

**“If we were treated
the same as any
other race”**

Black Women in Maternity
April 2026



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Acknowledgements

Black Women In Maternity (BWIM) facilitators would firstly like to express our appreciation to all the Black Women who attended the events and those that completed the online survey/questionnaire which involved you sharing your experiences of maternity care thus enabling Black Women's maternity experiences in Oxford to continue to be heard.

We would like to thank Well Together, a programme delivered in partnership by Community First Oxfordshire and Oxfordshire Community and Voluntary Action, funded by the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. This programme focuses on addressing health inequalities, as defined in the NHS Core20 Plus5 framework, from the ground up by investing in grassroots groups and community organisations. The programme has provided financial and practical help to carry out this project and continue to do so as this project remains ongoing. We would also like to thank Healthwatch Oxfordshire for all the support working alongside us to support the stages of a community participatory action research project thus far. BWIM would also like to express their appreciation to health partners and community leaders who have and continue to provide invaluable advice and assistance to ensure this project's success.

Thank you to all the Black women whose participation made this possible, to all the mothers who shared their heartfelt experiences of maternity. A special thank you to one of our staunch community workers, without whose help and support their voices would not have been heard – this person dedicated and committed their time to make this report possible, without them we would not be able to share the critical and sensitive experiences of Black women in maternity. Oxford is small in comparison to what is happening around the world, but we are impacted by the reports we hear of the high, disproportionate rates of death and loss of Black women in maternity.

I. Introduction

Who are BWIM?

The BWIM project has been developed and overseen by two Black female community workers, Kerrisa Lawrence and Cherylene Gabbidon, with support from two other Black female community workers. The BWIM project arose out of concern regarding Black women's experiences of maternity care in Oxfordshire (see more below under Black women and maternity in Oxfordshire).

Funding for the BWIM project was sought and obtained from Well-Together which "is a place-based programme that brings people, communities and organisation together to strengthen wellbeing from the ground up".

What are BWIM's aims?

One of the key purposes of BWIM's project was to provide a maternity peer support and mentoring group for Black mothers living in priority neighbourhoods in Oxfordshire. BWIM endeavours firstly, to provide a safe and supportive environment for them to voice their maternity experiences and secondly, to assist in promoting the mental health and wellbeing of Black mothers in the areas of pre-natal, pregnancy, and ante-natal care.

BWIM's activities to date

BWIM organised an event bringing together Black mothers. The event was facilitated by BWIM leaders. Safeguarding and emotional support from an MBACP Psychotherapist was made available to participants.

We wanted to make sure that, as well as providing a safe, peer support environment where Black women could voice their past and current maternity experiences, our voices and experiences will help drive improvements to maternity care and support for Black women in Oxfordshire. BWIM is about advocacy, building trust and continuing to bridge the gap between Black women and local maternity services.

To help with this advocacy, we incorporated a community research approach into the project. With the consent of the women attending the sessions, we captured what people shared via post-it notes and a write up of our conversations.



Figure 1: BWIM's first event for Black women to share their experiences of maternity.

To hear from a wider section of the community, we also developed a survey with support from Healthwatch Oxfordshire, to provide an alternative opportunity for Black women within Oxfordshire to share their maternity experiences. This was shared online and we also made paper copies available. Again, we asked for and obtained consent to use women's responses in our research.

In total, we heard from **52 women**:

- 38 who responded to our survey
- 14 who shared their experiences at the event.

Women reflected not only on their own experiences of maternity care, but also of others in their families and communities. We also heard about experiences of baby loss and pregnancy loss.



Figure 2: Participatory thematic analysis of the qualitative data

Two BWIM members, with support from Healthwatch Oxfordshire alongside, collaborated on a thematic analysis of the qualitative responses from the survey. The key themes identified have been written up in this report.

