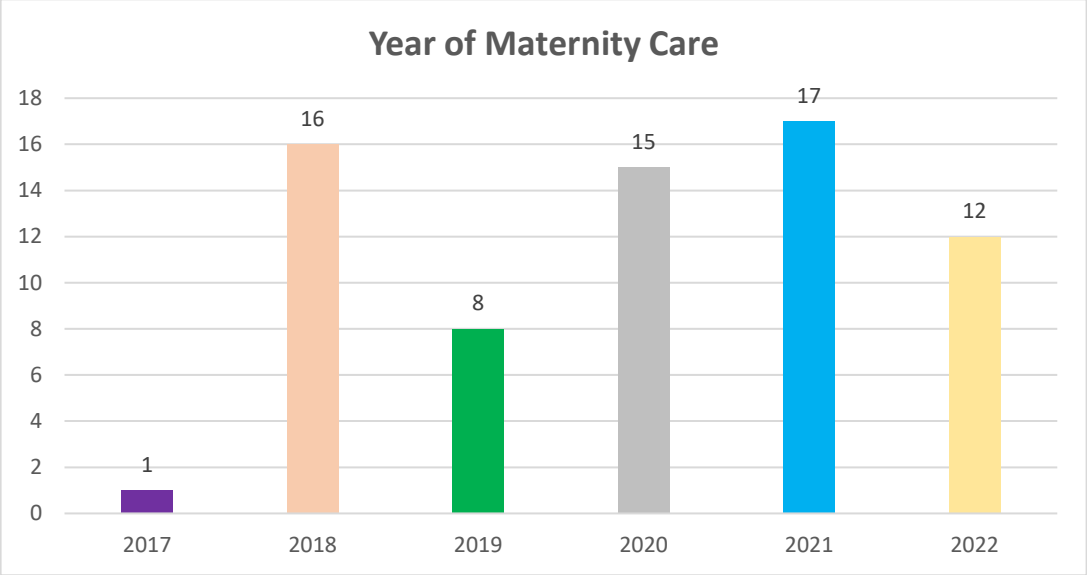


The figures in Table 2 and Chart 4 below represent the proportion of women who gave birth between 2017 and 2022. A significant number of the study participants—17 women—had babies in 2021.

Table 2: Year of Maternity Care.

Year	Number of Participants
2017	1
2018	16
2019	8
2020	15
2021	17
2022	12

Chart 4: Year of Maternity Care (In what year did you have your maternity care?).



The study's participants identified eight different hospitals as the sites of their deliveries. However, Medway Hospital had a sizable fraction of the births among these eight facilities.

Chart 5: Maternity Location

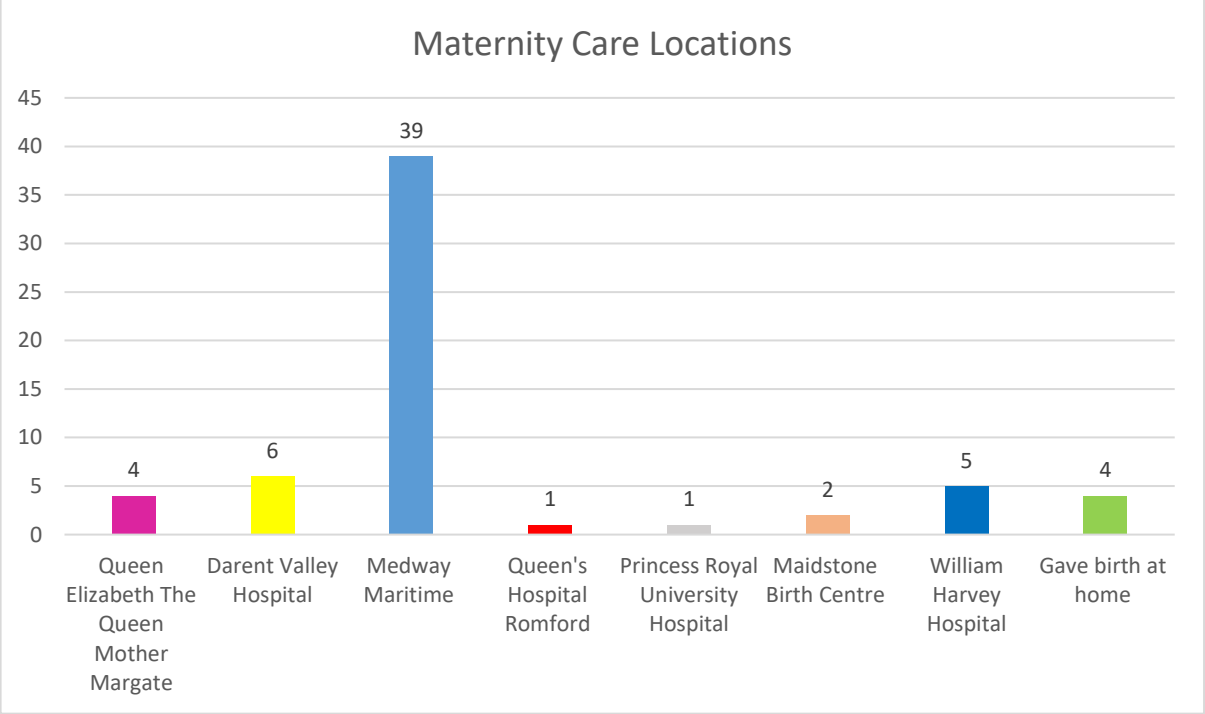


Table 3 Summary of participants' characteristics.

Participants' codes	Resides	Age	The year of delivery	Ethnicity	Hospital
#01	Sittingbourne	Unknown	2018	Black African	Queen Elizabeth The Queen Mother
#02	Sittingbourne	25-34	2022	Vietnamese	Darent Valley Hospital
#03	Gillingham	35-44	2021	White British	Medway Hospital
#04	Sittingbourne	25-34	2018; 2020	White British	Medway Hospital
#05	Sittingbourne	25-34	2017	African/Mauritius	Medway Hospital
#06	Iwade	35-44	2022	Black British	Medway Hospital

#07	Iwade	25-34	2021	Black African	Medway Hospital
#08	Sittingbourne	Unknown			Medway Hospital
#09	Sittingbourne	Unknown	2021	Nigerian	Medway Hospital
#10	Sittingbourne	Unknown	2018	White Eastern European	
#11	Sittingbourne	25-34		Black African (Ghanaian)	
#12	Sittingbourne	35-44	2019	White British	Medway Hospital
#13	Sittingbourne	25-34	2021	Black African	Medway Hospital
#14	Sittingbourne	35-44	2018	Black African	Darent Valley Hospital
#15	Sittingbourne	25-34	2018	White British	Medway Hospital
#16	Sittingbourne	25-34	2019	Black African	Medway Hospital
#17	Sittingbourne	25-34	2021	White Eastern European	Medway Hospital
#18	Iwade	35-44	2021	Asian	Darent Valley Hospital
#19	Sittingbourne	25-34	2018	Black British	Darent Valley Hospital
#20	Kemsley	35-44	2019	Black African	Medway Hospital
#21	Sittingbourne	25-34	2020	White Other	Medway Hospital
#22	Sittingbourne	35-44	2022	White Eastern European	Medway Hospital
#23	Sittingbourne	16-24	2022	Black British	Medway Hospital
#24	Sittingbourne	45-54	2018	Black African	Medway Hospital
#25	Bobbing	35-44	2018	Black African	Queen's Hospital Romford
#26	Faversham	25-34	2021	British Asian	Queen Elizabeth The Queen Mother

