birthrights

Protecting human rights in childbirth

UNIVERSITY OF BIRMINGHAM

Birthrights and University of Birmingham present

Strengthening equity: Advancing Cultural Safety in UK Maternity Care

2nd June 2026, Birmingham

Symposium Report

Executive Summary

Introduction

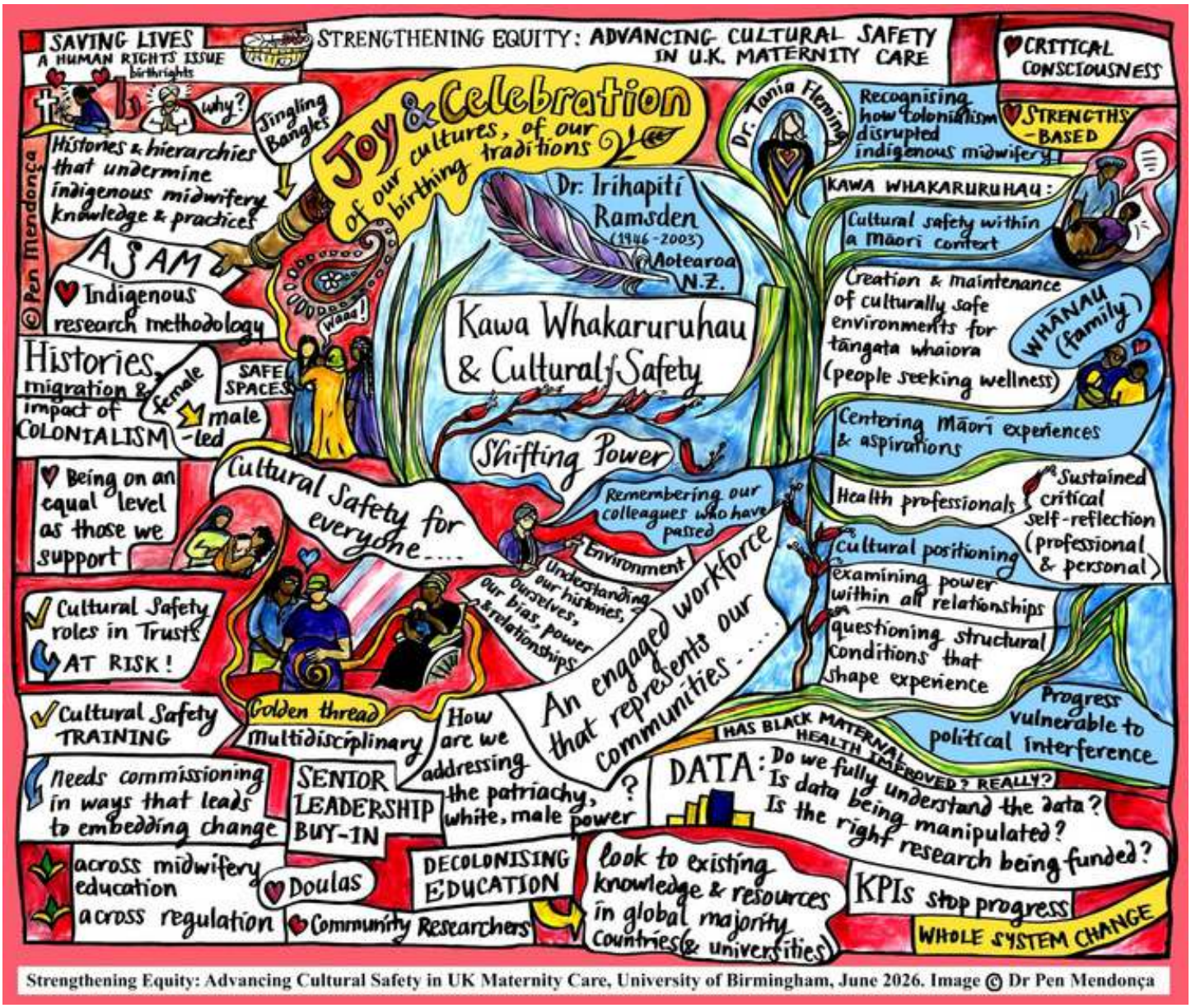
UK maternity care is in the midst of a poly-crisis with chronic understaffing, systemic failures in safety and structural racism highlighted in the recently published National Maternity and Neonatal Investigation. This comes against a background of increasing hostility towards migrants, asylum seekers, LGBTQ+ populations and a push back against initiatives aimed at increasing equity in health and public life. At the same time, maternal health disparities persist with white women and birthing people and babies more likely to survive childbirth than black and brown women and birthing people. As a result, patient trust in maternity care has eroded and midwives face an uphill struggle in fulfilling the 'with woman' role underpinning their profession without the resources needed to provide safe and human-centred care.

