

# MATERNITY EQUITY CONVERSATIONS

A qualitative evaluation

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## **A Qualitative Evaluation of the Maternity Equity Conversations**

Dr. Ebele Mogo, November 2023

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The Maternity Equity Conversations were co-produced and delivered by the Maternity Equity Collaborative in partnership with The Jen Group.

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# EXECUTIVE SUMMARY

Racial and socioeconomic inequities in the United Kingdom impact marginalized groups interacting with the National Health Services (NHS). This contributes to poor access to healthcare, poor maternal health outcomes, and suboptimal working experiences for marginalized groups. A proposed training module by the Jen Group senior partners aimed to contribute to addressing these inequities. It ultimately evolved into the Maternity Equity Conversations, marking a shift towards a co-production approach, rooted in the lived experiences of those it aimed to serve, to ensure its resonance with the target demographic.

This report details a qualitative evaluation of the project including interviews and focus groups with the Jen Group senior partners, the Maternity Equity Collaborative partners, and participants. Through tailored questions, the evaluations aimed to capture motivations behind all stakeholders' involvement, their experiences of the project, perceived facilitators and barriers, and the perceived impact of the project.

Identified drivers of involvement in the Maternity Equity Conversations included an awareness of national-level health inequities, existing institutional will, and strategic relationships that served as a catalyst for funding. Lived and professional experiences of maternity inequity contributed to an interest in co-producing the conversations. Additionally, personal awareness of a capacity gap among health system staff was a catalyst for their willingness to engage with the Maternity Equity Conversations.

Regarding the impact of the Maternity Equity Conversations, The Jen Group senior partners, Maternity Equity Collaborative partners, and participants all echoed a shift in their understanding and approach to maternity inequities, as well as a sense of personal growth that continues to shape their interactions with community, staff, and service users, depending on their sphere of influence. The thoughtful facilitation of safe dialogue, the use of visual aids, and the availability of resources to support continued engagement were valuable in creating these outcomes.

However, the journey was not without its challenges. The Maternity Equity Collaborative partners faced attrition over time, a typical challenge in long-term projects. Another challenge was the task of cohesively and productively converging diverse views particularly given the complexity of the topic. Participants, on the other hand, reported experiencing significant discomfort when initially faced with their biases, which while challenging was a crucial part of the growth process.

The Maternity Equity Conversations offer valuable insights, first on the process of co-producing initiatives to reflect the expertise of groups they are intended to impact, as well as on addressing racial and socioeconomic inequities in maternity care, with potential applications to other systems that report marked inequities. The evaluations reflect an aspiration from the Maternity Equity Collaborative partners to expand the project's representativeness and drive a long-term culture shift in the health system.

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# INTRODUCTION

Maternity care, a critical component of healthcare, is marked by pronounced socioeconomic and racial disparities. In the United Kingdom, systemic challenges stemming from entrenched biases and structural inequities affect marginalised communities, particularly women and families from Black, Asian, and Mixed ethnic groups[i] as well as those living in poverty. Additionally, staff from Black, Asian, and other minority groups in the UK National Health Services (NHS) report poorer experiences working within the NHS[ii]. This inequity not only affects the quality of care provision but also impacts outcomes for service users and the maternity workforce. Recognising this, it is crucial to implement initiatives that prioritise inclusive and equitable service delivery.

An initial proposal spearheaded by The Jen Group aimed to engage local stakeholders to design and deliver a training module on addressing inequities within the maternity workforce. However, upon critical evaluation, concerns arose regarding the potential inauthenticity of such a unilateral approach. A refined strategy was then developed in discussions with the initial stakeholder, with the goal of involving a diverse cohort of partners in an intensive co-production and delivery process. Potential partners were to be reflective of varied backgrounds, offering a rich tapestry of lived and/or professional experiences related to socioeconomic and racial inequity. Partners were recruited through networking, electronic flyers, and continuous interaction.

After onboarding, co-production meetings were initiated and anchored in recognising individuals as assets, fostering mutual relationships, and facilitating a space for improved capacity to address maternity inequities. The co-production group was eventually named the Maternity Equity Collaborative, the members being called partners, and their output called the Maternity Equity Conversations. The conversations emphasised the creation of a supportive space for dialogue on maternity equity which enhanced understanding, challenged inequitable practices, and catalysed safe and trauma-informed practices. After participating in the Maternity Equity Conversations, health system staff were asked to gauge improvements in their understanding of maternity equity, their knowledge of the impact of inequity within maternity and neonatal services, their skills in championing equity within these services, and their ability to counter inequitable practices. Participants provided feedback through immediate post-course evaluations as well as detailed reflections sent via email after the course. Additionally, the Maternity Equity Collaborative's partners offered reflections on the project's overall execution.

This report details a qualitative evaluation conducted with a variety of stakeholders, during the weeks of October 2nd and 9th 2023. They include:

- The Jen Group senior partners who were commissioned to do the work.
- The Maternity Equity Collaborative partners, consisting of individuals with lived experiences who co-produced the Maternity Equity Conversations.
- Staff from the health system who participated in the Maternity Equity Conversations.