#27	Sittingbourne	25-34	2020	White British	Medway Hospital
#28	Isle of Sheppey	16-24	2020	White British	Medway Hospital
#29	Sittingbourne	25-34	2022	White British	Medway Hospital
#30	Unknown	Unknown	2020	Unknown	Medway Hospital
#31	Sittingbourne	25-34	2020/2021/2022	White British	Gave birth at home
#32	Isle of Sheppey	25-34	2020	White British	Medway Hospital
#33	Sittingbourne	35-44	2020	White Other	Medway Hospital
#34	Sittingbourne	25-34	2019/2021	Gypsy or Traveller	Medway Hospital
#35	Sittingbourne	25-34	2018	Black African	Princess Royal University Hospital
#36	Iwade	25-34	2019	Black British	Darent Valley Hospital
#37	Faversham	35-44	2020	Black African	Medway Hospital
#38	Unknown	Unknown	2022	Unknown	Medway Hospital
#39	Unknown	Unknown	2020	Unknown	Medway Hospital
#40	Isle of Sheppey	16-24	2020	White British	Gave birth at home
#41	Sittingbourne	25-34	2018	White British	Maidstone Birth Centre
#42	Isle of Sheppey	16-24	2018	Gypsy or Traveller	Gave birth at home
#43	Sittingbourne	35-44	2018	White British	Medway Hospital
#44	Faversham	25-34	2021	British Asian Indian	Queen Elizabeth The Queen Mother
#45	Sittingbourne	25-34	2018/2020	White British	Medway Hospital

#46	Isle of Sheppey	25-34	2022	White British	Medway Hospital
#47	Isle of Sheppey	35-44	2021	White British	Medway Hospital
#48	Isle of Sheppey	16-24	2021	White British	Medway Hospital
#49	Isle of Sheppey	35-44	2021	White British	Medway Hospital
#50	Isle of Sheppey	16-24	2022	White Eastern European	Medway Hospital
#51	Faversham	Unknown	2019	White Other	Maidstone Birth Centre
#52	Faversham	Unknown	2021	White Other	William Harvey Hospital
#53	Faversham	Unknown	2021	White British	Queen Elizabeth The Queen Mother
#54	Faversham	Unknown	2021	White British	William Harvey Hospital
#55	Sittingbourne	Unknown	2020	White British	Medway Hospital
#56	Sittingbourne	Unknown	2019/2020	White British	Medway Hospital
#57	Sittingbourne	Unknown	2022	White British	Medway Hospital
#58	Sittingbourne	Unknown	2018/2019	White British	Medway Hospital
#59	Faversham	Unknown	2020	White British	William Harvey Hospital
#60	Faversham	Unknown	2018	White British	William Harvey Hospital
#61	Faversham	Unknown	2018	White British	William Harvey Hospital
#62	Sittingbourne	Unknown		Black African	
#63	Sittingbourne	Unknown		Black African	
#64	Sittingbourne	Unknown		Black African	

2.4. Data analysis

Inductive theme analysis was used to analyses the interviews (Braun & Clarke, 2006). Codes were found inductively and manually documented on a post-it as the transcribed interview scripts were largely compared to the audio recordings, notes, and readings. As data collection progressed and emerging themes were discovered, codes were improved, merged, and disaggregated. Earlier codes and emergent themes were revised considering further interviews. One researcher thematically analysed every transcript, while another just looked at a subset, to increase the validity of the analysis. Emerging concepts and codes were discussed and decided. All those involved in the study were aware of the need to approach the analysis reflexively, putting aside their prior knowledge of the subject so that the analysis stayed true to the accounts of participants, and acknowledging the potential influence of their perspectives as "women, mothers, previous users of maternity services in Kent and Medway, and above all, residents of Swale."

3. Findings

Five themes emerged from the analysis of maternity services experiences of the women interviewed: 'Experience of maternity services, 'professionalism and culture of the institution', 'quality of care, 'Individual responsibility/the participation of women in their care – the importance of choice and control', and 'role of culture in maternity care and services.

3.1. Theme one – Experiences of maternity services.

Participants' descriptions of their experiences with maternity services did not fall into a single category. The tale of two cities could have been used to describe their experiences of accessing maternity services in Kent and Medway. The attendees shared some uplifting stories, which were swiftly followed by incredibly moving stories of unpleasant experiences. Illustrative quotations from theme one: experiences of maternity services are shown in Table 4 below.

Table 4: Theme one with illustrative quotations.

Themes	Positive experiences	Negative experiences
Professionalism & culture of the institution – staff attitudes and work ethics Quality of care Women's participation in their care	"Paramedic teams were deserving of credit" (#06) "I got a lot of the appointments, the theatre team were fantastic, all staff were kind and caring" (participant #54) "Midwife care during labour was excellent, I got regular scans as the baby was small, felt	"I had alarm bells at the beginning and the end... the left hand didn't know what the right was doing... my notes weren't shared with staff... maternity unit needs to be cleared out and restarted from scratch... we shouldn't have to suffer for the staff to learn... I

	I was well monitored" (participant #26) "Medway was lovely, it was during the pandemic, so everything was very limited, however during the birth the delivery and staff were great" (participant #28) "Having the same midwife and regular check-ups" (participant #29) "Midwife was there when I needed, came to home visits when I had an accident. Hospital reacted well when I had blood clots and started bleeding after the birth" (participant #32) "The help was amazing, however, I did not feel cared for and known. I would have liked someone who knows me rather than just my partner" (participant #38) "Online notes, care of midwives during pregnancy and also theatre staff" (participant #47) "The care I received was amazing during my week in hospital" (participant #48) "I am grateful for the spacious room during my delivery, allowing me room for both me and my birth partner. Even though I said I didn't want any medication during the delivery the gas was kept nearby if I changed my Mind" (Participant #23)	followed protocol but they didn't" (participant #06) "Midwife did not allow the patient to use the toilet, large emphasis on patient's age, "it was like I had been forgotten" (participant #54) " My midwife appointments when I went for a sweep, I was told my waters hadn't gone. The next day I went to be induced they told me my waters had gone, and I tried to show them evidence which they ignored. Due to this, I caught infections, and my daughter was 5 days in hospital" (participant #28) "Having to ask for pain relief after giving birth, no support from the midwives post-birth" (participant #29) " Mental health support for PPD/PPA" (participant #31) "Wasn't checked on very well when I was sent home after 4th-degree tear, stitches caused pain, had to be re-stitched. Now still having issues two years later Doctor follow up lacked" (participant #32) "Was induced did not feel prepared for how hard this would be in terms of pain and waiting. Midwife care during pregnancy felt fragmented because I rarely saw the same midwife there once. Felt midwives in post-birth were rushed, I would have benefited from more time with them to help care for my new baby" (participant #26) " During delivery, nobody listened to my concerns, my son

		was born with the cord wrapped round neck" (participant #34) "Post-natal appointments and support for mother rather than baby" (participant #43) #49 " Low blood and iron, being induced and having to wait for a bed" " No one at the hospital checked my delivery preferences/birthing plan" (participant #50) "Midwife dismissive of mental health" (participant #51) " Student midwife was only staff available in an emergency" (participant #52) " Lack of communication between agencies, midwife, consultants, doctors, delayed appointments, double booked appointments" (participant #15) "During delivery, I had stitches that were left unstitched, and I had to go back to the hospital after six months" (participant #16) "A member of staff said, " Oh so you're taking the easy way out" when the patient said she was considering putting the baby up for adoption due to her young age" WHH (participant #60) "At 22 weeks patient experienced leaking of waters, went for scan multiple members of staff scanned but gave conflicting advice. 23 weeks urgent consultant appointment but baby's heartbeat was not checked. The consultant informed me and my husband it was merely a "waiting game we could not predict the future, wait