In response, the Health and Social Care Committee recommended mandatory cultural competency training for all midwives. Although cultural competence is an important part of equitable care, it's emphasis on professional knowledge of ethnic and cultural practices without the structural Rehumanising maternity care- particularly for those populations most at risk of inequity and discrimination- requires the more deeply anti-oppressive framework offered by Cultural Safety.

Cultural Safety is an approach to healthcare developed in the 1990's by Māori nurse Dr Irahapeti Ramsden in Aotearoa New Zealand as a response to widespread inequity experienced by the indigenous Māori population within the British colonial-imposed health system. Cultural Safety aimed to provide a framework to better equip the workforce to care for the Māori population through deeper cultural understanding alongside critical self-reflexivity and attention to the power dynamics at play within health. Under the Cultural Safety framework, a patient's safety can only be self-defined, further challenging the power imbalance between care giver and care receiver.

Cultural Safety is increasingly employed as a healthcare ethic and intervention in UK maternity care, yet it remains poorly understood as a concept and unmapped as an intervention. This symposium sought to bring together midwives, birth workers, advocates and policy makers involved in addressing maternal health inequity to explore how Cultural Safety is being used in practice and to imagine what a culturally safe maternity service would look like. It also sought to ask the question- is Cultural Safety what we need? The reply from the symposium floor was a resounding *yes*.

This report aims to capture and share some of the learnings from the day which used the Appreciative Inquiry framework to shape our conversations. We thank all those who attended, spoke, challenged and listened with openness and honesty. Taking our strengths rather than our deficits as a starting point, we were able to begin to map the culturally safe future that UK maternity care so desperately needs.



Strengthening Equity: Advancing Cultural Safety in UK Maternity Care, University of Birmingham, June 2026. Image © Dr Pen Mendonça

Using the Appreciative Inquiry framework and methods

Appreciative Inquiry is a strength-based approach to organisational change which looks to build on what is working well, involving all members of an organisation or stakeholders in the change at hand. Appreciative inquiry is typically executed through a collaborative 5-step process known as the 5-D cycle: *Define* (identifying the topic), *Discover* (identify what is working well), *Dream* (envisioning what might be), *Design* (determining what should be, creating strategies and processes), *Deliver* (execution and implementation).

Our programme employed the framework by dedicating one session to each stage of the cycle. We *defined* the topic with a keynote speech by Dr Tania Fleming, a midwife academic and researcher on Cultural Safety visiting from Aotearoa New Zealand who provided an account of the highly politicised history of Cultural Safety and Kawa Whakaruruhau (Cultural Safety for the Māori population) and how it was implemented across education, regulation, leadership, and everyday clinical practice. Our first panel (discover) looked at examples of Cultural Safety in clinical practice today. During the lunch break, participants were encouraged to dream of what culturally safe maternity care looks like by interacting with Ketso boards. The design phase was led by a panel representing different areas of maternity care; education, policy, third sector and research exploring how Cultural Safety might be embedded. In our final discussion, participants were asked to reflect on the conversations over the day and how Cultural Safety might be delivered. They are also asked to write down one action they will take forward to advance

Cultural Safety. The conversations were captured in real time by graphic facilitator Dr Pen Mendonca, encouraging contributions and engagement.