This report aims to complement earlier evaluations, providing a comprehensive understanding of the pilot's impact and informing future iterations of the Maternity Equity Conversations.

[i] <https://www.npeu.ox.ac.uk/mbrace-uk/reports>

[ii] <https://www.england.nhs.uk/long-read/nhs-workforce-race-equality-standard-wres2022-data-analysis-report-for-nhs-trusts/>

# APPROACH TO THIS EVALUATION

This evaluation of the Maternity Equity Conversations aimed to capture the multifaceted experiences of the stakeholders involved in more depth. To do so, focus groups and/or interviews were conducted with participants, partners in the Maternity Equity Collaborative, and the Jen Group senior partners. To ensure a structured and comprehensive approach, focus group questions (FGQs) were prepared and administered through a series of Zoom sessions. The appendix includes the FGQs tailored for each group.

Each of these stakeholder groups participated in designated sessions. For the two Jen Group senior partners, a 30-minute session was organised. Participants were interviewed individually to ensure that each person had the undivided platform to share their perspectives. Two Maternity Equity Collaborative partners were interviewed simultaneously. Barring the Jen Group senior partners' meeting which lasted approximately thirty minutes, all other sessions approximately an hour. To ensure adherence to ethical research practices, informed consent for video and audio recording was sought from participants by the Jen Group senior partners before the session and orally by the qualitative evaluator at the start of each Zoom call.

Upon concluding the interview sessions, the recordings were transcribed using Otter.ai, converting spoken words into structured textual data. Thematic analysis, an iterative process designed to systematically extract and understand patterns from data<sup>[i]</sup>, was used in synthesising key findings from the conversations. This method started with gaining familiarity with the data and then transitioning to the initial coding phase. Distinct segments from participants' narratives, indicative of the

participants' insights, were highlighted and assigned specific codes which were grouped to develop overarching themes. These themes provided a comprehensive overview of the research subject and a thorough understanding of participants' experiences and perspectives. The themes were also constantly refined to ensure a genuine representation of the dataset.

There are recognised limitations in the approach. The participant selection, primarily based on interest, might have skewed the results towards more favourable views of the programme. Additionally, given that the evaluations involved a cohort primarily consisting of mothers and maternity service providers with demanding timetables, there is a possibility that a full saturation of perspectives was not achieved. Additionally, participant recording also involved generating documentation for the project, thereby reducing anonymity and possibly influencing the shared perspectives.

To address these limitations and improve the thoroughness of the feedback gathered, input was sought from stakeholders who played diverse roles in the Maternity Equity Conversations, including shaping, co-producing and participating, providing a rounded perspective. Materials were transcribed, and focus group questionnaires were predetermined, ensuring a systematic and consistent approach. Thematic analysis was used with the aim of adequately synthesising participants' feedback. Participants were also informed that their candid feedback was invaluable in encouraging more honest reflections.

i] <https://www.sciencedirect.com/topics/social-sciences/thematic-analysis>

# KEY FINDINGS

## Drivers of the Jen Group Senior Partners' Involvement

The focus group interviews aimed to understand the varied stakeholders' motivations for participating in the project. In examining the catalysts for the project, a series of intertwined drivers that influenced the Jen Group senior partners' engagement were identified.

## National-Level Data & Health Inequity Awareness

National-level data has previously highlighted the vulnerabilities of mothers and babies from Black, Asian, and mixed heritage backgrounds and their inequitable outcomes from maternity care services. This data underscored the gravity of the situation and brought to light the need for an intervention such as the Maternity Equity Conversations.

One senior partner elaborated:

“

*The LMNS[i] had a strategy ... addressing health inequalities for mothers and babies from Black, Asian, and mixed heritage backgrounds... And also race equality for staff... So ... the Commissioner was hugely interested and hugely invested in this agenda.*

”

Crucial to the project's momentum was the prevailing sentiment at the local level, further fueled by notable national reports like the MBRRACE-UK report[i]. These reports highlighted the gravity and scope of the challenges, solidifying the resolve at various levels to address maternity inequity disparities.

As one senior partner noted:

“

*There were lots of national drivers... this data is coming from about those inequities... the funding panel was largely looking at how we could address some of the issues raised in those two main major national reports as well.*

”

## Existing Relationships & Strategic Involvement

Pre-established relationships with key decision-makers proved to be pivotal. These ties not only facilitated an avenue for involvement but also charted a more strategic approach to tackling the identified challenges, facilitating the funding of the project that became the Maternity Equity Conversations.

i] Local Maternity and Neonatal System

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A senior partner recounted:



*It was actually via a contact that I had from a previous job... So, she asked us to put in a proposal to deliver some cultural competency training... the funding was agreed for the project.*



A blend of established relationships, national imperatives, and growing local interest enabled the allocation of funding for the project.

