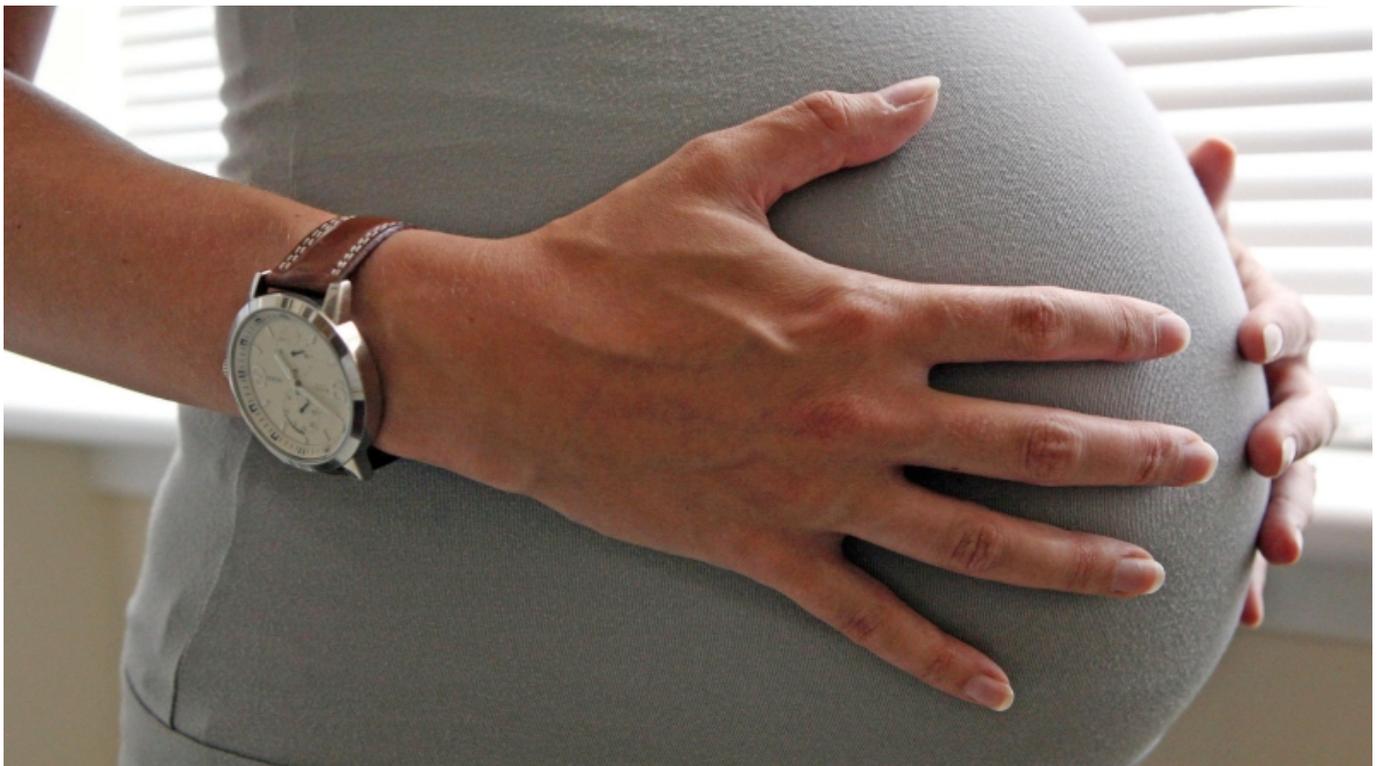


## Reducing health inequalities for vulnerable mothers and babies

Written by Marian Knight on 6 March 2019 in Opinion  
Opinion

With an increasing number of avoidable deaths in mothers and babies from vulnerable and minority backgrounds, the incoming Commission and Parliament should make this a priority, writes Professor Marian Knight.



*Photo credit: Press Association*

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Mothers and babies from vulnerable and minority backgrounds are continuing to die in increasing numbers, with little evidence of action at an EU level.

In the EU, maternal deaths do not occur evenly spread across our population.

In my own country, the UK, for example, black women are five times more likely to die as a result of

complications in their pregnancy than white women, with Asian women twice as likely.

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This issue has not been adequately examined in most other EU countries, as a 2018 report sent to all EU leaders clearly showed.

Unless decisive action is taken, deaths among vulnerable pregnant women in Europe will only continue to increase. We must act to save mothers' and babies' lives.

Women may be vulnerable for multiple reasons, including lack of social support, migration, language barriers or mental health problems as well as ethnicity.

These are all issues faced by increasing numbers of pregnant women.

“Unless decisive action is taken, deaths among vulnerable pregnant women in Europe will only continue to increase. We must act to save mothers' and babies' lives”

Recently, EU policy-makers were sent a [comprehensive new report](#) [7], carried out on behalf of Women Political Leaders Global Forum and supported by the charity MSD for Mothers, which outlined some of the key challenges facing vulnerable women in countries across Europe and setting out a clear policy roadmap for addressing this critical issue.

It highlights that even in those countries with modern, sophisticated health systems, the delivery of maternal healthcare must be tailored to the cultural background of patients.

Many countries also lack specific plans for action on migrant health.

Furthermore, the report highlights that few countries have a clear commitment to equitable care for vulnerable groups, such as refugees. This is a key barrier to addressing the issue.

This leads to a worrying situation where many vulnerable women are likely not to seek maternal care because they fear it will impact their ability to stay in a country.

Fear of arrest, discrimination or denial of medical care are all factors that must be addressed.

The cost of healthcare remains prohibitive for vulnerable pregnant women in a number of countries.

Yet multiple studies, including research by Doctors of the World, have shown that prenatal care is cost-effective. This means that ensuring equal access to maternal health care for pregnant migrant

and refugee women would be cost-beneficial to national healthcare systems.

However, our current healthcare systems are not currently tailored to address the specific needs of vulnerable women; too many women die from preventable causes during pregnancy and childbirth or face serious complications following delivery.

Only by recognising the importance of care for vulnerable pregnant women can we help prevent mothers from dying and avert a widening of the health gap between women from different cultural, ethnic, geographic and national backgrounds.

Addressing this emerging health crisis cannot be left to academics, NGOs, healthcare professionals and private sector organisations. Better policy at a pan-European and local level will play a vital role.

As we head into 2019 and campaigning starts for the 2019 European Parliament elections, we will be looking for commitment and action from European policymakers to help us address this critical issue.

The EU is uniquely placed to promote policies for reducing health inequalities and making a positive difference.

We know what must be done and how to do it and we have the means to do it.

In 2019, it is time for action.

### **About the author**

Marian Knight is Professor of Maternal and Child Population Health at Oxford University. She helped develop the Women Political Leaders report, "Improving Maternal Healthcare for Vulnerable Women in EU28: What Can You Do?"

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