## Access and experience

This theme focuses on ensuring **equitable access to maternity and neonatal care**, addressing the barriers that prevent individuals from receiving current care services. **Inequalities in access and experience contribute significantly to disparities in maternal and neonatal outcomes** in the UK, with minoritised ethnic groups, socioeconomically disadvantaged individuals, and those with additional vulnerabilities (e.g., asylum seekers, homeless individuals and those with disability) facing the greatest challenges.

Key issues include **late booking for antenatal care, inadequate interpreter services, lack of transport, and fragmented care pathways** that prevent continuity of care. Evidence suggests that **later initiation of antenatal care is linked to poorer pregnancy outcomes, particularly for Black, Asian, and minoritised ethnic groups and those living in areas of high deprivation**. A **holistic and person-centred approach** is needed to redesign services so that maternity care is **inclusive, accessible, and culturally appropriate**.

This includes **strengthening community-based models of care, improving coordination between maternity and social care services, and embedding workforce changes that promote continuity and person-centred support**. Equitable **postnatal care pathways** must also be developed to ensure that all women and birthing people receive appropriate care after birth, particularly those at higher risk of complications. **By addressing these systemic gaps, this theme aims to reduce disparities in maternity service access and patient experience, leading to improved engagement, satisfaction, and ultimately, better maternal and neonatal health outcomes.**

Example impactful research questions:

* What **structural changes** in NHS maternity services would most effectively reduce **disparities in access and experience**?
* What are the **most effective models of interpreter provision** to improve engagement and outcomes in maternity care?
* How can **continuity of midwifery-led and multidisciplinary care** be enhanced to improve outcomes for **underserved groups**?
* What are the **barriers and enablers to scaling up community-based maternity care models** that improve access for **marginalised populations**?
* How can maternity services be redesigned to **deliver more equitable care pathways** while maintaining cost-effectiveness within the NHS?

Example outcome and measurable impact:

A **reduction in disparities in early antenatal engagement**, ensuring that more birthing individuals access **antenatal care by 10 weeks of pregnancy**.

**Measurable metric:**  
**Proportion of women accessing antenatal care by 10 weeks of pregnancy**.  
**Reduction in the proportion of women booking late for antenatal care (after 20 weeks)**—a known risk factor for poorer outcomes.

## Safety and quality in perinatal and neonatal care

This theme focuses on **improving maternity and neonatal safety** by reducing preventable harm and addressing disparities in clinical outcomes across the perinatal period. Despite advancements in maternity care, **inequalities in perinatal safety persist, with Black and Asian women in the UK significantly more likely to experience severe maternal morbidity and neonatal mortality compared to White women**. **Preterm birth, stillbirth, and neonatal mortality rates remain disproportionately high in socioeconomically disadvantaged communities**, underscoring the urgent need for targeted interventions.

To address these disparities, maternity care must prioritise **early identification of risk, optimised escalation pathways, and workforce models that ensure safe, high-quality care across all settings**. Key areas of focus include **enhancing intrapartum care and newborn care interventions**, improving the **early recognition and management of obstetric emergencies**, and embedding **effective multidisciplinary teamworking, including culturally competent care practices**.

This theme also examines **staffing and workforce issues**, recognising that **low staffing ratios, inconsistent escalation processes, and failures in communication contribute to maternal and neonatal harm**. By improving **care coordination, training, and clinical decision-making tools**, this theme seeks to **reduce adverse perinatal outcomes and ensure that all women and babies receive high-quality, evidence-based care regardless of their background.**

Example impactful research questions:

* What are the **most effective interventions** to reduce **disparities in preterm birth rates and neonatal mortality** in the UK?
* How can **maternity escalation systems** be improved to enhance **early identification and management of obstetric emergencies**?
* What changes to **perinatal care models** (e.g., staffing ratios, interdisciplinary team working) improve **maternal and neonatal safety**?
* What **newborn care interventions** can reduce **inequalities in early-life outcomes**, particularly for **preterm and low-birthweight infants**?