# CO-PRODUCTION

## Preparation

The project's co-production approach unfolded in two stages. In the initial phase, the Jen Group senior partners deliberated on the optimal format for the project. After careful analysis and consultations, they realised the need for a more inclusive methodology that prioritised firsthand experiences over conventional hierarchical structures. This insight transitioned the project into its second phase: the implementation of a genuine co-production strategy. In this phase, decision-making power was intentionally democratised, ensuring service users had significant influence. These users were recognised as essential collaborators, appropriately compensated for their contributions, and treated with consistent respect.

## Reassessing Initial Approaches and Ethical Considerations

Initial plans to approach the project involved consulting with stakeholders, including service user representatives, through focus groups, surveys, and interviews. However, due to moral and ethical concerns, there was a shift in this initial plan. Particularly, the Jen Group senior partners' identities as white women raised questions about the authenticity and ethics of solely designing a programme that was intended for diverse communities.

As a result, they reassessed the approach to prioritise co-production:

“

*We approached the commissioner and said that we're not feeling comfortable with this. We want this to be a co-production project; we want to hand over that power to the service users... and us to facilitate it.*

”

## Incorporating Diverse Perspectives and Extensive Research

The Jen Group senior partners gathered insights from their mixed heritage families, colleagues from diverse backgrounds and immersed themselves in readings and accounts that spoke about the experiences of various communities.

National reports and narratives which highlighted specific community experiences, like Muslim women and black women, also became integral in shaping their approach:

“

*You know, we're stakeholders in this because my family is mixed heritage... Lots of reading around... So, there's one called Invisible, which is about Muslim women's experiences and one called Birthrights, about black women's experiences. So, all of those things informed our approach.*

”

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## Prioritising Partnership and Respect

The Jen Group senior partners adopted the principle of partnership, which involved treating everyone involved, especially those providing lived experiences, as valued partners. This respect was shown by compensating individuals for their time and expertise, and working flexibly with the availabilities of the group, a practice that stood out, especially for those who previously offered their experiences without any reward:

“

*...it was about us taking a step back really... And we, you know, that was a deliberate use of language from the very beginning... part of that was paying them which was a surprise for some of them because they had been used by services in the past to provide their lived experience expertise and had not been rewarded for it.*

”

## Embracing Lived Experience and Co-Production

The importance of drawing from personal lived experiences to inform the project was evident. By acknowledging and valuing their personal journeys and challenges, the Jen Group senior partners were better able to understand and advocate for genuine co-production:

“

*my own lived experience of having been through a mental health journey brought me into the place of co-production...and understanding it from both sides.*

”

Collectively, these themes depict a shift from traditional project approaches towards one that was collaboratively designed, deeply researched, and rooted in respect and partnership.

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## Drivers of Maternity Equity Collaborative Partners' Involvement

The Maternity Equity Collaborative partners' involvement in the project was influenced by several interconnected factors.

### Direct Experience with Maternity Services

Partners were frequently in contact with maternity service users. Their interactions gave them firsthand knowledge of the challenges faced by women and families.

A partner explained:

“

*I am quite heavily involved in maternity work... And then when I saw this opportunity, I felt that through this experience, I would be able to convey the stories of the people I've listened to... and aim to enhance the maternity experience for service users because I'm also a service user.*

”

### Commitment to Addressing Health Inequalities

The desire to actively rectify health disparities was another motivator for partners, particularly those already in the healthcare space.

Reflecting on this, a partner shared:

“

*But I saw it and thought, I'd like to be part of that because a lot of the work I was doing was around health inequalities.*

”

### Personal Interactions with Maternity Services

The personal experiences of partners with maternity services were another motivating factor. Their encounters made them uniquely positioned to empathise with and represent the needs of the target users.

This sentiment was captured by a partner:

“

*"being someone who had been through maternity services locally, at least twice by that point, I was keen to be involved... and represent those facing health inequalities."*

”

The reasons listed above show that partners were motivated by a variety of professional, altruistic, and personal motives to partake in the project.

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## Approach

The Maternity Equity Collaborative partners were interviewed about their approach to co-production and the methodologies they employed throughout the collaboration. Their insights offer a window into the nuances and considerations that shaped their co-production journey. The subsequent sections delineate their perspectives, supported by direct quotes to provide a comprehensive picture of their approach.

“

*... we wanted it to be the best thing ever that we could deliver.*

”

## Recruitment and Onboarding

Partners underwent a selection process, as illustrated by the quote below:

“

*Now and then they had an interview with me and then we... later on, we created the Maternity Equity Collaborative.*

”

## Iterative decision-making

This involved continuous discussions, taking votes, and prioritising group consensus over individual ideas. A representative quote captures this approach:

“

*And then we'd come to the group's decision a lot of time by just taking a vote as well...*

”

As the discussions progressed, the group's understanding and aspirations for the project evolved from a course to a conversation:

“

*Initially, we wanted to do a training course... we ended up that we would make it a conversation.*

”

## Deep Engagement with the Topic

Participants connected personally with the material. This is evidenced by the commitment to finetuning resources and content to avoid potential harm and ensure relevance. Beyond the inclusion of personal experiences, external research was employed to examine various resources and ensure the materials chosen were suitable.