We used speakers and panels merely as a jumping off point, stressing this is not a conference, but a symposium. Equal amounts of time were given to open floor discussion as to scheduled speakers in order to leave space for everyone in the room to have their say.

The symposium generated rich discussion across all stages of the Appreciative Inquiry cycle. Rather than summarising these conversations thematically, this report follows the 5-D framework itself to capture both the strengths already present in UK maternity care and the collective vision for embedding Cultural Safety more fully across the system. What follows reflects the key insights, priorities and actions identified by participants over the course of the day.



Key strengths identified

We started the day the *understanding* stages of the 5-D cycle: Define and Discover, in order to clearly state the function and history of the intervention and to find out how it is being employed in UK maternity care currently.

Our keynote (define) outlined the origins of Cultural Safety as a Māori health intervention including the challenges of implementing and maintaining it against political changes and backlash and parallels were drawn between the example of Aotearoa New Zealand and the attacks we are seeing in the UK on Equality, Diversity and Inclusion (EDI) and other interventions aimed at improving equity of access for underserved groups. Learning about the process of moving Cultural Safety from theory to practice was highlighted as particularly useful by attendees.

Our second panel went on to present existing examples of culturally safe care (discover) which were used as a springboard for further examples from the floor and discussion.

Existing examples of culturally safe care

- *Conversations with* series of community engagement sessions bringing people with distinct cultural needs together with maternity staff to increase awareness and reduce barriers (examples include women and birthing people living with HIV, FGM and from Jewish communities)
- Naming racism in incident reporting as a category of it's own and raising awareness that racism is not always perpetrated as an act of aggression or disruption
- The Golden Thread- weaving Cultural Safety through all areas of maternity care
- Association of South Asian Midwives' 'Not my Name' campaign- raising the importance of correctly pronouncing peoples' names to tackle depersonalisation and support workforce inclusion
- Free doula services for groups experiencing marginalisation in order to improve advocacy and act as a cultural bridge

Other examples of strengths highlighted in discussions included the use of the continuity of care and other community-led models of midwifery care, strong partnership working and staff commitment to change.

Collective insights

Data was gathered over the course of the day through graphic facilitation, notes, Ketso board engagement and a follow up survey to capture the contributions of all participants. Using the Appreciative Inquiry framework, we summarise the action areas of the 5-D cycle as follows:

Dream: What does a culturally safe maternity care system look like?

A maternity system grounded in equity, safety and trust

Participants envisioned maternity care where Cultural Safety is not an optional extra but fully integrated into every aspect of care, education, policy, and leadership. At its core, this would mean:

- Equitable outcomes and experiences for all women, birthing people, babies, and families regardless of ethnicity, immigration status, postcode, sexual or gender diversity, language, religion, or socioeconomic background.
- Cultural Safety being recognised as a patient safety issue, with disparities in mortality, morbidity, and experience routinely monitored, reported, and acted upon.
- A system built on trusting relationships, dignity, and informed choice, where women and birthing people feel listened to, respected, and empowered to make choices about their care.

Compassionate, person-centred care

The collective vision centred the relationship between the midwife and the person giving birth with particular attention to the power imbalance inherent in the health care giver/receiver relationship:

- Kindness, empathy, and compassion embedded into everyday interactions.
- Women able to birth in the way and place they choose, including accessible and fully functioning home birth services.
- Care that recognises "the human, not the condition."
- Services that proactively adapt to cultural, linguistic, and family needs, including access to interpreters and multilingual resources.