Example outcome and measurable impact:

A **reduction in racial and socioeconomic disparities in neonatal mortality and preterm birth rates**, ensuring **safer maternity care for all women and babies.**

**Measurable metrics:**  
**Reduction in disparities in neonatal mortality rates**.  
**Reduction in preterm birth rates (<37 weeks gestation), particularly among high-risk and minoritised ethnic groups.**  
**Improvements in obstetric emergency response times**.

By implementing **evidence-based safety interventions, optimising workforce models, and improving escalation pathways**, this theme aims to **reduce preventable harm, improve birth outcomes, and eliminate disparities in maternal and neonatal safety** across the UK.

## Structural, social, and wider determinants of health

This theme addresses **the systemic and structural factors** that shape maternal and neonatal health outcomes, ensuring that **social and economic circumstances do not define health inequalities in pregnancy, birth, and early life**. Evidence from MBRRACE-UK reports consistently highlights that **women from the most socioeconomically deprived areas and minoritised ethnic backgrounds face significantly higher risks of maternal death, stillbirth, and neonatal mortality**. Structural issues such as **poverty, housing insecurity, food insecurity, and exposure to environmental hazards (e.g., air pollution, climate change impacts)** contribute to these disparities and require urgent policy-driven interventions.

To tackle these inequalities, maternity services must work **beyond the traditional healthcare setting** to implement **cross-sectoral approaches that integrate social, economic, and environmental interventions**. This includes exploring **how financial security, housing stability, and community-led models of care can mitigate risk**, as well as addressing **systemic discrimination, including racial and migration-related inequalities** in maternity care access and experience.

By embedding **co-designed, community-driven policies and interventions**, this theme aims to shift **the focus from individual behaviour change to systemic-level solutions**, ensuring **fairer maternal and neonatal outcomes regardless of socio-economic background.**

Example impactful research questions:

* What is the **impact of financial and social support interventions** (e.g., **cash transfers, food vouchers, housing support**) on maternal and neonatal outcomes?
* How do **housing instability and economic insecurity** affect **pregnancy, birth outcomes, and postnatal recovery**, and what are the most effective interventions?
* How can maternity services **embed co-designed policies** that effectively address **structural racism and health inequalities**?
* What **targeted interventions** can improve **maternal health outcomes for refugees, asylum seekers, and migrant communities**?
* What NHS and government policies would have the **greatest impact in reducing disparities in maternity care outcomes** over the next decade?

Example outcome and measurable impact:

A **reduction in socio-economic and racial disparities in maternal and neonatal health outcomes**, ensuring that financial and environmental inequalities do not drive adverse pregnancy and birth outcomes.

**Measurable metrics:**  
**Reduction in stillbirth and neonatal mortality rates in the most deprived areas**   
**Increase in the proportion of pregnant individuals receiving financial and social support interventions**  
**Reduction in the proportion of pregnant women experiencing housing instability**

By ensuring **maternity services and wider social policies address the root causes of disparities**, this theme aims to **create a more equitable system where all women and babies, regardless of their socio-economic background, have access to safe, high-quality care.**

## Maternal mental health

This theme seeks to **transform perinatal mental health care** by integrating **early detection, trauma-informed interventions, and culturally responsive support** throughout the maternity care pathway. **Maternal suicide remains a leading cause of death in the postnatal period**, with significant disparities in access to timely and effective mental health care, particularly for **Black, Asian, and minority ethnic women, migrant populations, and those in socioeconomically deprived areas**.

Women experiencing **severe perinatal mental illness** often face **delays in diagnosis and treatment**, exacerbated by fragmented maternity and mental health services. Stigma, fear of child protection services, and a lack of culturally appropriate support further **reduce engagement with perinatal mental health services**, leaving many without the care they need. Addressing these inequalities requires a **whole-system approach**, ensuring that mental health support is **integrated into routine maternity care, widely accessible, and tailored to the needs of diverse communities**.