The project shifted from a structured training approach to fostering open conversations – ‘Maternity Equity Conversations.’ This decision stemmed from recognising the complexities of the topic and the need for safe spaces for discussion:

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*So that we can get everyone to feel... comfortable first and foremost to have the conversation.*



The group remained open to change, learning from each session, and adjusting the approach accordingly, and this evolution is still ongoing:



*And it is still evolving as we continue to have discussions and we continue to learn from each other, even after the project.*



These themes highlight the Maternity Equity Collaborative's dedication to creating a thoughtful, adaptable, and collaborative project that prioritised the lived experiences and insights of each of its partners.

## Facilitators

From the focus group interviews with the Maternity Equity Collaborative partners, several key aspects that made their collaboration more effective and fulfilling were identified. These factors ranged from logistical elements to interpersonal dynamics. The following sections detail their experiences, supplemented with direct quotes from partners for a richer understanding.

## Support in Modeling a Safe Space

The expertise of the Jen Group senior partners was viewed as pivotal in guiding the co-production process. Their approach to facilitation was viewed as supportive in creating a nurturing environment, enabling participants to share freely, even in moments of vulnerability.



*I think one of the big strengths was working with the Jen Group, so I really appreciated their expertise, their background that they had in training in how to facilitate working together, coproduction, call it whatever you want to.*



## Diverse Experiences of the Group

The richness and diversity of experiences within the group acted as a bedrock for informed discussions. Participants acknowledged and respected each other's unique experiences, from personal maternity stories to professional insights.



*So, for instance, out of the group, ... we recently had children and had used the maternity services... we had experience with it firsthand.*



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## Co-producing Without Hierarchies

The group's dynamics were notably egalitarian, with members expressing a sense of feeling valued and heard. The absence of a defined hierarchy fostered an atmosphere of mutual respect, allowing each participant's perspective to shine.

“

*There was no sort of hierarchy... everyone brought something valuable to the table. Experiencing that was a really unique experience for me.*

”

## Learning in an Environment of Psychological Safety

The co-production process was not just about producing an outcome but also about individual and collective growth. Interviewees noted a culture where self-reflection was encouraged, but in a manner that ensured individuals felt secure. This balance was considered key in allowing participants to honestly assess their feelings and biases.

“

*How do you hold a safe space for yourself ... when things start to become a little bit more difficult? What are the tools that you have and that you can glean from other people in the group to create a safe space for yourself?*

”

Emotional intelligence and compassionate interactions were consistent themes throughout the process. Members supported one another during challenging discussions, ensuring everyone felt safe and understood.

“

*... I remember thinking wow, what a way to hold a safe space that she's let me unload. But at the same time, she's saying but you do what you're comfortable with*

”

Disagreements and differences in opinion were not seen as obstacles but as opportunities for growth and understanding. The group's approach to such instances was always rooted in respect, allowing for constructive and collaborative resolutions.

“

*And then there's the other side of then hearing someone else's experience and their thoughts about a particular situation for which they're passionate about, and then being respectful.*

”

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## Time

Time was considered a valuable resource. In the absence of intense time pressures, participants felt free to deeply consider issues and to allow space for reflection, thus revisiting them with fresh perspectives.



*Like if we felt that something just didn't sit right, to just take a breath, take a pause, and then come back to it again at a later stage.*



## Challenges

Partners were also prompted to reflect upon and articulate some of the challenges they encountered. These challenges are common to any collaborative effort, but it was important to explore them given the sensitive nature of the topic at hand and the diverse backgrounds of the participants. The following sections delve into the primary challenges identified by the partners, supplemented by their personal accounts to provide more insight into their experiences.

## Convergence of Diverse Opinions

Integrating a plethora of diverse experiences, journeys, and expertise into a unified decision-making process was considered both challenging and worthwhile. The group was a rich fusion of varying perspectives. While these differences enriched conversations, they occasionally led to discomfort. The group's awareness of the potential ramifications of their decisions, especially when it came to the safety and

comfort of participants, further intensified this challenge. However, the group learned to embrace these moments of discord, using them as opportunities for introspection and growth.



*We all come with our own experiences, our own journeys, our own expertise that we bring. And it was really difficult actually sometimes to figure out what decisions should be made in relation to specific things.*



*We all had such different views in regard to all the things that we discussed. And so, it was really nice to have moments where there was a bit of silence and you realise that oh, well, that's a different opinion.*



## Staying Focused

The early stages of collaboration were marked by enthusiastic discussions about equity and personal stories. While these interactions were illuminating, balancing them with maintaining a focus on achieving the goal of the project was considered somewhat difficult, particularly given the complexity of the project.



*But it was really hard to stay focused on the task ahead as well because there's just so many layers to what we're looking at and how do we start, where do we start?"*



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## Attrition

The group also faced some attrition, leading to the emergence of a core group that carried the mandate forward, with varying levels of participation among its members.

“

*I think what happened was just different people had different priorities at the time and so a few people along the way, had to drop off for whatever reason.*

”

## Time

While expressing appreciation for the time to consider issues in more depth, there was also an expressed desire for more time to delve deeper into the multifaceted issues faced by ethnic minority groups in maternity services. The allotted time was considered a limiting factor in their capacity to comprehensively research and understand the complex layers of maternity inequity and its drivers.