Safe and inclusive environments for staff and families

Cultural Safety was also imagined as benefitting the workforce and addressing the isolation of midwives in roles that address inequity:

- Safe spaces for staff and service users to speak openly, reflect, and challenge inequity.
- A diverse workforce that reflects the communities it serves.
- Teams that feel confident, supported, and equipped to deliver culturally safe care.
- Joy, celebration, and affirmation of diversity rather than deficit-focused narratives.

Structural and systemic transformation

Participants recognised that achieving this vision requires deeper system change:

- Dismantling existing power structures and rebuilding services alongside and involving communities.
- Embedding Cultural Safety into regulation, governance, and professional standards, including in the NMC Code.
- Anti-racism training for senior leaders, board members, and maternity decision-makers as well as frontline staff
- Sustainable funding for research, community partnerships, and advocacy.

Design: How do we embed Cultural Safety in different areas of maternity care?

Transform education and workforce development

Education was seen as key to a culturally safe future:

- Introduce Cultural Safety education from the beginning of professional training
- Co-design midwifery education programmes with students and service users.
- Increase diversity among educators and assessors.
- Make Cultural Safety and anti-racism training mandatory, face-to-face, and ongoing for all staff.
- Embed Cultural Safety into recruitment, interviews, appraisals, and regulatory competencies.
- Protect student-staff ratios to safeguard learning quality.

Key insight: Cultural safety must move beyond cultural "awareness" or "competence" and become a lifelong reflective practice.

Strengthen clinical practice

Embedding cultural Safety in care delivery requires:

- Creating space for meaningful conversations about cultural needs, preferences, and birth practices.
- Ensuring these conversations are documented and acted upon throughout care journeys.
- Supporting midwives through better staffing, wellbeing support, and "midwife the midwives" approaches.
- Protecting whistleblowers and enabling executive allyship.
- Providing maternity-specific interpretation services across all Trusts.
- Avoiding language that blames women's bodies or individualises systemic barriers.

Key insight: Staff need both practical support and permission to practice differently.

Build accountability into systems and leadership

Participants highlighted the importance of organisational accountability:

- Embedding Cultural Safety into governance, inspection, and clinical competencies.
- Upholding these standards through disciplinary procedures for culturally unsafe or discriminatory behaviour
- Making Trusts accountable for workforce diversity and equity outcomes.
- Developing clearer processes for responding to disparities and discrimination.
- Strengthening leadership understanding of anti-racism and structural inequity.
- Positioning Cultural Safety as a guiding philosophy, not a project.

Key insight: Culturally safe maternity care needs commitment from the top down.

Centre communities and co-production

There was strong agreement that communities must shape maternity systems:

- Move beyond tokenistic PPI (Patient and Public Involvement) toward genuine co-production.
- Pay communities and grassroots organisations for their expertise and time.
- Meet women and birthing people in their own spaces and create psychologically safe environments for dialogue.
- Use lived experience to shape service design, improvement, and evaluation.

Key insight: Those most affected by inequities must be central to designing solutions.

Support research and evidence for change

Research was seen as essential but underutilised:

- Fund midwifery and Cultural Safety research more sustainably.
- Start with gaps and priorities identified by communities.
- Ensure meaningful PPI from the outset.
- Translate existing evidence into action, rather than generating data without implementation.

Key insight: Research requires meaningful engagement and must prioritise action

***Deliver*:** What actions will we take to advance Cultural Safety in maternity care?

Immediate priorities for action

Establish a Community of Practice for advancing Cultural Safety

A recurring action was creating stronger connections across sectors:

- Build a network inclusive of clinicians, educators, researchers, advocates, and communities.
- Learn from international models such as Aotearoa New Zealand, where Cultural Safety is more established.
- Share good practice and practical tools.
- Be a resource to advance understanding of the concept and its application in health policy and practice.
- Support midwives and other birth workers active in inequity and Cultural Safety roles.
- Monitor and respond to political changes and pushback against equity in health work.

Embed Cultural Safety into regulation and standards

Participants identified the need to:

- Make Cultural Safety a formal professional competency.
- Align it with anti-racism principles and regulatory frameworks.
- Integrate it into job descriptions, supervision, and appraisal systems.