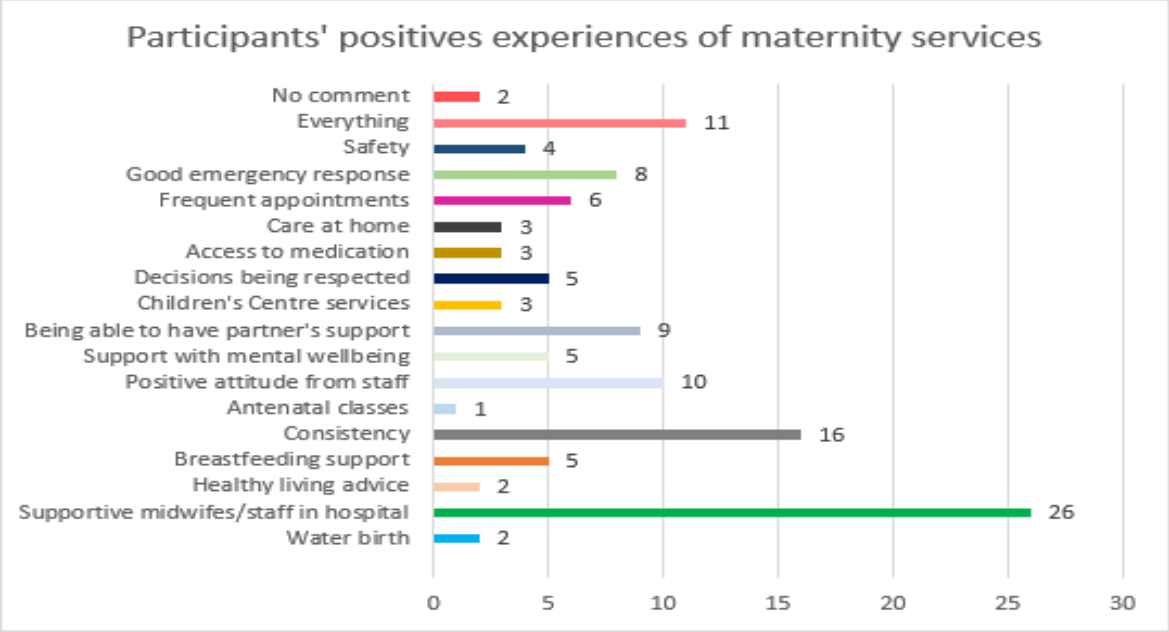
		and see" the appointment felt as if a waste of time, and we came away with no diagnosis or reassurance" WHH (participant #61)

Some other crucial positive experiences were repeated by the participants, and these are depicted in Table 5 below.

Table 5: crucial positive experiences

Additional crucial positive experiences	Experiences reported by more than one participant	Number of participants reporting the experience
Water birth	#08, #50,	2
Supportive midwives/staff in the hospital	#02, #03, #05, #06, #08, #09, #12, #13, #20, #26, #28, #32, #33, #35, #38, #40, #44, #46, #47, #48, #49, #52, #53, #54, #59, #60,	26
Healthy living advice	#01, #11,	2
Breastfeeding support	#01, #51, #52, #56, #57,	5
Consistency	#04, #07, #10, #12, #13, #14, #29, #39, #40, #43, #51, #54, #56, #58, #59, #61,	16
Antenatal classes	**#11,**	**1**
A positive attitude from staff	#12, #13, #15, #26, #28, #33, #44, #53, #54, #60,	10
Support for mental wellbeing	#10, #11, #51, #52, #57,	5
Being able to have a partner's support	#15, #23, #24, #27, #31, #36, #37, #38, #54,	9
Children's Centre services	#17, #42, #50, #54,	3
Decisions being respected	#23, #51, #58, #59, #60,	5
Access to medication	#23, #35, #54,	3
Care at home	#25, #32, #60,	3
Frequent appointments	#26, #29, #44, #53, #59, #61,	6
Good emergency response	#06, #32, #35, #44, #47, #54, #56, #59,	8
Safety	#54, #57, #59, #60,	4
Everything	#16, #18, #19, #22, #31, #34, #41, #45, #46, #48, #55,	11
No comment	#21, #30,	2

Chart 6: Positive experiences of maternity services



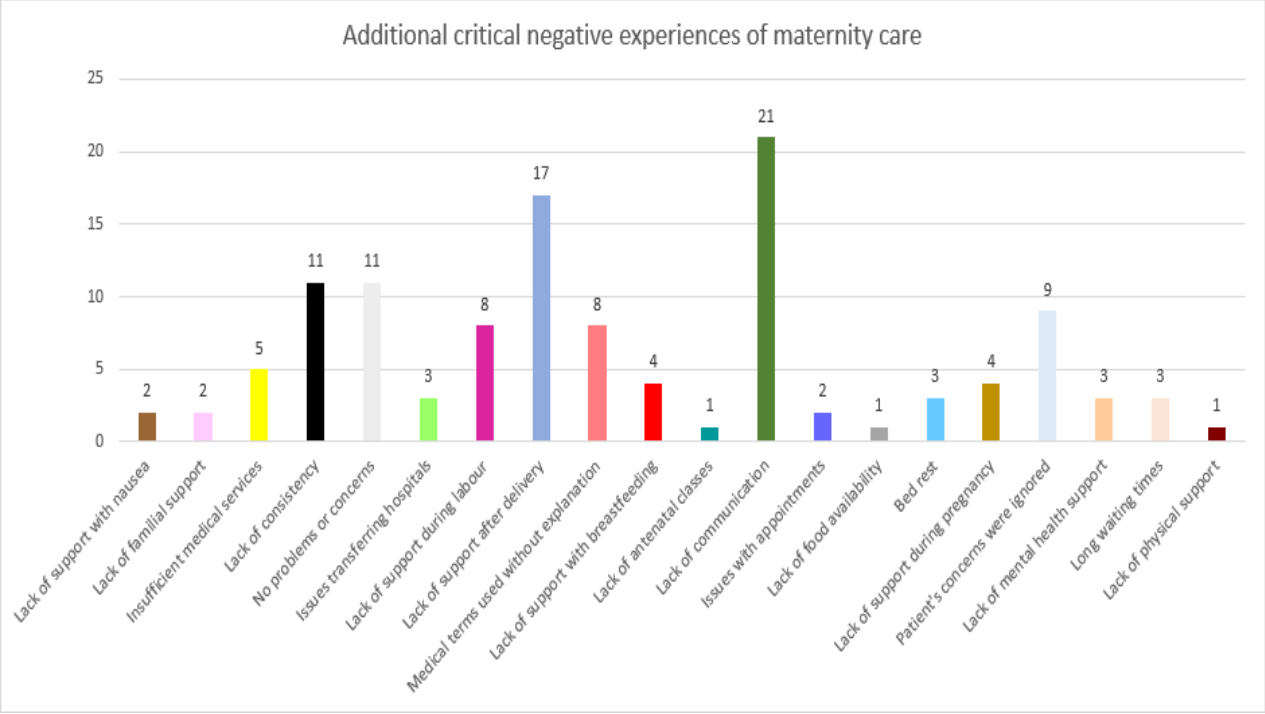
Along with the positive experiences, the participants disclosed a few additional crucial problems that had a detrimental impact on how they felt about receiving maternity care and these are illustrated in the Table and chart below.

Table 6: Additional negative experiences of maternity services

Additional negative experiences	Experiences reported by more than one participant	Number of participants reporting the experience
Lack of support with nausea	#01, #08,	2
Lack of familial support	#02, #60,	2
Insufficient medical services	#02, #04, #28, #54, #61,	5
Lack of consistency	#03, #06, #11, #26, #28, #38, #44, #47, #53, #55, #57,	11
No problems or concerns	#05, #07, #18, #19, #22, #23, #30, #36, #41, #45, #48,	11
Issues transferring hospitals	#06, #15, #61,	3
Lack of support during labour	#06, #34, #38, #50, #52, #54, #58, #61,	8

Lack of support after the delivery	#10, #14, #16, #21, #26, #29, #32, #38, #40, #42, #43, #44, #46, #53, #54, #59, #61,	17
Medical terms used without explanation	#12, #24, #26, #44, #53, #54, #57, #61,	8
Lack of support for breastfeeding	#13, #54, #55, #58,	4
Lack of antenatal classes	#13	1
Lack of communication	#06, #07, #09, #10, #11, #12, #15, #17, #24, #25, #27, #28, #44, #46, #47, #50, #53, #54, #59, #60, #61,	21
Issues with appointments	#15, #25,	2
Lack of food availability	#20,	1
Bed rest	#24, #33, #37,	3
Lack of support during pregnancy	#26, #38, #40, #42,	4
The patient's concerns were ignored	#06, #28, #32, #34, #46, #51, #52, #54, #61	9
Lack of mental health support	#31, #43, #51,	3
Long waiting times	#35, #49, #54,	3
Lack of physical support	#39,	1