“

*I wish there had been more time actually for researching and studying and really going into depth about the issues that women face in maternity services, especially for those ethnic minority groups.*

”

Therefore, there was a sense that thorough exploration would have required additional time.

“

*Although we managed to look at it from a service user perspective, in terms of experiences mentioned, when you look at statistics and data, I don't think we've been able to do it justice.*

”

## Drivers of Participants' Involvement

### Bridging the Gap

Participants' involvement was influenced by their awareness of existing gaps in their professional knowledge and skills. Participants perceived the project as a pivotal point for personal and professional growth, enhancing their expertise, understanding community needs, and self-assessment.

Expressing this sentiment, one participant shared:

“

*And I felt like I didn't have that knowledge and that skill set, and I saw this as an opportunity to bridge that gap, so I thought, I'm gonna do this.*

”

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## Seeking Better Cultural Understanding

Another motivating factor for participants was the aspiration to improve their cultural understanding and communication techniques to better serve ethnic minorities. Recognising the present challenges in community outreach, they highlighted the importance of better-informed strategies:

“

*I really wanted to learn about how I can encompass protected characteristics and communicate better with the community... Is it that we're not providing enough information in different languages? I wanted to hear from the service users on how we can help*

”

## Desire for Reflective Practice

Participants viewed the Maternity Equity Conversations as a space for introspection and reflective practice. The unique content of the conversations thus influenced their decision to join:

“

*Because I've never had an opportunity to have that style of training before... I wanted to sense check my own understanding and make sure I was on the right page for everybody, as it's not something that we've had offered to us before.*

”

# PARTICIPANTS' EXPERIENCES

The interviews also sought to explore participants' experiences of being on the receiving end of the Maternity Equity Conversations. Some of the key reflections are discussed below.

## Facilitators

### Interactive Learning

The interactive nature of the Maternity Equity Conversations was a recurring theme in participants' feedback. The interactive style of the content fostered open and meaningful discussions. Participants appreciated the willingness of their fellow participants to engage in conversations and share their perspectives. They found this interaction to be facilitated effectively by both the leads and service users.

One participant noted,

“

*I think it was more the sort of interaction between the participants that was really nicely facilitated by the sort of the leads and the service user.*

”

Also appreciated was the opportunity for anonymous feedback and questions, as highlighted in the following quote:

“

*There were parts of the day where you could give anonymous feedback and questions which was great as well. So very interactive.*

”

### Impactful Visual Aids

The use of visual aids left a lasting impression, with participants sharing specific examples. In reflecting on a medical visual aid featuring a black pregnant mother, a participant expressed,

“

*It had never struck me that all of the pictures and, you know, the anatomy, all of the things that I was taught with...were of white people.*

”

### Diverse Perspectives

The presence of service users during the conversations enriched discussions and provided deeper insights into the topics covered. Participants valued the opportunity to learn from these diverse perspectives.

In discussing the feedback received from a service user-partner pair, one participant noted,

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“

*The lady that was sort of running it said basically you should see a brown or a black baby. And with that, you should have it in your head. This person, this woman is five times more likely to die, this baby is so you should have those steps in your head. That's what should be in your head.*

”

## Access to Local Networks

Participants expressed the positive impact of the conversations in connecting them to valuable networks and resources for their continued growth. One participant noted,

“

*So, you felt like you were plugged into other networks and resources to support you going forward.*

”

## Calm and Supportive Facilitation

The Maternity Equity Collaborative partners' calm and supportive approach played a pivotal role in creating a safe learning environment. Participants felt they could freely express their thoughts, even when discussing challenging topics. Partners' kindness and the space provided for thoughtful engagement were highly regarded.

One participant mentioned,

“

*I think that the lady that did that was just very calm, and very, very kind... she just allowed you the space to be challenged.*

”

## Challenges

## Discomfort

Participants experienced moments of discomfort and introspection during the conversations, which were considered helpful in the long term but uncomfortable in the moment. They grappled with their own biases and were discomfited in the space between their sense of good intentions and the impact of their actions. A particular area of struggle for participants was with the perception that they were being viewed as racist. These moments of doubt and introspection were challenging and participants often required time, space and relationships to manage their emotional impact.

The quotes below provide examples of participants' experiences:

“

*I find it really unsettling...like who am I actually like what is going on here? Because for other people to view me as racist, really, like really upset my soul.*

”

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“

*I really hadn't thought about microaggressions...one that really stands out to me was we often call our patients ladies...I hadn't really thought of it like that.*

”

“

*I felt like I actually came away from it feeling like, I'm perceived as a racist...I had no idea.*

”

In summary, the experience was marked by enriched learning, including interactivity, impactful visuals, diverse perspectives, and effective facilitation. Nevertheless, it also presented challenges related to discomfort and self-reflection, highlighting the complexity of discussions around race and bias.