Invest in infrastructure and resources

Practical enablers include:

- Funding interpretation services.
- Funding leadership development and Cultural Safety champions.
- Supporting grassroots organisations with sustainable funding.
- Creating toolkits and accessible learning resources.

Strengthen accountability mechanisms

Action needs to be measurable:

- Collect and act on equity data.
- Investigate disparities transparently.
- Monitor whether recommendations are being implemented nationally.
- Ensure Cultural Safety is embedded in Trust-level governance and national clinical standards.

Amplify lived experience and advocacy

Participants committed to:

- Continuing to advocate for underrepresented voices.
- Using lived experience insights in service design.
- Raising awareness in every training, conversation, and quality improvement process.



What the symposium meant to participants

Participant feedback described the symposium as a highly valued and energising space for connection, reflection, and solidarity. Many described the event as "recharging," "validating," and "empowering," emphasising the importance of being in a room with other midwives and birth workers committed to advancing reproductive, racial and social justice. For many, the event offered reassurance that this work is shared, particularly in an area that can often feel isolating for those leading equity and inclusion interventions.

Attendees consistently reflected on the value of creating a space where learning, honest dialogue, and critical reflection could take place. The symposium was described as eye-opening and thought-provoking, encouraging participants to think more deeply about Cultural Safety and its role in addressing inequities in maternity care. There was a strong appreciation for the diversity of voices in the room, with participants noting the importance of broadening representation and moving beyond the "usual voices" in these conversations.

Overall, the feedback suggests the symposium provided not only a valuable learning opportunity but also an important collective space for celebration, connection, and renewed commitment to embedding Cultural Safety, equity, and community partnership across UK maternity services.

Call to Action

The urgency of addressing inequity in UK maternity care cannot be overstated. The conversations in this symposium made clear that Cultural Safety offers both a framework and a practical pathway for transforming care, but progress will require collective commitment, sustained leadership and meaningful investment.

We call on regulators, educators, NHS Trusts, researchers and policy-makers to act now: to embed Cultural Safety into standards, training, governance and service design; to strengthen accountability for inequity and discrimination; and to centre the voices and expertise of the communities most affected.

Conclusion

This symposium reached a clear consensus that Cultural Safety is a necessary framework for addressing the deep and persistent inequities that continue to shape outcomes and experiences across UK maternity services. At a time when trust in maternity systems has been profoundly shaken, and when racialised, migrantised and otherwise marginalised communities face increasing hostility both within and beyond healthcare, Cultural Safety offers both an ethical approach and a structure for change.

Across the day, participants demonstrated that the foundations of culturally safe practice already exist within UK maternity care. From community-led engagement and continuity models to anti-racist workforce initiatives and advocacy-led approaches, there is important work underway. Yet these examples remain fragmented, often under-resourced, and vulnerable to wider political and organisational pressures. The challenge ahead is not simply to innovate, but to protect and scale what is already working.

The discussions reinforced that Cultural Safety must move beyond individual training and become embedded as a guiding principle across the whole maternity system. Change must be involve education, regulation, leadership, clinical practice, research and community partnership. This requires courage to name and address racism, commitment to dismantling harmful power imbalances, and investment in the workforce and communities who sustain this work.

Through the course of the day, participants conveyed a shared vision of maternity care rooted in trust, compassion, accountability and co-production. They also identified practical and immediate actions to move that vision forward, including building a Community of Practice, strengthening governance and accountability, and ensuring lived experience remains central to service design.

With the publishing of the National Maternity and Neonatal Investigation findings there is an opportunity to move Cultural Safety from aspiration into action, recognising that there is no safety without Cultural Safety. The discussions from this symposium mark a starting point to work collectively, across disciplines and alongside communities, to rehumanise the maternity care system so it is safe for all women, birthing people, babies and families.