Chart 7: Additional critical negative experiences of maternity care



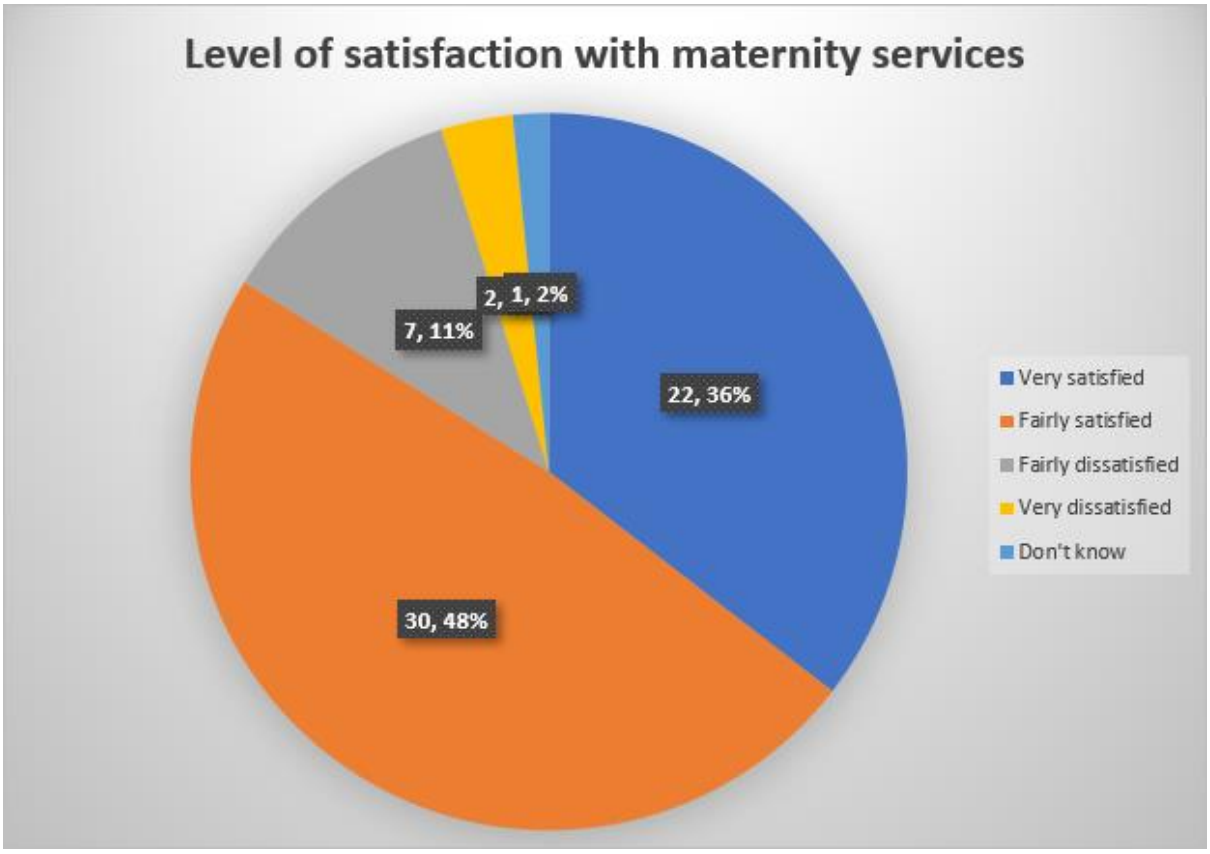
3.1.1 Feelings of satisfaction with maternity services

After hearing about both positive and negative experiences with maternity services, the participants were questioned about their sentiments and degrees of satisfaction. For the most part, they were satiated with the maternity services, and their responses are depicted in Table 7 and chart 8 below.

Table 7: The degree of the feelings of satisfaction with maternity services

Degree of Satisfaction	Number of participants
Very satisfied	22
Fairly satisfied	30
Fairly dissatisfied	7
Very dissatisfied	2
Don't know	1

Chart 8: Overall feelings of satisfaction with maternity services



The examples showed that maternal care was delivered inconsistently. While some survey participants thought the level of care, they received was sufficient, others had differing opinions. For illustration see the quotation below:

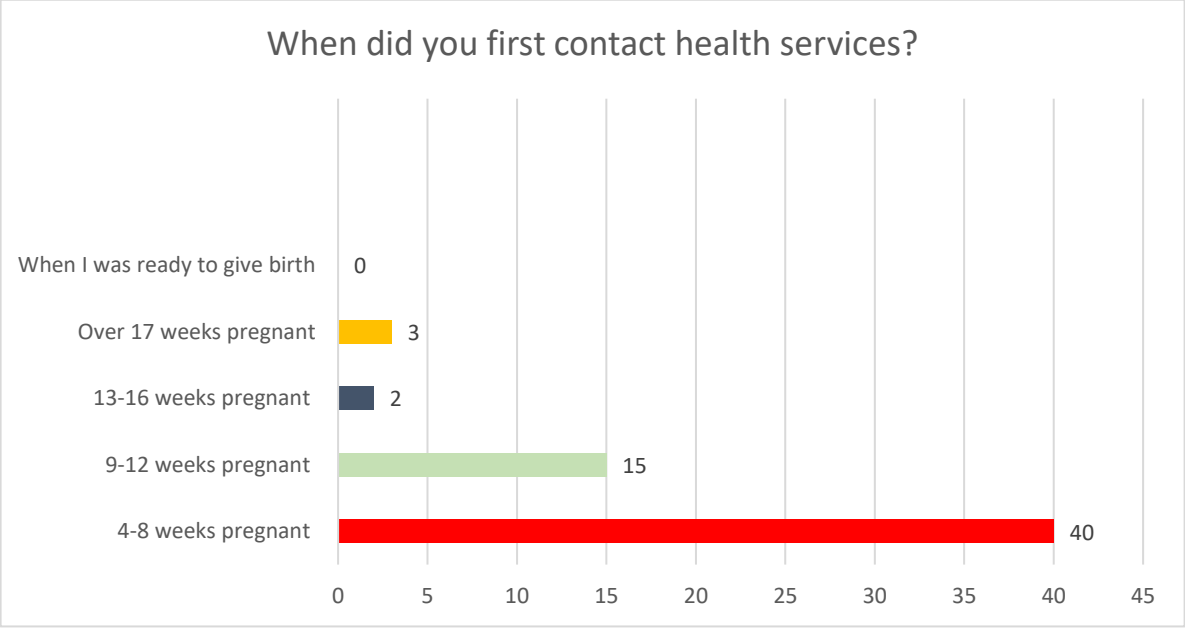
"I felt the midwife care leading up to delivery was fine, but it felt very fragmented. I had a different midwife for every appointment. I didn't feel I could build a relationship with them. There wasn't much continuity. It felt like a tick box exercise" (Participant #44, White British, from Faversham).

"*The services were good, and I would rate the services I received as 9 out of 10 as I was highly satisfied. Medway Maritime was where I gave birth and the maternity services were top-notch, I have had an emergency c-section in the past so therefore I was under a special care unit"* (Participant #05, African – Mauritius, live in Sittingbourne)

3.2. Contacts with maternity services

The participants were asked when they first contacted health services during their previous pregnancy. Most participants reported first contacting health services between 4 and 8 weeks of pregnancy. Fortunately, none of the participants had to wait to contact the health services when they were about to give birth.

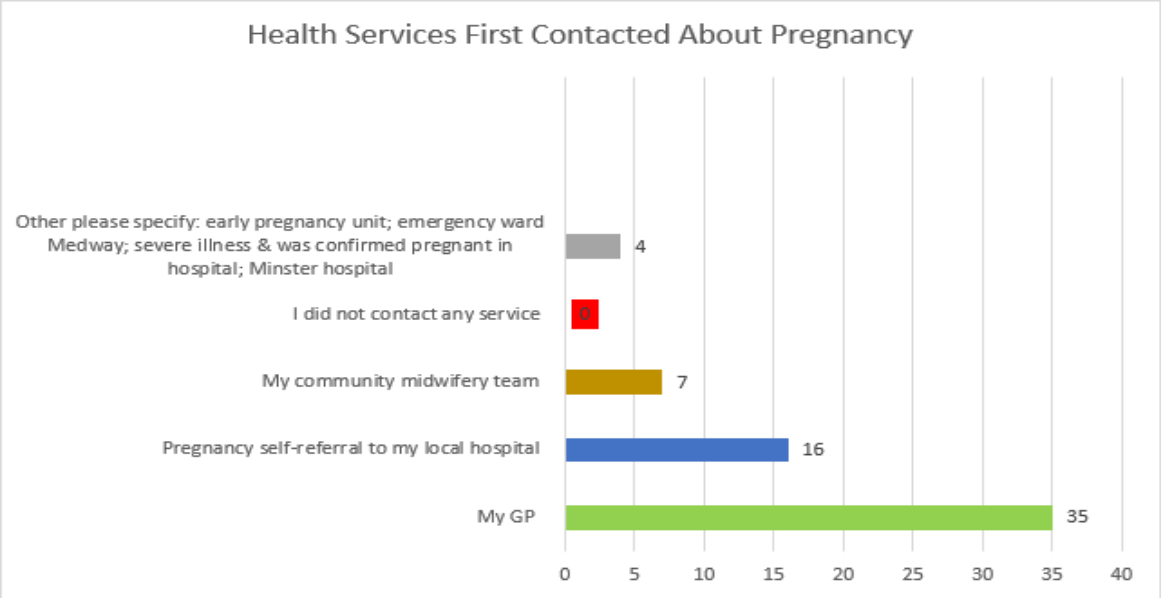
Chart 9: First contact with health services



