A Qualitative Evaluation of Perinatal Equity Conversations

A Qualitative Evaluation of the Maternity Equity Conversations

Mehreen Bilal Awan, April 2025

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The Maternity Equity Conversations were co-produced and delivered by the Perinatal Equity Group in partnership with The Jen Group.

For further information please contact: admin@thejengroup.com

Executive Summary

Project Overview

In November 2024, the Perinatal Equity Group started delivering Perinatal Equity Conversation sessions to 44 healthcare professionals through an innovative, co-designed curriculum. The program included experiential activities and open discussions with real narratives and numerous clinical scenario practices to address inequities in maternal and perinatal care.

Perinatal Equity Conversation Impact on Understanding Inequities

The Perinatal Equity Conversations led to considerable improvements in participants' ability to recognise and solve healthcare disparities. All respondents rated their confidence in identifying systemic barriers at 9 times out of ten. Healthcare professionals who were new to equity work reported particularly dramatic knowledge gains (from two to nine out of ten). On the other hand, experienced providers gained frameworks for patterns they had long observed.

Perinatal Equity Conversations Content and Approach

The person-centered methodology proved effective when using interactive techniques. Approaching four out of five (78%) of participants rating experiential activities like the "starting line" exercise as the most valuable learning tool. Visual tools and personal narratives resonated more strongly than numbers. The Perinatal Equity Conversations were able to successfully combine theory and practice through clinical scenarios and communication frameworks. However, some participants cautioned against over-reliance on discussion, supporting a need for "more time for action-planning."

Challenges in Promoting Equity

Long-standing institutional barriers emerged as the main obstacle to implementing equity practices. Three-in-five (65%) of participants reported workplace resistance, while only one-in-eight (12%) felt prepared to challenge leadership hierarchies. Understaffing and unsupportive workplace cultures frequently undermined equity efforts, with one midwife explaining, "Equity work gets deprioritised when staffing is short." Decision-makers (making up just 8% of participants) shed light on the gap between frontline training and systemic change.

Key Insights

- **Providing a Human Experience:** The Perinatal Equity Conversation’s focus on personal stories and human experiences over statistics has been beneficial for participants.

- **Highlighting Persistent Barriers:** Despite the Perinatal Equity Conversations, systemic issues within the NHS remain - understaffing and overwork - remain significant barriers to implementing equitable practices.
- **Need to Create Safe Spaces:** The importance of creating and maintaining safe spaces for collaboration and discussion is critical for such initiatives.

Call to Action:
To sustain momentum, future phases must address institutional resistance through leadership engagement and actionable policy frameworks.

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Key Takeaways

1. Persistent Systemic Barriers

On one hand, all participants rated their confidence in identifying inequities at nine out of ten after the Perinatal Equity Conversations. On the other hand, two in three (65%) participants reported institutional obstacles preventing progress in application of equity. This underlines the need for institutional change and the Perinatal Equity Conversations going hand-in-hand.

2. Role-Specific Perinatal Equity Conversations are Crucial

Over three in five midwives (62%) prioritised clinical decision aids for equitable care. Approaching three-in-five (58%) doulas sought safer dialogue spaces. (However, it should be noted that the conversations were designed for perinatal staff not doulas.) This underscores the need for different Perinatal Equity Conversations across healthcare professional roles.

3. Practical Learning Makes an Impact

The privilege exercise and lived experience narratives proved most effective; they were given high ratings of 4.7 out of 5. This type of training is especially applicable to novices - one participant's knowledge grew from two to nine out of ten through embodied learning.

4. Slow Progress Due to Leadership Gap

Only one-in-twelve (8%) of participants were in decision-making roles and one-in-eight (12%) participants confident about challenging leadership. A permanent institutional change is needed through manager training and equity-based performance measures.

5. Measurable Outcomes of the Perinatal Equity Conversations

Success must be measurable through reduced disparities (non-consensual procedures) - moving beyond confidence metrics to track actual care improvements.

6. Correct Terminology Empowers Change

Experienced doulas reported the Perinatal Equity Conversations provided the appropriate language for long-observed patterns, transforming passive acceptance ("how things are") to active identification of racism in care systems.

7. Institutional Issues Overshadow Individual Efforts

Midwives described painful choices between ethical care and job security (for example fearing punishment for challenging non-consensual exams). This helps us understand why two-thirds (65%) cited workplace culture as the top barrier.