Black women and maternity in Oxfordshire

National evidence has shown severe racial disparities in experiences and outcomes of maternity care. Black women are also more likely to have emergency c-sections compared to white women.¹ In 2021-23, Black women were more than twice as likely as white women to die during or shortly after pregnancy. Those living in the country's most deprived areas were also at much higher risk of death.² These trends are linked to persistent problems including racist myths and stereotypes, for example about Black women's pain tolerance.³

Local community research by and with women from Oxford's diverse and multi-ethnic communities in 2021-22 highlighted some of the challenges these women face in their experiences of maternity care⁴. In response, local

¹ <https://www.nuffieldtrust.org.uk/resource/are-emergency-c-sections-more-likely-among-certain-ethnic-groups>; see also Anne-Marie Louise Raphael (2025) What are the experiences of women from the global majority concerning inequities in maternity care in the United Kingdom: Implications for anti-oppressive social work practice. BA Dissertation, Oxford Brookes University.

² MBRRACE State of the Nation report 2025

³ <https://publications.parliament.uk/pa/cm5901/cmselect/cmhealth/895/report.html>

⁴ Women's views on maternity care - community research project and film: <https://www.youtube.com/watch?v=dWrlPS2Ublg>; see also [Healthwatch Oxfordshire 2023 report on maternal mental health](#).

community groups and maternity services set up [Equal Start](#) to address some of these challenges, for example by training peer supporters and maternity advocates to help provide culturally appropriate care, interpreting and support with other challenges such as housing, employment, immigration, benefits and domestic violence. This has been a positive step forward, particularly in supporting women from migrant communities. However, BWIM have continued to hear from Black women about challenges in their experiences of maternity care.

Maternity services in Oxfordshire

The majority of maternity services in Oxfordshire are provided by Oxford University Hospitals NHS Foundation Trust (OUH). Services include community-based midwives, parent education workshops, an Early Pregnancy Assessment Unit, and birthing units at the John Radcliffe Hospital, Chipping Norton, the Horton Hospital in Banbury, Wallingford and Wantage. The local health visiting service is provided by Oxford Health NHS Foundation Trust, as well as a specialist Perinatal mental health team. Support for people during pregnancy and early parenthood is also provided by voluntary and community organisations such as Home-Start. Feedback from parents is gathered by the Oxfordshire Maternity and Neonatal Voices Partnership to improve services.

Purpose of this (BWIM's) report

Oxfordshire's maternity services are currently under review as part of the National Maternity and Neonatal Investigation (Amos Review). Although the BWIM project remains ongoing for the next few months, we wanted to ensure that the voices of the 52 Black women that have participated in this project thus far are heard – both in the Amos Review and by local maternity care providers and decision-makers. This report, while representing a small sample of women who gave birth over several decades, nevertheless provides crucial insight into their experiences and ongoing disparities. It also reflects not just the individual stories captured here, but the embedded knowledge and lived experience of Black women who have supported mothers in their communities over many years.

2. Demographics of the Black Women

The information obtained from the Black Women was gathered via group session/s and an online survey between July 2025 to February 2026.

The tables below present the key demographic characteristics of the total of 52 Black women that have participated in group session/s or completed the online survey to date.

Ethnicity of the participants

(Table 1 = Ethnicity of the Women)

Ethnicity	Number of participants
Black British - African	6
Black - Caribbean	28
Black British	1
Dual Heritage - Black African/White British	2
Dual Heritage - Black Caribbean/White British	10
Prefer not to say	5

Age range of the participants

(Table 2 = Age range of the Women)

Age	Age range of participants
25 – 49 years old	30
50 – 64 years old	9
65 – 79 years old	5
Prefer not to say	5

Year participants were pregnant

The data regarding when the year the women were pregnant was only requested in the online survey which is presented in the following table.

(Table 3 = Year of Pregnancy)

Year	Number of participants
2025	3
2024	3
2023	4
2022	5
Before 2022	22
Prefer not to say	1

Where participants live in Oxfordshire

Approximately 80% of the Black women who have participated in this project thus far live within the area of the priority wards of Blackbird Leys, Greater Leys, and Littlemore. These wards are among the 20% most deprived areas in the country⁵, and were identified as priority wards in the [Oxfordshire Health and Wellbeing Strategy 2024 - 2030](#) which focuses on addressing health inequalities and improving community health outcomes.

(Please note that 6 of the women did not complete the question on the survey re where they lived)

⁵ <https://data.oxfordshire.gov.uk/imd-2025/>

3. Key Findings to date (April 2026)

Surveys

The information provided by the Black Women who completed the surveys has been invaluable in understanding past and current maternity care in Oxfordshire. We heard that experiences of maternity care during pregnancy, during labour and giving birth, and after giving birth, were mixed. Most women said their experience of care was ‘good’ or ‘very good’, but we also heard from several who had ‘poor’ or ‘very poor’ experiences, particularly after giving birth.