# IMPACT

In a bid to understand the influence of the co-produced materials on different groups, the three sets of interviewees were asked about their experiences and insights:

## Impact on The Jen Group Senior Partners

### Approach to Advocating for Change

The Jen Group senior partners reflected on the importance of and fulfilment that came from the experience of creating safe spaces for open conversations. One noted that their approach to advocacy has changed, emphasising listening over confrontation. The conversations were seen as encouraging self-reflection and an understanding that advocating for change is a complex process, often requiring patience and understanding.

“

*The strength of the conversations were the Maternity Equity Conversations were very much about providing a safe space where anybody from those services could access together and to create that safety where those questions could be posed, and those statistics and images could be used as prompts. And those conversations could be had where people could actually start just processing for themselves thinking things through for themselves.*

”

## Fulfillment

The process of co-production, though messy and challenging, was deeply rewarding for the Jen Group senior partners. They likened it to creating art, full of doubts and challenges, but ultimately beautiful in its outcome.

“

*And it's just so rewarding. When you've gone through a messy process it's a bit like creating something, you know, creating art, it gets messy and you're doubtful, and you're wondering whether it's going to happen or not. And then it does and it's just it's a beautiful, beautiful thing.*

”

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## Impact on Participants

### Self-reflection

Engaging with the co-produced materials had a profound impact on participants' awareness of racial disparities. It facilitated a shift in their perspective, encouraging them to view societal constructs and personal experiences through an equity-focused lens. Participants began to be more attentive to social and cultural biases in their own lived experiences and those of others. Furthermore, this exposure prompted participants to reflect on their positions of power, recognising the need to be conscious of the inadvertent perpetuation of inequities. They expressed a growing desire to deconstruct these perceived barriers and create a more approachable atmosphere.

“

*Because my mom's French, my dad's half French, half English. I was brought up in Ireland...when you got kneecapped in Ireland, if you were the wrong religion or whatever.*

”

“

*Because I always have an open-door policy...it's their perception of barriers that are there. So, for me, I found it really interesting and how I can break those barriers down.*

”

## Discomfort as Consciousness Raising

Participants acknowledged that the uncomfortable discussions the Maternity Equity Conversations triggered were essential for raising their consciousness about equity issues. These conversations pushed them out of their comfort zones but also sensitised them to various issues. Despite the initial discomfort, participants recognised the necessity of such conversations and how they contributed to their personal growth.

“

*So actually, as uncomfortable as it was, and as unsettling as it was, I wouldn't actually change it because it had the effect that it needed to.*

”

## Skills and Confidence to be Upstanders

Participants felt that the safe space provided during the conversations gave them the skills and confidence to handle challenging conversations outside those confines. They became more adept at navigating complex discussions, and thoughtful about ensuring that everyone felt heard and respected. This newfound confidence extended to addressing issues related to diversity, equity, and inclusion in their professional roles.

## A Qualitative Evaluation of the Maternity Equity Conversations

“

*I think having that safe space in me being in those professionals in that safe space, probably gave us more confidence to have those conversations outside of that area as well.*

”

Participants also cited tangible examples of how they had used the perspective shift in their ongoing work, with a focus on going from passive observers to active upstanders and allies.

“

*And so, I've started working with EDI[i] midwives on a little project and it seems like such a tiny thing, but it's you know how to say somebody's name. So many people are or their names aren't pronounced properly or they choose to have a westernised name because people don't know how to say their name. And you know, and it's, it's massive and I thought, Okay, ...I'm gonna see if I can support as a member of the senior leadership team a way to advertise that and make people understand.*

”

“

*We've got a non-binary midwife joining us now...I'm already thinking, Where am I going to get them changing facilities, they're not going to be able to use our changing rooms, you know, stuff like that. So, we've preempted those conversations in those thoughts before that employee's joined us. I think that's given us definitely made us think global, for sure.*

”

### Impact on the Maternity Equity Collaborative Partners

### Learning How to Make Others Feel Heard

The Maternity Equity Collaborative partners expressed a sense of personal growth through their involvement in the collaborative. This included developing the skills to actively listen, respect diverse perspectives, and ensure that the voices of people they engage in conversation are heard, creating a culture of genuine collaboration and reflection.

As one partner noted,

“

*I walked away thinking oh, wow, so this is what group work looks like. Because I've never been great at group work.*

”

[i] Equality Diversity and Inclusion

## A Qualitative Evaluation of the Maternity Equity Conversations

“

*It's about life skills...what it looks like to listen to one another what it looks like to respect one another what it looks like to appreciate that we all have different experiences and different views.*

”

“

*And I think another thing as well is that it is okay to have a different opinion but how I think now it's how do I put my opinion across even though it will be different from yours... how do I appreciate your opinion and actually, sometimes it's okay to get to a place to say we agree to disagree.*

”

### Continual Growth and Reflection

The experience of co-producing the Maternity Equity Conversations was also perceived as having a lasting impact, not only directly through their involvement in the project but also in their professional lives and work in their communities.