3.2.1. Health services first contacted about pregnancy

35 of the study's sixty-four participants stated that their initial point of contact after learning they were pregnant was with their general practitioner (GP). Many participants said that calling the GP was routine because they were advised to go to the hospital. In essence, they thought that most of the time, doctors were useless. The chart below shows the other services that participants first contacted regarding their pregnancy.

Chart 10: Health services' first contact regarding pregnancy



Sixteen participants thought that due to the pandemic, individuals had to self-refer to the neighbourhood hospital when they discovered they were pregnant. They claimed that after filling out an online form to confirm their pregnancy, they were invited to their neighborhood hospital.

There were issues raised by some participants regarding their first contact with maternity services and these are indicated below:

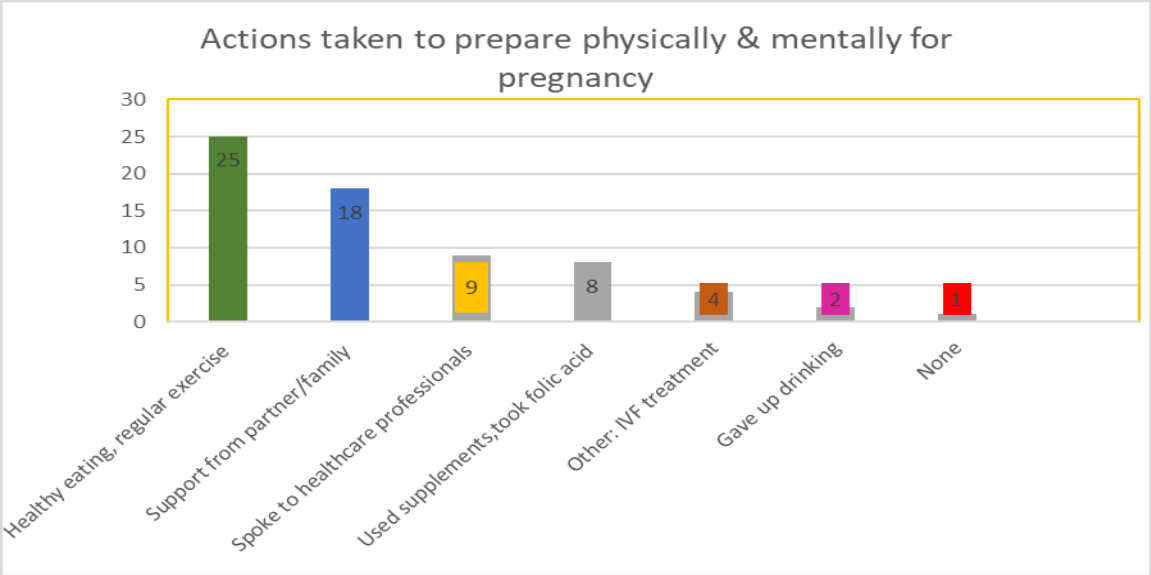
“I was referred to an obstetrician in Medway hospital but had trouble contacting them” (Participant #06, Black African).

3.3. Individuals’ responsibilities & participation in their care - Health and wellbeing

3.3.1 Preparation for pregnancy

The participants openly discussed their pre-pregnancy preparations, including any actions or inactions they may have taken to maintain their health during their pregnancies. A sizable number of them engaged in regular exercise and healthy eating.

Chart 11: Action taken to be healthy during pregnancy



Participants' comments revealed that 25 of them tried to eat healthfully and exercise regularly. For instance, participant #12 informed that:

"I kept active, eating healthy food, took vitamins before and during pregnancy" (participant #12, White British, 35-44 age range)

"I took vitamins and supplements, ate a healthy diet, went on maternity leave, rested where I could" (Participant #15, White British, 25-34 age range).

"I did my research, planned, prayed and had the necessary medication" (Participant #19, Black British, 25-34 age range).

"I constantly liaised with my midwife, reading pregnancy books and praying" (participant #20, Black African, 35-44 age range).

"It was a planned pregnancy, so I was on folic acid for some months before the pregnancy. I was physically and mentally ready" (Participant #13, Black African, 25-34 age range)

Box 2: Other comments are listed below.

"Attended antenatal classes, walked whenever I could and joined a swim class" (Participant #23 – Black British, resides in Sittingbourne)
"Kept active, eating healthy food, took vitamins before and during pregnancy" (Participant #12 – White British, resides in Sittingbourne)
"It was a planned pregnancy, so I was on folic acid for some months before the pregnancy, I was physically and mentally ready" (Participant #13 – Black African, resides in Sittingbourne)
" Took vitamins and supplements, ate a healthy diet, went on maternity leave, rested when I could" (Participant #15 – White British, resides in Sittingbourne).
" Constantly liaising with my midwife, reading pregnancy books, and praying" (Participant #20 – Black African, resides in Kemsley, Sittingbourne)
" I did my research, planned, prayed, and had the necessary medication" (Participant 19 – Black British – Sittingbourne)
#26" Regular walking, pelvic floor exercises, hypnobirthing book, NCT antenatal classes" (Participant #26 – British Asian, Faversham)

On the whole, regardless of the participant's ethnic backgrounds or age, they appeared to be prepared for pregnancy. However, those with a Black background added that after all preparation, they prayed too.

3.3.2. Helpful health preparations or support

The participants in the interview were prompted to consider the support and health-related measures they would have taken before becoming pregnant.
“I would have eaten well, exercised and socialised to improve my mental health” (Participant #48, White British, 16-24 age range).
"Looking back, I would have liked to have more education on after birth effects and care, vitamins, diet, sleep, and breastfeeding, etc." (Participant #15, White British, 25-34 age range)
" Looking back, I would have had a balanced diet and three meals a day" (Participant #23, Black British, 16-24 age range)
"Looking back, I should have eaten well, exercised and socialised to improve my mental health” (Participant #48, White British, 16-24 age range)
Other things that the participants mentioned that they would have done on reflection during their pregnancies were:

- Eating healthily, taking exercise
- Sought more information about services
- Weight loss
- Drink Vitamins
- Sought fertility and reproduction help
- Given the opportunity to communicate with other future parents
- Stopping smoking
- A minority of the participants said that they would have done ‘Nothing’

3.4. Professionalism and quality of care

Professionalism, quality of support, and services offered surfaced as key themes from the interviews. According to BusinessDictionary.com, professionalism is the rigorous adherence to unwavering courtesy, honesty, and accountability in one's dealings with clients and colleagues, as well as a level of excellence that exceeds business needs and legal standards. Professionalism in nursing is the act of giving patients high-quality care while upholding the principles of advocacy, accountability, and respect. The clarity in communication and the capacity to critically evaluate one's actions and behaviours are further examples of professionalism in nursing.
Participants in this study said paramedics and the ambulance service performed their jobs professionally. Participant #06 comments on the ambulance team and paramedics:

During delivery –

- The ambulance team was supportive and calmed me
- ambulance service arrived quickly
- a full team of paramedics were on site

- paramedics delivered my baby at home
- The paramedic team was good as they were full of empathy and reassurance
- "Paramedic teams were deserving of credit" (Participant #06, Black African, had her baby in 2022 in Medway Hospital).