How was your experience of maternity care during pregnancy?			
Answer Choices		Response Percent	Response Total
Very Good		23%	8
Good		42%	15
Neither good nor bad		25%	9
Poor		6%	2
Very poor		6%	2
		Total	36

How was your experience of maternity care during labour and giving birth?			
Answer Choices		Response Percent	Response Total
Very Good		23%	8
Good		49%	17
Neither good nor bad		14%	5
Poor		9%	3
Very poor		6%	2
		Total	35

How was your experience of maternity care after giving birth?

Answer Choices	Response Percent	Response Total
Very Good	17%	6
Good	39%	14
Neither good nor bad	17%	6
Poor	19%	7
Very poor	8%	3
	Total	36

Similarly, although most of the Black women who responded to the survey said they had got the pain relief they needed (28 women, 80%) and had been able to build a good relationship with their midwife (22 women, 63%), other aspects of care were more mixed. Only 47% (17 women) agreed with the statement “I felt health professionals listened to me.” Six women (17%) said they felt they were treated differently because of their race or ethnicity, and another 12 (34%) were not sure if they had been treated differently or not.

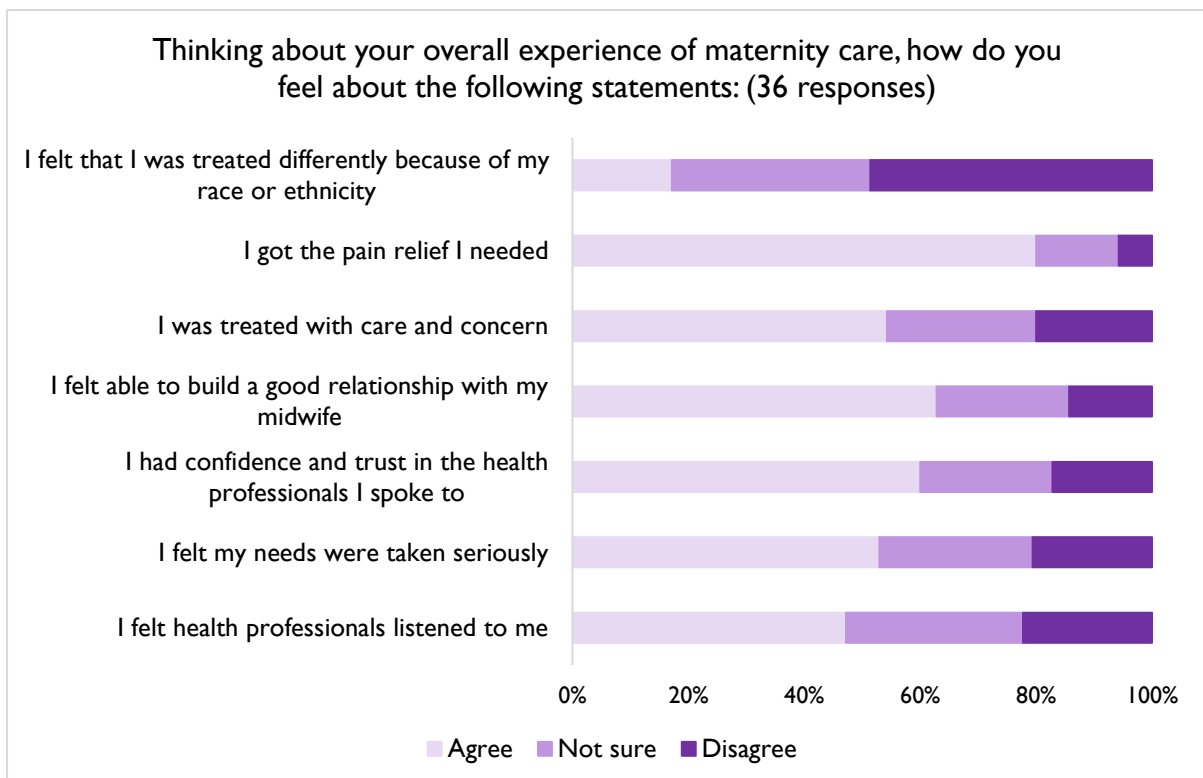


Figure 3: Graph showing survey responses about different aspects of maternity care, asking whether participants agreed, disagreed or were not sure about different statements. (36 responses)

When asked about how health professionals had communicated with them about their care, most Black women told us they had been given information and resources about their pregnancy journey (28 women, 80%) but fewer agreed that the information and resources had been helpful (19 women, 54%).