As one partner reflected,

“

*And I mean, it's quite funny because even now, when I go back in the community, and I speak to people, my perspective on how I engage and hear different people's voices and value them has shifted, it has changed.*

”

### Improved Capacity to Facilitate Growth for Others

The partners expressed an improved capacity to also support the learning of others and to promote growth and self-reflection for others even when addressing uncomfortable topics. This learning was also demonstrated when the co-production sessions culminated in the Maternity Equity Conversations which they delivered.

This is evident in these words:

“

*And I think that's what we brought along with us on the maternity equity collaborative journey. We wanted people to be in the room with us, be present, very present. But be comfortable, be comfortable with the uncomfortable, be comfortable and feel safe enough to actually express their true views and be comfortable enough to reflect on things in their life that maybe did make them feel uncomfortable.”*

”

# FUTURE OF THE MATERNITY EQUITY CONVERSATIONS

The Maternity Equity Collaborative partners expressed a sense of personal growth through their involvement in the collaborative. This included developing the skills to actively listen, respect diverse perspectives, and ensure that the voices of people they engage in conversation are heard, creating a culture of genuine collaboration and reflection.

The partners expressed their deep-rooted hopes for the future of the Maternity Equity Conversations, grounded in the lessons learned through their involvement in the project.

## Continuity and Scale

The partners expressed their hopes for continuity and scale in the project. They emphasised the importance of addressing issues with the relationships they have built and expanding the initiative to involve more stakeholders. One partner stated,

“

*Okay, I hope then the next phase we can, things can be addressed and with the people that we've built these relationships with.*

”

## Inclusion of More People with Influence

They also discussed the need to engage more people in the conversations with the belief that involving individuals with influence within maternity services would be beneficial. One partner expressed:

“

*The first thing on my mind would be that we're able to get more people around the table to have these conversations... have different leaders within maternity services in the space to then maybe look at having some sort of conversation or training for them because they have a lot of influence.*

”

# A Qualitative Evaluation of the Maternity Equity Conversations

## More Representation

Partners expressed an interest in co-producing materials like the Maternity Equity Conversations with a wider set of groups that experience health inequalities so that voices that have not been heard in the project so far can be included.

One partner emphasised:

“

*The next step would be to possibly have more co-production with other families...so that we can get other voices as well that suffer health inequalities.*

”

## Extending the Mandate

Expanding the project's mandate to include other services beyond maternity, for which inequities exist, was discussed.

“

*And then I think the next would be to be able to roll this out in different contexts as well. So that could be again, other services, public services, we can look at the police.*

”

## Driving Long-Term Culture Shifts in Maternity Services

Ultimately, the partners aspire to drive a long-term culture shift in maternity services within the NHS where service users feel safe and free to ask questions and receive personalised care without judgment. A desire for a complete culture shift in the way maternity services are delivered was expressed.

“

*I would like to see change as a culture shift in maternity services in the NHS, whether that's within the workforce, whether it's the way service users access maternity services, just a complete culture shift, so people walk into birth centres, hospitals, whatever it might be midwifery-led units, and feel safe, safe enough to ask questions, answer questions, and not feel judged and have personalised care.*

”

These hopes and aspirations reflect the partners' commitment to making a lasting and meaningful impact on maternity services and addressing health inequalities.

# CONCLUSION

From the Jen Group senior partners to the Maternity Equity Collaborative partners to the participants, the feedback obtained has shed light on the processes, experiences, and potential impact of the Maternity Equity Conversations. Coupled with other measures, such as feedback forms given to participants, it is hoped that this report contributes to a holistic perspective of the programme that can accentuate its commendable strengths and the development of areas warranting consideration in its future evolution.



# APPENDIX

## Focus Group Questionnaire – Maternity Equity Conversations Participants

### **Introduction:**

Good day everyone, my name is Ebele Mogo. I am a public health doctor, and I will be supporting the evaluation of the Maternity Equity Conversations. I have prepared a set of questions to help me understand your experience participating in the conversations. These questions are exploratory and not prescriptive, allowing room for us to take the conversation in new directions. I understand that some questions may be sensitive; please feel free to pass on any question you do not feel comfortable answering. Remember, there are no right or wrong answers. Also, these conversations will be recorded to support the analysis. Some of the material may be used in documenting the project. Can we go round the room and get each person's verbal consent for the recording of this conversation?

Before we begin, do you have any questions for me?

### **Questions:**

1. To start, I would love it if we could go around the room and everyone can share their name and how they came to learn about the Maternity Equity Conversations.
  - What made you decide to participate?
2. I would like to know your perception of the style of the conversations
  - How did you find the length?
  - How did you find the content?
  - What aspects, if any, did you find most beneficial or impactful?
  - Did you face any challenges during the conversations? If so, could you please share them?
3. Did participating in the conversations impact you personally?
  - If so, in what ways?
4. Were there moments that you felt were pivotal or had a significant impact on your learning?
  - If so, could you describe these moments and how they may have influenced your understanding or approach?
5. One goal of the conversations was to address power imbalances. Do you think this goal was achieved?
  - If yes, could you share how?
  - Are there any ways you think this goal could have been addressed more effectively?