However, there were concerns about the professionalism of other medical personnel, particularly nurses. Among other things, nurses were charged with a lack of empathy, impatience, lack of communication, use of jargon, lackluster attitude, and rigidity.
Another issue raised was the poor quality of care provided to patients. All of the participants agreed that the lack of teamwork and the staff shortfall made it difficult for the maternity staff, particularly the nurses, to provide high-quality treatment. Three examples—participant #54, participant #06, and participant] #61—are offered to help clarify and emphasis the arguments made by the majority of the women interviewed.

Case Studies.

Case Study 1 - Participant #54, White British, resides in Faversham and had her baby in 2021 in William Harvey Hospital. The participant had these to say about the professionalism and quality of maternity care that she received.

During delivery:

- to start with a lot of emphasis was placed on the fact that I was "geriatric" i.e., over 40
- there was big emphasis put on my due date, but there were no available beds so had to be put off
- I was asked in but then sent back due to emergency
- I was induced on Sunday but sent home during induction even though my partner and I don't drive
- due to lack of transport, there was pressure put on my parents
- My water broke on Tuesday, and I was told to be supervised but this didn't happen, and I was informed late about this
- I developed a very severe UTI
- the doctor was discussing sepsis around and in my earshot without being clear to me, which increased my anxiety and sent me into panic
- just before pushing put a tag on the baby's head, a member of staff said there was still fluid in the womb which should have been checked previously
- the midwife didn't allow me to go to the toilet and I felt upset that they messed themselves
- My need to use the toilet "caused more physical distress than the actual labour"
- I had to get my partner to check whether I had messed myself which made me upset
- I would have liked an enema
- "Staff were running themselves into the ground"

- *After the baby was born*
  - Ward was short-staffed
  - Staff were “few and far between”
  - After the early morning birth, a midwife promised to help change my pad and didn’t, leaving the night staff to help
  - I felt uncomfortable “being smelly and having a dirty pad on the wound”, “it was like I had been forgotten”
  - although midwives have to promote breastfeeding, due to my being on antibiotics the milk did not come, and I was pressured and sore even though the baby was not able to feed
  - staff ended up giving baby formul**a**
  - lack of empathy for mums who can’t breastfeed
  - mum wanted to feed formula but wasn’t allowed due to a lack of information prior
  - was looking forward to trying to breastfeed but couldn’t, and was upset AND THEN pushed
  - prone to post-natal depression and midwife pressure was not conducive to supporting this
  - could see midwives were under pressure and understaffed but were still trying their best
  - still waiting for a timed appointment but it is overdue
  - my experience was lacking because the staff couldn’t be bothered, just because there weren’t enough staff
  - “I’m not angry towards the midwives, just towards the system”
  - one midwife didn’t know how to change the catheter bag
  - “There is a lack of training”.
  - I had to have jabs for anticlotting but would have liked support from the district nurse as I have a needle phobia

Case study 2 - participant #06, a Black African, resides in Sittingbourne and gave birth in Medway Hospital in 2022.

Below are selected comments from the participant regarding the professionalism of the maternity staff and the Caliber of treatment she received.

- During the pregnancy –
  - I didn’t feel supported by the hospital
  - There was a lack of communication.
  - My initial experience was off-putting
  - “I had alarm bells at the beginning and the end”
  - communication was written only and not phone calls
  - no antenatal classes were available
  - “The information I wanted was hard to find, no impossible, to find”

- During delivery –
  - staff didn't introduce themselves
  - "Left hand didn't know what the right hand was doing"
  - lack of notes being shared
  - the nurse couldn't find my cervix
  - staff were coming from other wards i.e. not labour ward and were unsure of protocol and technique but still did their best
  - lack of empathy from senior staff
  - labour nurse had nails that were longer than sensible which hurt me and when I commented I was told that "oh my nails are short" even though they weren't
  - I was told I hadn't dilated even though I had
  - The cervix is different to find on a black lady because their bodies are slightly different, but the staff were not aware of this and refused to listen to me when I tried to explain
  - I was turned away from the hospital multiple times even though I had to drive from Medway hospital to Sittingbourne to go home which was an uncomfortable drive and even when staff were informed of this they didn't listen or reassess the situation
  - I had no support to get across the car park during labour even though there was nothing to lean on
  - the hospital offered no pain relief in early labour even though I had fibroid
  - there was a lack of communication between the obstetrician and labour ward
  - I ended up calling an ambulance because my mother checked me at home and found that I was crowning
  - I was traumatised due to the baby being delivered at home by paramedics, I couldn't deliver the placenta due to fibroids
  - experience makes patient not want to have another baby in Kent
  - I will "never use Medway maternity services again"
  - My family was worried due to a lack of support
  - My mother spoke to other patients present at the time and they were upset by seeing the treatment that my family received
  - The staff appeared embarrassed when I returned with a baby having been born not at the hospital and being turned away during labour
  - I was told that the maternity unit in Sheerness was closed, and staff acted as if this was a sufficient excuse for being turned away without being checked efficiently
  - staff came across as unprofessional and dismissive
  - staff were "not welcoming with no rapport"
  - I thought the maternity unit was unfit
  - the "maternity unity needs to be cleared out and be restarted from scratch"
  - "Ambulance team should not be the main team"

- I "followed protocol but I was not treated following protocol"
- "My baby should have been born in hospital"
- "l strongly believe that the staff lack of training led to errors"
- I found it difficult to contact the maternity ward
- My experience caused anxiety and stress
- "Staff were inadequate"
- "Staff were there to get paid and not to help**"**
- The maternity lacked any care and had a negative atmosphere
- "I would not recommend this maternity ward to anyone unless they have a change of attitude of how they present themselves, both to women of colour specifically and their general lack of care"
- there was no support between members of staff
- staff hard to communicate with
- "if the head person is rubbish then we can't blame the lower staff"
- "They said 'lessons have been learnt but we shouldn't have had to get that far to learn a lesson"

After the baby was born

- aftercare was fragmented
- traditionally, we don't leave the house post-birth for 40 days due to culture and this wasn't respected by the post-natal team in Medway
- health visitors "went through the motions"
- at delivery baby was cold, and staff wouldn't discharge the baby until the baby had reached a certain temperature, this may have been because the baby had been transferred undressed and was born in winter
- health visitors stopped visiting after a month, last seen when the baby was 3 months old
- "Completely different in London"
- No information on Children's Centres
- No Bounty packs
- No information pack or home visits from midwife or health visitor after the initial three
- Staff need to ask questions
- I felt awkward and there were too many requests from me

Case study 3 – participant #61, White British, resides in Faversham and had her baby in 2018 at William Harvey Hospital. According to participant #61:

"I had a relatively straightforward pregnancy up until the issue I am raising arose. Things started to take a turn on the 17th of September 2018 when I was 21 weeks pregnant. I had gone for a routine appointment at the local children's center to see the midwife. Whilst there the midwife carried out a

urine test which showed signs of the infection staphylococcus Heamolyticus and arranged for urgent antibiotics to go through to my doctors. On 24 September, I called William Harvey Hospital, Ashford as I was experiencing leaking, I was now 22 weeks pregnant. The hospital then carried out an internal speculum examination. Should this have been done considering the hospital already knew I had an infection? I informed them that the doctors had not received the email from the midwife on 17th September regarding my urgent antibiotics, the doctors would not/did not process this without the prescription. Ashford then put me on the antibiotics as I was there and taking blood. The next day (25 September – 22.1 weeks pregnant) I spent most of the day back at Ashford hospital in the Maternity Day Care Centre. I then had a 2nd internal speculum examination carried out with no explanation after the examination. My husband and I were sent to QEQM in Margate for a scan as this was the quickest appointment available. The scanner (who was qualified enough to have their own opinion) went and got a colleague for a 2nd opinion. We were then asked to wait in the waiting room, and a junior doctor called us in and rescanned me. This doctor wanted to wait for my scan to be overseen by the top doctor who oversaw the ward at this time. The junior doctor's opinion was to keep me in in case of a 2nd haemorrhage and started bleeding, I had appeared on a scan previously, but this dissolved. We agreed with both Ashford and Margate hospital that it is better to be at home and can go to the closest hospital (Ashford) if I had any bleeding, I would then call an ambulance or get straight to Ashford. This can be seen in my notes I believe.