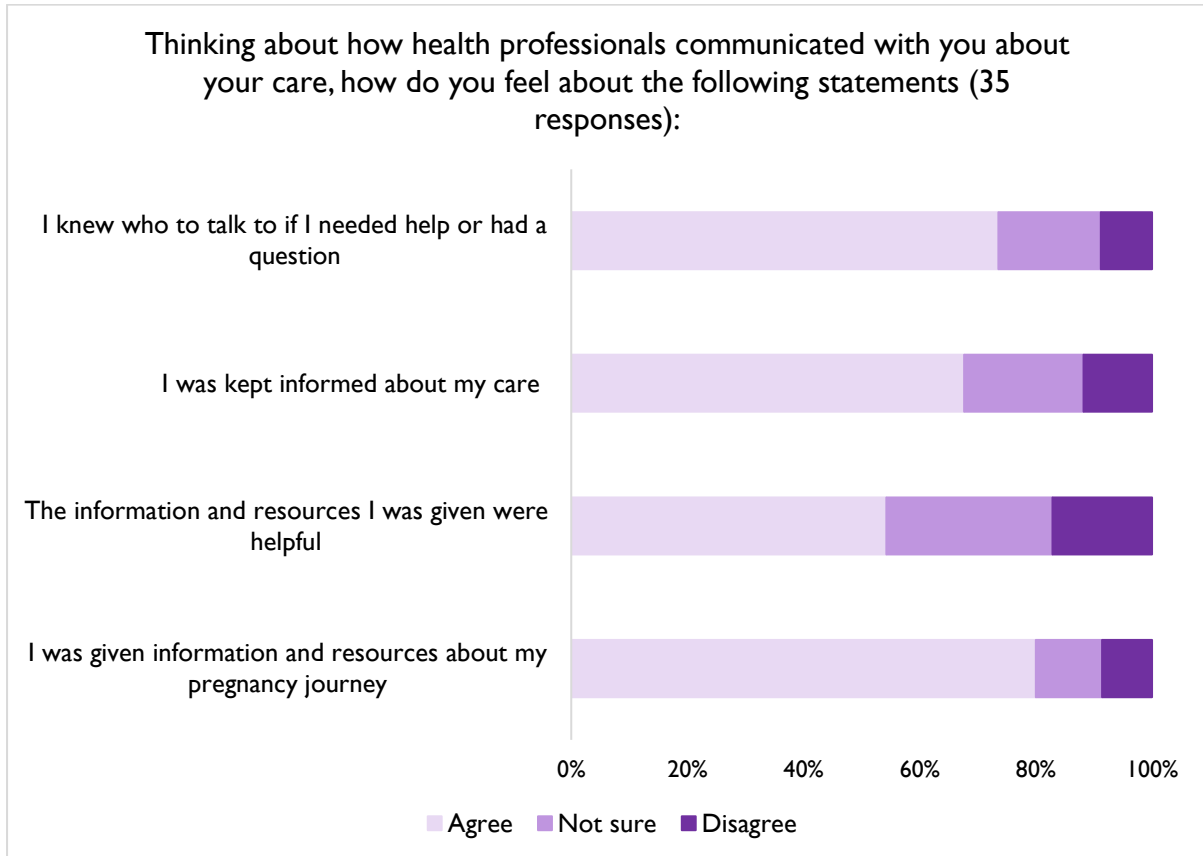


Figure 4: Graph showing survey responses about communication in maternity care, asking whether participants agreed, disagreed or were not sure about different statements. (35 responses)

Two Black women shared their experience of baby loss or pregnancy loss via the survey. One said her experience of maternity care was “poor” and the other said it was “very poor.” Both said they had not felt able to build a good relationship with their midwife, and had not been treated with care and concern.

