

Protecting human rights in childbirth

Registered address: Birthrights The Apex, 2 Sheriffs Orchard Coventry CV1 3PP 0300 400 3400

13th August 2024

## Dear Mr Streeting,

We are writing from the UK charity Birthrights, the leading authority on the human rights of women and birthing people during pregnancy and birth.

We previously contacted you to provide a briefing outlining our concerns regarding the current state of maternity care in the UK, and to extend our congratulations on your appointment as Secretary of State for Health and Social Care. Last week, we reached out to you again regarding the impacts of the widespread racist and Islamophobic violence on women and birthing people, in particular our concerns around access to maternity care.

The events over the past week have been incredibly painful to witness. Whilst we are relieved that further violence did not materialise over the weekend, we continue to remain on high alert for potential further unrest and the impact that the fear of violence is having on different communities. Based on intelligence from our community partners across the UK, we continue to worry about restrictions to access essential services:

- the closure of community clinics in some areas at risk of riots, without alternative provision in place, causing additional concerns about backlog of care and possible lack of future access
- the fear and threat experienced by racially minoritised and marginalised communities, including refugees and people seeking asylum, which act as a deterrent to access hospital or community-based maternity care services
- the long-term impacts of the hostile environment impacting access to care for migrants, refugees, and people seeking asylum
- the potential exacerbation of mistrust in the healthcare system, which we
  fear is pushing increasing numbers of women and birthing people to feel
  their only option is unassisted birth a rightfully lawful option but only
  empowering if it comes from a place of genuine choice

We acknowledge the risks that racist and Islamophobic violence poses to NHS staff and the importance of ensuring their safety, particularly those who are racially minoritised. As an organisation committed to upholding human rights in maternity care, we also know blanket restrictions, including withdrawal of services, without proper communication and alternative provision in place is not the answer. A lack of proper contingency planning is acting to compound barriers faced by Black, Brown and Muslim women. We saw how this played out at the height of the Covid-19 pandemic which we believe set dangerous precedents for actions taken by Trusts to deal with ongoing staff shortages and which we are now seeing in response to racist violence.

The starting point, even in crisis, must always be to try to uphold the human rights of women and birthing people. This includes our right to decide where we give birth, how we give birth, and who is with us when we give birth, our rights to make



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informed decisions about our bodies and our care, our rights to be treated with dignity and respect, and fundamentally our right to life. These should be built into resilience and emergency planning protocols.

Hostile, racist, discriminatory, and divisive rhetoric, coupled with the spread of misinformation, have created fertile ground for the violence we witnessed. Even though the threat of further violence has remained just that, we continue to see the impact of systemic racism in maternity care with Black women almost four times more likely and Asian women twice as likely to die as a result of childbirth than white women.

Our report Systemic Racism, not Broken Bodies which followed a year-long inquiry, led by an expert panel, presented stories behind these statistics, outlining:

- Consistent failure to recognise medical conditions due to skin colour
- Racial stereotyping and discrimination
- Breaches of consent and coercive practice
- Failure to listen to Black and Brown women and birthing people with their voices too often ignored or dismissed

Now is the time to take action. We must remove harmful NHS charging rules that deter people from accessing care and force healthcare professionals to act as pseudoborder control officials. Effective interpretation services are vital to ensure women and birthing people can access rights-respecting care and can properly consent to treatment but are rarely available. We need to end the detention of pregnant women in both the criminal justice and immigration systems.

We have already outlined to you our belief that a new SAFE Maternity Care Act is required to make crystal clear how the law applies to all those who manage, deliver and regulate maternity care. We know you will be urgently working to ensure the safety of pregnant women and birthing people in these deeply troubling times and to mitigate the long-term impact of the violence that has occurred. We look forward to hearing from you soon on how you intend to take this forward.

Yours sincerely,

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