## A Qualitative Evaluation of the Maternity Equity Conversations

6. How do you think the conversations have influenced the maternity environment you are part of?

- Have you noticed any changes or shifts in attitudes, practices, or policies within your environment since participating in the conversations?
- Have you been able to apply the content of the conversations recently? Can you give a tangible example?

7. Another goal of the conversations was to incorporate a perspective on racial inequalities. Was this goal effectively addressed?

- If yes, how?
- Do you have any suggestions or improvements to better address inequalities in terms of content and delivery style?

8. Another focus of the conversation was to explore allyship. Was this goal effectively addressed during the conversations?

- If yes, how?
- Do you have any suggestions for how the exploration of allyship can be integrated more effectively in terms of content style and delivery?

9. Do you believe the conversations effectively contributed to advancing maternity equity and addressing racial inequity in maternal health services?

- If yes, could you provide specific examples or experiences from the conversations that demonstrate this impact?
- How do you perceive the potential adaptability of the conversations in different contexts or settings to address maternity equity?

10. Do you have any additional thoughts, insights, or experiences from the conversations that we haven't discussed?

### Focus Group Questionnaire – The Jen Group Senior Partners

**Introduction:** As we've discussed, today we'll delve deeper into reflecting on your experiences and strategic decisions with the maternity equity conversations. I'm looking forward to hearing more about your thoughts and insights. Please feel free to share your reflections openly. Shall we begin, or is there anything you'd like to clarify or add before we start? If not, I will begin recording.

1. Could you walk me through the process of putting forward the proposal for this project?

- Was there a bidding process?

2. Which stakeholders did you consult to shape the decision to use a co-production approach in this project?

- How did the consultations impact the project's development and strategic planning?
- Could you discuss any networks or external influences you drew upon to shape and guide the project?

## A Qualitative Evaluation of the Maternity Equity Conversations

3. How would you describe your involvement and the overall process of co-producing the project?

- Could you share any specific strategies or methodologies you employed to facilitate co-production, given your positions as senior partners?

4. I would like to explore how you engaged with the themes of race and inequality in this project.

- How did you navigate and address your positionality and race when leading conversations on such sensitive and critical themes?

5. Can you share any learnings or insights gained from leading this project, particularly any that were unexpected or surprising?

- How has the process impacted you personally?

- Reflecting on the project, are there aspects you would approach differently going forward?

- Is there anything that struck you unexpectedly about the whole process, especially regarding the themes of racial inequality and maternal health?

6. Do you have any additional reflections or thoughts on your experience leading this project that you would like to share?

Thank you for your time and your insights.

### Focus Group Questionnaire – Maternity Equity Collaborative Partners

#### **Introduction:**

Good day everyone, my name is Ebele Mogo. I am a public health doctor, and I will be supporting the evaluation of the maternity equity conversations. I have prepared a set of questions to help me understand your experience of being a part of the conversations. These questions are meant to be exploratory and not prescriptive, so there will be a lot of room for us to take the conversation in new directions as well. I am also aware that you may find some questions sensitive or uncomfortable. Please feel free to pass on a question you do not feel comfortable answering. Also, there are no right or wrong answers to any of the questions. Some of the material may be used in documenting the project. Can we go round the room and get each person's verbal consent for the recording of this conversation?

To start, do you have any questions for me?

1) To start, I would love if we could go around the room and everyone can share their name as well as how they came to learn about the Maternity Equity Collaborative

- What was your initial reaction?

- What made you decide to get involved?

- How did you find the initial discussion?

## A Qualitative Evaluation of the Maternity Equity Conversations

- 2) Could you tell me about your process of preparing the conversations?
  - What would you consider some of the assets that your group had?
  - Did you face any challenges during the process? If so, please share more.
  
- 3) What was the working style of your group?
  - How were decisions made, suggestions shared and conflicts resolved?
  - Did you feel that your opinions were valued equally as others involved? How so?
  
- 4) Did your group face any key turning points in the process of sharing experiences and preparing the conversations? If so, could you tell me some more?
  - I understand it became important to shape this training as conversations rather than lectures. Can you tell me about how this decision was made?
  - How did the turning points affect the direction and outcomes of the conversations?
  
- 5) One goal of the conversation is to address power imbalances. Do you think this goal was addressed?
  - If yes, how?
  - Are there any ways you think the goal could have been better addressed? How?
  
- 6) Another goal of the conversation was to have a lens of racial inequalities. Do you think this goal was addressed?
  - If yes, how?
  - Are there any ways you think the goal could have been better addressed? How?
  
- 7) Another goal of the conversation was to explore allyship. Do you think this goal was addressed?
  - If yes, how?
  - Are there any ways you think the goal could have been better addressed? How?
  
- 8) Do you think the content addresses the goals of contributing to maternity equity and challenging racial inequity in maternal health services?
  - Can you share a tangible example so that I can understand this further?
  - Are there any ways you think the goal could have been better addressed? How?
  
- 9) Do you have any additional thoughts that were not covered in this discussion?
  - Please tell me more.

Thank you very much for your contributions.