Group sessions

The following is a snapshot of the answers provided by the Black Women to questions posed during the group session/s. There were 6 participants in Group A and 8 participants in Group B. (Detailed information is provided in the 'Discussion and Key Themes' section of this report).

Were you treated fairly during pregnancy?

I was treated as a human being

Had to make demand for

More connection with Doctors and Midwives from 1980s to 2000 babies in that GPs had more time and compassion – held the baby

Do you feel you was listened to during pregnancy?

Yes!

Yes – meet up with midwife who would explain

The last child – I was not listened to. A member of the community had died from a C-section so wanted hospital bug-swap. I was just thinking I wanted to have my baby

Were you seen by the same midwife?

Didn't bother me as long as I was

Yes for the first 2 children but not for the

Do you feel you was supported enough in aftercare?

Supported by family as lived at home, mum, aunt

Supporting babies head – needed more information especially being a first time

4. Discussion and Key themes

Across the survey responses and the group discussions, we heard from Black women about positive aspects of their experiences of maternity care, such as being given useful information and caring health professionals. However, several mothers voiced having experienced challenges particularly during labour. Ranging from, for example, not being believed that the baby was on the verge of going to make an appearance, to the lack of explanation about how to use gas and air and others experiencing the pain relief being abruptly stopped during labour. We also heard about challenges including women feeling abandoned and ignored, prejudiced attitudes from health professionals, and women not being believed, particularly about pain, leading to a lack of safety. We heard about the importance of good communication, being provided with good knowledge and information, and community and family support. We also heard about changes in the quality of care over recent decades.

Positive experiences

Positive aspects of maternity care and support that women told us about included being listened to, being given good information, being able to build a relationship with staff, and feeling well informed and supported by health professionals. Women told us they were grateful to have safely delivered a healthy baby.

“Midwife was very attentive to my needs. Appointments were readily available.”

“By chance, the same midwife was working at the hospital I gave birth at. She took care of me well and again I had a straightforward labour.”

“Given adequate pain relief. Gave me good instructions during birth delivery.”

“I had a very good health visitor. I was able to talk about any concerns and she was able to give me the information I needed.”

“The birth, even though I had two emergency c-sections I felt informed and taken care of in labour.”

“Everything, everyone worked hand in hand and for that I am very grateful for my positive birthing experience.”

Feeling abandoned and ignored

The negative experiences we heard about highlighted a lack of patient-centred care. A number of the mothers whose pregnancies were in 2025, 2024, 2023 and 2022 said they had raised concerns during their pregnancy and felt their concerns were not properly addressed by health professionals.

“Was dismissed on several occasions as i had a worry my waters went and stood my ground for a bedside scan to be done and the doctor did it and my daughter was in no water whatsoever.”

We heard that women had felt unsupported and abandoned during labour or after giving birth. For example, those that had a C-section highlighted difficulties of having to administer the injections (blood thinners) themselves over a certain of period of days/weeks.

“Just left to get on with it.”

“The whole experience was a nightmare. The ward I was on felt was left for ages and when needed someone was waiting for ages. I even tried to help someone next to me because she was crying and so was her baby and she couldn’t move. It took about half hour for someone to see her.”

Felt like I was being held hostage on the ward as my baby was born [early] so they wouldn’t allow me to leave the ward with my baby or they wouldn’t watch her while I went for fresh air.”

“But with my last pregnancy in the early stages of reaching the labour ward I was admitted to a small room and left for what felt like hours with no one checking on me and as it was my third things were progressing quickly.”

Staff attitudes

Women gave examples of health professionals’ behaviour and attitudes affecting their care. This included staff being rushed or seeming uncaring, but also comments reflecting racist myths and stereotypes.

“Very rushed, wanted you out. Treated like a number because they wanted their bed back.”

“I was given a blood test to determine if I was in early miscarriage. On returning the following day to repeat the blood test and receive the results I was told by the nurse/doctor that my blood levels were recording and that this was good news. I replied, “I thought they had to double for it to be good news.” The nurse/doctor then said “oh u wanted the baby?” To which I replied

“yes we’ve been trying 4 years”. I burst into tears and she awkwardly stood there staring at me. Had she had read my notes properly before delivering the news, she would have known that came in as a suspected ectopic or miscarriage and not someone coming to check that an abortion or S&P had been successful.”