My water kept leaking on and off from the above and on 29 September (22.6 weeks pregnant) the midwife booked an urgent consultant appointment at Ashford hospital. Whilst at this appointment the baby's heartbeat was not checked but my blood pressure was taken/checked. The consultant informed me and my husband that it was merely a 'waiting game, we could not predict the future and we were to 'wait and see. We were made to feel as if he could not get us out of there quick enough. The appointment felt as if it was a waste of time, and we did not come away with a diagnosis or reassurance. As we were walking down the corridor, I remembered the blood that was taken on 24 September. We walked back to the consultant's room to find him sitting on social media (this was a matter of minutes after we vacated the room). He quickly came off and entered my details into the system to find my results. At this point the questions I had/still have are:

- *Why were we sent to so many different hospitals, the amount of parking we had to pay during this time*
- *Whilst at the hospitals why were we not given a clear diagnosis or any sort of diagnosis - this was my waters*
- *Why were the pads I had been wearing daily not checked or at least a can organised to compare the fluid levels?..... The midwife had checked the graph and was starting to get gloves on then I said that the baby was coming. The midwife told me he was not yet as I was not dilated enough. Oscar was rapidly onto the bed into a bedpan, which luckily was empty at*

the time…… The midwife sent my husband out to call family to get some fresh air and he checked to make sure that I would not be left on my considering I had just given birth to our premature son and then surgery. He was reassured that I would not be left on my own, which I understand she would have had an urgent matter to deal with, however, I had no buzzer for the entire night. Considering I had a spinal tap and a catheter inserted I would not get out of bed and my room was at the other end of the ward to the nurse's station…."

3.5 Cultural customs

Most of the interviewees from BAME groups described how all aspects of maternity care and services are Eurocentric and that there is no place for ethnocentricity.

According to participant #06:

- "New mothers don't leave the house post-birth for 40 days due to culture and this wasn't respected by the post-natal team in Medway.
- lack of diverse knowledge
- no questions about culture
- "One size fit all".
- "Colourblind"
- after the 40 days of not leaving, on the 41st day, the baby is presented to the world, during the 40 days the mother is looked after too on the 41st day there is a naming ceremony and a circumcision.
- the medical team need to be aware of this and not ask new mothers to leave the house but instead just visit.
- the circumcision made the health visitor appear unsure as she didn't know what it was.
- I was made to break cultural traditions.
- "' One size fit all is not a good working style".
- "Any cultural or diversity stuff that does exist is not being implemented".

Unlike the BAME women, the White participants did not have any issues in terms of cultural customs.

Table 8: Cultural Customs

Cultural Customs	Participants' Codes	Number of participants Responses
Traditional methods of turning a breech baby	#01, #08,	2
Mother should not shower	#02,	1
The mother should not drink cold water	#02,	1

Cultural differences in general	#05, #07, #09, #10, #11,	5
The mother should stay at home after the birth	#06,	1
Physiological differences between races	#06, #25, #35,	3
More knowledge about traditional methods	#07, #08, #09, #10, #11,	5
Provision of female-only staff	#59,	1
Circumcision	#24,	1
No comment	#03, #04, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #26, #27, #28, #29, #30, #31, #32, #33, #34, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #60, #61	48

4.1 Recommendations for the improvement of maternity services in Kent and Medway.

The 64 interviewees proffered several suggestions on how maternity services in Kent and Medway could be improved.

According to participant #06:

- "The difference between (London Hospital) and Medway is the lack of experience with diverse people and challenging scenarios".
- black people are a slightly different shape and this needs to be known by all maternity staff.
- staff need to be trained in diverse bodies.
- staff need "motivation to want to learn".
- training needs to be done for all levels of staff.
- "Staff need to pay better attention".
- the post-natal team need to be aware of what a circumcision looks like
- staff need to work on communication.
- "There needs to be training on different cultures for all levels".
- staff need training on empathy - "don't just read off the screen".

Participants #01, #02, #03, #04 recommendations were:

- Partners should be allowed to stay longer.

- Improve the mental health of mothers.
- Patients would feel more supportive.
- Paternal bonds would develop quicker.
- “Birth centre rules should be implemented everywhere”.
- “There should be more practical support available for inexperienced mothers”.
- “I shouldn’t have been made to sign paperwork during a contraction with blood loss”.

Box 3: Recommendations for improvement of maternity services

#06 "training needs to be done for all levels of staff and they need training on diversity as well as empathy... the transfer between hospitals needs to be improved" (Participant #06 -Black British)
#29 " Better staffing on the labour and delivery suite" (Participant #29 – White British)
#32 Health visitors more often, although Covid impacted my experience. My son's tongue tie wasn't identified until he lost weight and my supply reduced to the point was told to supplement with formula"
#28 " midwife appointments I had a different person every time which made me feel unsettled"
#26 " more continuity of care, more time for staff to listen/discuss with their patients, provide information to them in a way that fits their thinking"
#39 " Kent and Medway need more maternity services 100%"
#34 "Listen more to mothers"
#43" Easier to contact midwife or doctor for help"
#45 "Picking up gestational diabetes at an earlier date, unfortunately my sister suffered with this, but she was tested too late even after prompting the midwife with her concerns and signs"
#15 "more home visits instead of going to hospital for those who cannot drive and struggle financially"
#21 " More mental and physical support after birth for mothers that don't have a support system"

Other recommendations proffered for improvement for the maternity services included:
Box 4: Recommendations for improvement

Recommendations for the improvement of maternity services	No. of Interviewees' responses
No comment	12
No need to improve	8
The partner should be able to be more involved	6
Communication needs to improve	15
Cultural awareness in general	4
More empathy from staff	5
More breastfeeding support	10
More home visits needed	4
More postnatal support	5
More consistency	4
More beds available	3
More staff required	6
More support in general	9
More appointments available	4
Improving maternity services for my community	2
Infant feeding	7
Stop smoking support	1
Diabetes and glucose monitoring	1
Family hubs	4
Personalised Care and Support Plans	3
Support from the same midwife during pregnancy, delivery and after birth	5
Specialised maternity services for those with other physical health conditions	0
Mental health support during and after pregnancy	10
Neonatal care: caring for babies in their first four weeks	4
No comment	44

5. Discussion

Birth can provide the chance for mastery experiences that boost self-esteem and confidence, or it can provide the chance for humiliation and failure sentiments that lower self-esteem (Simkin, 1991). Both BAME and White women who live in underprivileged wards of Swale participated in this study. Individuals may experience significant feelings of helplessness, self-stigmatisation, and low self-

esteem because of race/ethnicity, gender, location, and socioeconomic class. If the women have a negative experience with medical personnel at any point during their pregnancy, it will increase their feelings of helplessness and marginalisation (McLeish, 2005). In short, the women who took part in this study might have carried with them emotions of marginalisation during pregnancy, and they might have been further harmed by the medical staff's incompetence, lack of empathy, and rapport. The above assertion was confirmed by participant #54 comment below:

"I will "never use Medway maternity services again" (participant #54).

According to the interviewees, whether the women had a pleasant or poor experience with maternity care depended greatly on the attitude of the medical staff. Overall, the participants detested the blatant lack of professionalism displayed by most of the medical personnel they interacted with. The participants found several things about the medical staff to be undesirable, including their sterile and incompetent demeanour, their lack of communication, their lack of empathy, and their lack of warmth. The study revealed surprisingly that women were treated the same regardless of their race/ethnic background. The experiences that BAME and White British women reported having with maternity services included both positive and negative aspects. However, very few of the women who were interviewed said that they had only good things to say about the maternity services. When they were probed further, it became clear that these women had friends and family who worked as medical staff at the hospital, so the level of care given to them was of very high quality.

The three case studies presented above had certain characteristics in common, including a lack of professionalism, low care quality, inconsistent care, and a lack of humanity on the part of those who should be providing care. The findings of this study conflict with NHS Kent and Medway's (2017) local maternity system transformation plan, which emphasised the value of safe, compassionate, professional, family-centered, and individualised care for expectant women.