This theme focuses on **preventing maternal suicide, improving crisis care, embedding peer and voluntary sector support, and strengthening workforce training in perinatal mental health**. By developing **accessible, effective, and community-led perinatal mental health models**, this theme aims to **close the treatment gap and significantly reduce mental health-related maternal morbidity and mortality in the UK.**

Example impactful research questions:

* What are the **most effective and scalable interventions** to reduce **maternal suicide and severe perinatal mental illness**?
* How can **maternity and mental health services** be **better integrated** to provide seamless care for women with pre-existing or perinatal mental health conditions?
* What are the **long-term benefits of embedding trauma-informed care** into antenatal, intrapartum, and postnatal services?
* How can community-based, peer-led, and culturally adapted models of **maternal mental health care** be scaled within NHS services?
* What are the **most effective screening and intervention strategies** for **postnatal depression in high-risk populations**?

Example outcome and measurable impact:

A **reduction in maternal suicide rates and improvements in perinatal mental health service engagement**, ensuring that all women receive timely and effective support.

**Measurable metrics:**  
**Reduction in maternal suicide rates** in the perinatal period   
**Increase in timely access to perinatal mental health services**, including specialist services and peer support interventions   
**Reduction in the proportion of women experiencing severe perinatal mental illness without specialist care**

By **embedding early intervention, improving access to culturally competent care, and strengthening links between maternity and mental health services**, this theme aims to **ensure that no woman is left without the mental health support she needs before, during, or after pregnancy.**

## Preconception and interconception health

This theme focuses on **optimising maternal and neonatal health before and between pregnancies**, ensuring that **inequalities in health status at conception do not drive disparities in birth outcomes**. Many **adverse pregnancy outcomes—including preterm birth, low birth weight, and maternal complications—are linked to pre-existing health conditions such as obesity, diabetes, and cardiovascular disease**, which are disproportionately higher in **deprived and minoritised communities**. Despite this, **preconception and interpregnancy health remain largely overlooked in NHS maternity care pathways**, with no routine system in place to support women with chronic health conditions or previous adverse pregnancy outcomes.

Addressing these gaps requires a **shift towards proactive, evidence-based preconception and interpregnancy care**, ensuring that high-risk individuals are **identified and supported before pregnancy**. This includes **embedding routine preconception health checks in primary care, improving access to contraception and reproductive planning, and integrating lifestyle and chronic disease management into reproductive healthcare**. **Public awareness and health promotion** are also essential.

By making **preconception and interpregnancy care a standard part of reproductive health services**, this theme aims to **reduce preventable maternal and neonatal complications, particularly for those most at risk of poor outcomes.**

Example impactful research questions:

* What are the **most effective preconception and interpregnancy interventions** for reducing **inequalities in maternal and neonatal outcomes**?
* How do **structural and individual processes** before and between pregnancies interact to generate maternity disparities? Can a **complex systems approach**, co-produced with stakeholders, be used to describe and explain maternal and neonatal health inequalities? Can a **realist approach** be used to construct complex interventions to reduce maternity inequities? What **combination of interventions and systems** before and between pregnancies is acceptable to minoritised communities (**Core20PLUS**) and most effective at reducing maternity disparities?
* How can we **best raise awareness** on the importance, concept, and support available to optimise health before and between pregnancies? What is the **role of schools and social media** in increasing public engagement?
* How can **Integrated Care Boards** implement a **system of routine preconception and interconception care and support**? What **training and resources** are required? What is the **impact on disparities** in pregnancy planning, preconception health, and maternal and neonatal outcomes, as measured through routine surveillance?
* How do we **address trauma, adverse childhood experiences, and intersectionality** before and between pregnancies?

Example outcome and measurable impact:

A **reduction in preventable maternal and neonatal complications**, ensuring that women enter pregnancy in the best possible health.