“A comment was made by the GP “you people” have a problem with pacifiers. I didn’t know how to take this.”

“I had a midwife that was rude and said if I struggle with attachment why have a baby.”

“In my previous pregnancy I told nurses/doctors my son looked jaundiced. I was told it was the light. Went to family centre once released and jaundice was confirmed.”

Not being believed, pain and risk

We heard of several instances where mothers had not been listened to or believed, particularly around pain levels, in some cases leading to emergencies. Experiences mostly related to birthing units, but we also heard about women not feeling believed by GPs and community teams, and a lack of joined-up care with perinatal mental health services.

“I wasn’t listened to when I first contacted the doctors after being sent home with extreme abdominal pain. I had to call through more than once to speak to a different receptionist that got me to come in asap and see a doctor who sent me to the hospital.”

“I was in labour for 30+ hours with just gas & air. I knew my baby was small which was obviously in my notes but was held in the delivery suite for a normal delivery until 10 mins after I had the epidural that I had been begging for at least an hour for (probably a lot longer) I was rushed into surgery for an emergency caesarean.”

“This was my 3rd c-section. However, I could not move from sitting following this one and felt something was not right. I could not stand straight. I was told likely baby blues and sent home with paracetamol, even though I could not walk straight out the hospital. I ended up back in hospital with a wound infection and was hospitalised for 5 days on antibiotic drip. Also the midwife gave my codeine on top of paracetamol at home, risking an overdose.”

“After having c-section I was expected to get up and walk after a few hours but I was unable to. They didn’t believe me when I said I couldn’t even scoot to the edge of the bed. Made me stand up and then they immediately sat me

back down as she said the colour drained from my face. Then gave me morphine to help with pain.”

“On two incidences I felt unheard. When I was breastfeeding and was blocked, the midwife call unit wasn't interested. And at 3-week check , a GP didn't take my son not latching and his breathing being loud/very phlegm like serious.”

The women that had children after the age of 35 into their 40's were classified as having high risk pregnancies. One woman was advised to take genetic tests, which she refused to take as, although not told by health professionals, she was aware the test could affect the embryo. Another explained that the information they received was so negative regarding the survival of the baby or potential disability of the child that it left her feeling scared and anxious throughout the pregnancy.

It is of significance to note that many of the negative stories that were shared by the younger mothers were about their labour and birth experiences closely followed by their early postnatal experiences. Underlying themes that arose from their stories was the negative impact of their negative experiences on their mental and physical health - general well-being.

Communication, knowledge and information

Women told us about the difference it made when there was good communication and useful information from health professions, but that this didn't always happen and there was a need for better information and education, especially for first-time mothers

“My midwife was very helpful. She explained things that I did not understand.”

“The midwife showed my sister a point on my back to put pressure on that really helped with the pain.”

“More communication and support with breastfeeding and after-care for yourself also for the baby if you're unexperienced mother.”

“Communication with your family and close ones around you also with the doctor and midwife anything you do not understand ask questions also about hygiene and how your body is going to change your breasts are going to be bigger and your stomach is going to get larger, your energy may fade a bit but exercise, keep yourself fit. Keep yourself healthy if you fancy something to eat don't feel away eaten it might be unusual but healthy also information regards personal hygiene and how to take care of the child drawing the 24 hour cycle.”

Community and family support

We heard how important support from family, friend and community was – and how hard it could be when women did not have this.

“My issue was mainly during pregnancy – no consideration or concern, help or support from my husband.”

“Thank God for my family even in the hospital as I couldn’t move as I had C-section, nurses were too busy.”

“No family support but I attended many baby groups where mums listened.”

“I come from a big family and many of my friends had a child at the same time so you could share pregnancy experiences.”

“My family ethics are to cover up anything that may bring embarrassment or discomfort to them. So the whole miscarriage was ignored.”

Changes over time

In the intergenerational group discussions, women noticed a distinct disparity between the maternity care experiences of the women who had pregnancies prior to 2000’s to those after 2000. The women that had their babies during the decades of the 70’s, 80’s and 90’s were happy overall with their maternity care and expressed praise and gratitude for the attentiveness they were shown by health professionals during pregnancy, labour and antenatal care. Whereas more of the women that had their babies within the 2010’s to current year felt that there was not consistent care provided during their pregnancies and aftercare.

