



# Policy position lay summary: Racial and ethnic equality in women's health

This statement sets out recommendations for NHS England and UK government policy changes to address inequalities in Black, Asian and minority ethnic women's health and care in England.

## The issue

Black, Asian and minority ethnic women are found to have worse outcomes and experiences than white women across many aspects of women's health in the UK. Avoidable and unfair differences in health between different groups can have significant repercussions for women's lives and their health, and shape their future interactions with health services.

For example:

1. Women from Black ethnic backgrounds are three times more likely to die during pregnancy or shortly afterwards compared to white women, and women from Asian ethnic backgrounds twice as likely.
2. IVF birth rates are consistently lower for ethnic minority women at all ages compared to white women, and lowest for women from Black ethnic groups.
3. Women from some Black and Asian ethnic backgrounds are more likely to be diagnosed with some gynaecological cancers at a later stage, when treatment is less likely to be effective.

There are also racial and ethnic inequalities in the women's health workforce, which can affect women's care. It is vital that our College continues to support working towards fair working cultures, equitable career progression, and good mental and physical health for all those working in obstetrics and gynaecology.

## Why is this happening?

The causes of racial and ethnic inequalities across a women's life are complex. It is important that health services and the government recognise and name racism as a factor that can influence both health outcomes and also how health services are designed and delivered. This includes structural, institutional and interpersonal racism.

The wider context of women's lives, such as access to good quality housing, healthy affordable food, good quality work and a robust social security system also play a big part in health outcomes. Racial discrimination, combined with other problems like gender inequalities, can influence these aspects of our lives, and therefore influence our health.

Ethnic minority women are also underrepresented in healthcare research. This can negatively impact healthcare for some groups. For example, some treatments or medicine might be less effective or not appropriate for some populations. This will contribute to health inequalities.



## What are we recommending?

Ending racial and ethnic health inequalities and improving outcomes for all women and people who use O&G services is possible. However, this requires co-ordinated action from the government and NHS to address the root causes of health inequalities.

Our policy position recommends:

- **The UK government should set clear and ambitious targets to end inequalities in maternity outcomes.** They should dedicate funding to make these targets a reality, and women from ethnic minority backgrounds must be involved in developing these targets.
- The UK government must work with other parts of government to help improve women's health throughout their lives. This includes making improvements outside of healthcare, such as tackling racism and discrimination in the workplace.
- Ensuring equal access to healthcare and removing the barriers that exist which prevent some women from accessing services. This includes making sure all women have access to a high-quality interpreting service and translated materials.
- Improving our research and understanding of Black, Asian and minority ethnic women's health and care to ensure services are anti-racist and fit for purpose for all.
- Supporting ongoing efforts to develop an inclusive and anti-racist women's health workforce.

Read more on the RCOG website [here](#).