**Measurable metrics:**  
**Reduction in preterm birth and low birth weight rates**  
**Increase in the proportion of women receiving preconception and interpregnancy health interventions**  
**Reduction in pregnancy complications linked to pre-existing conditions**

By **embedding preconception care into routine NHS services, addressing barriers to reproductive healthcare, and supporting women in managing pre-existing health conditions**, this theme aims to **ensure that maternal and neonatal health inequalities are tackled before pregnancy even begins.**

## Maternal and neonatal health risks and recovery

This theme focuses on **addressing modifiable maternal and neonatal health risks** across pregnancy, birth, and the postnatal period, ensuring that disparities in **long-term maternal and infant health outcomes** are effectively reduced. **Obesity, poor nutrition, smoking, substance use, and inadequate postnatal care** are key drivers of **maternal and neonatal morbidity** in the UK, disproportionately affecting those from **socioeconomically disadvantaged and minoritised ethnic backgrounds**. Many of these risks are **systemic rather than behavioural**, requiring **structural and service-level interventions** rather than simply focusing on individual choices.

A significant gap in NHS maternity care is the **lack of a structured, equity-focused postnatal care pathway**. Women from **deprived areas, those with complex social needs, and those from Black and Asian backgrounds are least likely to receive adequate postnatal follow-up**, leading to **higher rates of unaddressed maternal complications, feeding difficulties, and delayed detection of neonatal health concerns**. **Breastfeeding support, maternal nutrition guidance, and long-term maternal health monitoring need to be more equitably integrated into routine postnatal care** to prevent ongoing disparities in maternal and infant health.

This theme calls for **evidence-based, accessible interventions** to mitigate health risks, improve maternal recovery, and promote infant health beyond the immediate perinatal period. By **shifting the focus to both prevention and recovery**, this theme aims to **close the gap in long-term health outcomes and ensure that maternal and neonatal wellbeing is prioritised across the life course.**

Example impactful research questions:

* What are the **most effective postnatal care interventions** to improve **maternal recovery and long-term health**?
* What interventions **beyond behaviour change** can reduce disparities in maternal obesity, diabetes, and cardiovascular disease?
* What policies and interventions can **improve breastfeeding rates and support** for high-risk groups?
* What approaches are **most effective in reducing disparities in nutrition**?
* How can a disparities and intersectionality lens be used to co-produce cross-sector continuum of women-centred care, before during and after pregnancy, to address obesity and metabolic disease drivers of maternal and perinatal morbidity and mortality?

Example outcome and measurable impact:

A **reduction in long-term health inequalities linked to modifiable maternal and neonatal risk factors**, ensuring that all women and babies receive the postnatal care and support they need.

**Measurable metrics:**  
**Increase in the proportion of women receiving comprehensive postnatal care assessments**, including mental health, physical recovery, and feeding support   
**Reduction in unplanned hospital readmissions for postnatal complications**, such as infections, hypertension, or poor wound healing   
**Increase in breastfeeding initiation and continuation rates** in high-risk groups, reducing long-term health inequalities linked to infant feeding

By **ensuring equitable access to postnatal care, addressing maternal and neonatal health risks through structural interventions, and embedding recovery-focused services into routine maternity pathways**, this theme aims to **improve long-term health outcomes for both mothers and babies, particularly those from underserved communities.**

In addition to the six research themes, we have identified four cross-cutting topics which will be integrated across all six themes:

**Health Literacy and Communication**

✔ Ensuring equitable access to health information and services.  
✔ Supporting patient engagement through tailored communication strategies.

**Working with Underserved Communities & Co-Production**

✔ Embedding **patient and public voices** in **all** discussions, interventions, and research themes.  
✔ Ensuring **community engagement and participatory research** to co-develop solutions that work for marginalised groups.

**Digital and Data-Driven Innovations**

✔ Leveraging digital tools to improve personalised care and access.  
✔ Enhancing maternity care through real-time data insights.

**Intersectionality and Systemic Inequalities**

✔ Recognising the compounded effects of race, disability, socioeconomic status, and other disadvantages.  
✔ Ensuring maternity care services address diverse needs inclusively.