“More connection with Doctors and Midwives from 1980s to 2000 babies in that GPs had more time and compassion – held the baby.”

“In the 1980s – yes continuous midwife however not the last child which was in 2000’s.”

“My last child there were less things like baby groups etc and then Covid happened. I think that leads to my feelings to this answer, but children before would be a more positive answer,”

5. Feedback from Participants re peer support group

The attendees talking about their maternity experiences provided a wealth of information and generated advice and support within the group. Arising from the discussions was the knowledge for some that they were not alone in having experienced poor maternity care. Links to covert stereotypes about black women were identified. One mother stated that she had no idea about the studies/research identifying inequalities in black maternity care and she was alarmed by it. Two of the attendees wanted their experiences recorded – written down (which they were).

One of the overwhelming positive outcomes of the group session/s was the advice and knowledge that was shared amongst the participants particularly for those that were having difficulties with their babies/young children. Moreover, the benefits of having a wide age range of attendees were clearly seen. The younger mothers were listening to and gained insights from the lived experiences of the older mothers with them having “been there, done that” perspective that many of their (younger) similarly-aged peers could not offer. Feedback from some attendees re the group session/s included the following:

- “I really enjoyed it – when is the next one”
- “I didn’t realise about it [inequalities in maternity care] which now gives me an understanding of my daughters’ experiences”
- “Liked the discussions”
- “It was nice to spend some time with other Black mothers”
- “Is there any availability to have it [next event] on another day of the week?”
- “More of these types of events needed in the Black community”

The feedback from attendees indicates there is a real need for further/ongoing targeted/tailored health events for Black mothers – to provide a safe space for women to share and understand their experiences, share knowledge and advice, and support each other.

6. Recommendations

The Black women involved in this project provided a wealth of suggestions regarding improvement needed in maternity care:

Tackling racism and racial disparities:

- fair and equal treatment and support for mothers – *“if they were treated the same as any other race”*
- compulsory, monitored training of health professionals in anti-racism and culturally appropriate care, challenging stereotypes, bias and myths about black women
- widen participation in NHS jobs to promote diversity of health professionals

Providing safe, person-centred care:

- better support from health professionals in the community – such as more home visits, better continuity of care (e.g. seeing the same midwife throughout pregnancy) and consistent professionalism
- better support in hospital – for example, better hygiene in hospital, more days in hospital and more choice of pain control
- ensure care is centred on the mother and her baby and based around the mother’s needs and decisions, allowing the mother to experience genuine choice, where possible, throughout her pregnancy and neonatal journey

Knowledge, education and community support:

- more education for women about parenting and pregnancy – for example as part of the school curriculum, education on perinatal mental health conditions and raising awareness of what support and resources are available to pregnant women
- more support within the community, such as support groups or mentoring for new mothers from older Black women – *“NHS/Midwives/Health Visitors providing funding and recruiting older mothers from the community to participate in bi-monthly/tri-monthly sessions which are specifically targeted for Black new mothers.”*

7. Conclusion

Black women's experiences of maternity care in Oxfordshire remains, at best, mixed.

As well as scheduling further BWIM peer sessions for Black women within the community to share their maternity experiences, the next steps for this project include sharing the recommendations given by the women, along with their recorded maternity experiences, with local providers and decision-makers including OUH, Oxfordshire Joint Health Overview and Scrutiny Committee, Oxfordshire Health and Wellbeing Board and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. Furthermore, there are plans to organise an event that would bring together some of the women and local maternity care providers to discuss the findings from the project and explore ways to enhance maternity and neonatal care in Oxfordshire.

We look forward to seeing how OUH and other health and care providers and decision-makers, locally and nationally, work to address the challenges highlighted in this report.

BWIM remains indebted to all the Black women involved in this project for sharing their stories.

Thank you to:

Oxford Community Action, as the anchor organisation for this project
Dolcie Obhiozele, Community Capacity Builder at Well Together (OCEG)
Sharon Tee, author
Kerrisa Lawrence, BWIM facilitator
Cherylene Gabbidon, BWIM facilitator

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