6. Conclusion

These findings demonstrated the grave consequences of uneven, discontinuous maternity services, topped by maternity staff that simply perform interventions for their own sake.
BAME and other marginalised women in the Swale district are already constrained by structural disparities in their daily lives due to factors like low income, cultural norms, and locational factors. The additional issue of subpar maternity care and services may deter BAME communities and people who live in disadvantaged locations from using services. When preparing and providing services and care to these women, nurses and other health professionals must take these factors into account to guarantee that they have a positive experience both during and after their pregnancies.

It will benefit NHS Kent and Medway CCG greatly to accept and implement the suggestions made by the women who participated in this study regarding how maternity services might be enhanced.

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Appendix One – Participant Recruitment Poster


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NHS
UK Government
Kent County Council
Do You Have Children Aged 0-5 years?
This is a safe space, anonymous focus group
Would you like to meet other parents & discuss your maternity experience?
This Focus Group will help improve NHS maternity services across Kent and Medway

Appendix Two: Interview Schedule

Kent and Medway Clinical Commissioning Group

Perinatal Health Inequalities

Community Focus Group Briefing, Questions and Answer Template, June 2022

Why we are running this research.

NHS organisations across Kent and Medway are working together to improve maternity services for all families. We know that people living in communities where there are higher levels of deprivation and those from Black, Asian, and ethnic minority communities and Eastern European backgrounds have poorer experiences of maternity services and their health outcomes tend to be worse. We want to listen to communities and involve them in developing a perinatal equity and equality action plan. The overall objective is to reduce maternity inequities and health inequalities for families.

We know that community organisations are best placed to reach families and are grateful for your help in making sure their voices are heard.

What we want to find out

We want to find out what has been good and bad about people's experiences of maternity care over the last five years. We want to find out how and when they used services, what they thought about the services, what they thought about the information they received and about where they would go for support. We will also ask about getting involved in an ongoing way so we can build a group of maternity advisors from communities we do not usually hear from in perinatal planning.

Who we want to hear from

In this work, we are targeting mothers and families who have used maternity services in Kent and Medway during the last five years from Black, Asian and ethnic minority communities and

also those from Eastern European backgrounds. We also want to hear from families who live in neighbourhoods with lower income and where there are fewer resources and opportunities.

What we will do with the results

The findings will directly feed into a Perinatal Equity and Equality Action Plan for Kent and Medway which will focus on how to reduce maternity inequalities across the area. It will make specific recommendations for the NHS and partners regarding how to better reach and support families from all our communities. The Local Maternity and Neonatal System which oversees maternity care across Kent and Medway will be responsible for implementing the plan.

We will feedback to you and your community on what has happened as a result, and we are also keen to involve families going forward.

Support and queries

Speaking about experiences of maternity, childbirth and caring for small babies is very personal and some of the experiences may be difficult for people to talk about and difficult to listen to. Please make sure that any facilitators or researchers understand the confidential nature of the topic, that they are aware of your safeguarding policies and that they have access to support. We have compiled some sources of support if individual mothers or families need signposting to help in the attached contact list.

For any further support or if issues are raised, please contact Bobbie, Aby, or Clare in the engagement team at Kent and Medway CCG and we will do our best to help: kmccg.engage@nhs.net

Recording the information

Please ensure that the following information is recorded:

- Date and venue where group discussion takes place.
- Number of participants
- Information about which community participants are from (ethnicity and Neighbourhood they live in)

- Answers to all the questions below – summarised key points with as many examples as possible and WITH QUOTES, please!
- Any contact details from participants who want to get involved further.

FOCUS GROUP DISCUSSION GUIDE

1.	Welcome and Introduction: Welcome everyone and thank them for taking part, assure them their views are important. Introduce self and any co-facilitators/note takers. Explain that notes will be taken and, if needed, a recording made. Assure the participants that any notes or recordings will only be used to make a record of the answers and that no names will be included. The discussions will be anonymous. Encourage people to answer as truthfully as possible. Please ask everyone to refrain from discussing the comments of other group members outside the focus group as there may be some personal and sensitive information shared. This discussion is about maternity services in Kent and Medway. The NHS in Kent and Medway wants to improve maternity services to make sure they work well for all our communities. We want to learn from the positives and negatives of your experiences and listen to your views. Your feedback will help us make services better for everyone. This will feed into a plan to reduce inequalities in maternity services.
1.2	If required: Ground rules, warm-up: If appropriate we suggest you agree on some ground rules for a group discussion on this sensitive subject – for instance: • Being aware that others may share personal and difficult information. • Only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished. • There are no right or wrong answers.

	• When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you. • You do not have to agree with the views of other people in the group. • Any ground rules around using an online format if using (ie staying on mute, cameras on if possible) Check whether anyone has any questions and if they understand the focus of this discussion. Ask everyone to introduce themselves, names will not be recorded. Any further warm-up – ie names and ages of children.
2.	Maternity care – where and when Ask which years people used maternity services in the last five years, (when they gave birth) and which service or hospital they used. Find out whether they used services themselves or whether they are family or other supporters. Overall: how would you rate the maternity care you got? On a scale of 1 (Awful) to 10 (extremely good)?
3	First contact with services Concentrating on the last pregnancy or birth – find out roughly how many weeks pregnant were the participants when they first contacted health services. Which service did they contact first (GP, local hospital, community midwifery) If anyone did not contact services at all – please ask why this was. If services were contacted after 4 months or after around 16 weeks pregnancy, please find out why this was. (reasons for not getting in touch earlier)
4	Preparation for pregnancy Did you, (or your partner/family member) prepare in any way to be healthy before becoming pregnant? (this could be both physical and mental preparation, for instance stopping smoking, taking supplements, or seeking support for a condition). Looking back, is there any action you would have liked to have taken or support you would have liked to help be healthy before becoming pregnant?
5	What was good about the experience of maternity services? Please tell us what was good about the support and help you got, about maternity services overall:

	• during the pregnancy • during delivery (giving birth) • and after the baby was born or after delivery
6.	What did not work so well about maternity services for you or your family? Please tell us what worked less well (what was bad): • during the pregnancy • during delivery (giving birth) • and after the baby was born or after delivery
7.	Information and support Who did you go to for support if you had any concerns or worries during your pregnancy or when your baby was young? (i.e. family members, midwife, health visitor, GP) (find out why they chose to go here?) What information did you get about pregnancy and birth – was it helpful? What could have improved the information you received?
8.	Cultural customs Are there any cultural customs and traditions of maternity care that you would like the NHS to know about? Please tell us about them.
9.	Improving NHS maternity services in Kent and Medway How can maternity services be improved? What would make the experience better for you and other families? Do you have any other feedback you would like to give about maternity?
10.	Staying in touch, next steps, close Thank people for their time, and reiterate that all information given will be treated in confidence and that names will not be recorded. Provide any support or help information which may be required. Tell the group that you are writing a report, that this will be sent to the NHS to feed into a plan and that the NHS will tell communities what has happened as a result.

	The NHS would like to stay in touch with some of the families who have given us their views by inviting them to a workshop in the Autumn to look at the findings and hear from the NHS about what will happen next. If anyone is interested, please record their names and email addresses. The details will be shared with the engagement team at NHS Kent and Medway only for further involvement in maternity improvement work.

Appendix Three

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CONSENT FORM

Title of Project:	**Perinatal Inequalities Engagement with Families, June 2022**
Names of Consultant/Facilitator:	**Diversity House**

Contact details:

Address:	***Diversity House***	

	ISP House **Church Street** **Sittingbourne** **Kent ME10 3EG**	
Tel:	**01795420455**	
Email:	**info@diversityhouse.org.uk**	

Please initial box

1.	**I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions.**	
2.	**I confirm that I agree to be interviewed face-to-face or via zoom and for the proceedings recorded for data analysis.**	
3	**I agree to an audio/visual recording during the interviews**	
4.	**I understand that any personal information that I provide to the researchers will be kept strictly confidential and in line with Diversity House Research Privacy Notice**	
5.	**I understand that my participation is voluntary and that I am free to withdraw my participation two weeks after the discussion without giving a reason.**	
6	**I agree to anonymised quotes being used in the study, presentations and publications.**	
7	**I agree to take part in the above project.**	
7.		

Name of Participant:	**Date:**	**Signature:**
Name of person taking consent *(if different from the researcher)*	**Date:**	**Signature:**

Researcher:	Date:	Signature:

Copies: **1 for participant**
1 for researcher