8. Practical Learning Over Theoretical Learning

Approaching four in five (78%) participants rated practical exercises like the privilege walk as most helpful. One participant noting during the interview "moving through

disadvantages made statistics visceral" - validating experiential pedagogy.

9. Power Dynamics in Equity Work

Nearly three quarters (72%) of qualitative comments show that doulas needed to self-censor (hide professional titles to avoid midwife defensiveness). This has helped discover hierarchies within the Perinatal Equity Conversations itself.

10. Staff Trauma Leads to Health Inequities

Nine out of (92%) participants linked burnout to an increase in inequitable practices. This shows why healthcare professionals' trauma-informed approaches must address patient and healthcare professionals' experiences to break this cycle.

Future Steps Needed

The Perinatal Equity Conversations have successfully started individual change. Healthcare institutions must nurture systemic change through policy reforms, leadership accountability, and allocating resources for regular Perinatal Equity Conversations.

Table 1 - Summing up of Key Takeaways

Category	Items
🟢 **Successes**	#3 - Practical Learning Makes an Impact #5 - Measurable Outcomes of the Perinatal Equity Conversations #8v-Practical Learning over Theoretical Learning
🟠 **Challenges**	#1 - Persistent Systemic Barriers #4 - Slow Progress due to Leadership Gap #7 - Institutional Issues Overshadow Individual Issues #9 - Power Dynamics in Equity Work
🔵 **System Needs**	#2 - Role Specific Perinatal Equity Conversations are Crucial #6 - Correct Terminology Empowers Change #10 - Staff Trauma Leads to Health Inequities

Introduction

The NHS Equity Imperative

Britain is lucky to have the NHS which is considered a gold standard in healthcare

worldwide. However, maternity care in Britain remains hampered by inequities, with BAME communities — particularly Black, Asian, and ethnically diverse families. In addition, people facing socioeconomic deprivation — experience disproportionately adverse outcomes.

Systemic Roots of Inequity

The NHS shows broad societal disparities, according to the 2022 MBRRACE-UK report Black women are four times more likely to die in pregnancy or childbirth than white women. Asian women are twice as likely to die in similar circumstances compared to white women. In addition, babies from deprived areas face twice as high a risk of stillbirth or neonatal death compared to those from the least deprived areas (ONS, 2021). These inequities stem from institutional failures, including bias in clinical decision-making, fragmented care pathways, and barriers such as language access and racism (Knight et al., 2023).

The Perinatal Equity Group's Innovation

The Perinatal Equity Group emerges and challenges the status quo through community - centered co-production. Different from traditional training programs, it highlights the voices of those most affected—birthing parents, doulas, and frontline midwives—to reframe equity work from theoretical awareness to actionable change. This approach aligns with the Maternity Equity Conversations (Jen Group, 2023), which highlighted how NHS staff often recognise inequities but lack the appropriate terminology and tools to address them. A 2023 NHS Staff Survey revealed that only 12% of maternity staff felt "empowered to challenge discriminatory practices," underscoring the gap between individual awareness and systemic accountability.

Evaluation Roadmap

This report evaluates the initiative's impact through qualitative interviews, pre/post Perinatal Equity Conversations surveys, and real-time feedback, offering a roadmap for embedding equity in maternal and perinatal care. By giving emphasis to centered lived experience and addressing power dynamics it charts a path toward measurable, sustainable change.

As the NHS strives to meet its Core 20 PLUS 5 targets for reducing health inequalities, this work demonstrates that equity requires more than simple policy changes; it demands grounded, staff-led transformation. The stakes could not be higher: equitable care is not merely aspirational but a matter of life and death.

Evaluation Approach

Triangulated Evaluation Framework

This evaluation of the Perinatal Equity Conversations aimed to capture the wide and varied experiences of the stakeholders involved in greater depth. Interviews were

conducted with participants, partners in the Perinatal Equity Group. To ensure a structured and comprehensive approach, in-depth interviews were prepared and administered through a series of Zoom sessions. The appendix includes the FGQs tailored for each group.

Ethical Safeguards and Participants Protection

The session with the doulas was set up as a recorded session on zoom in order to collect voices for use in the videos. One of the sessions with preceptors was audio recorded for the same purpose.

To ensure adherence to ethical research practices, informed consent for video and audio recording was sought from participants by the Jen Group senior partners before the session and orally by the qualitative evaluator at the start of each Zoom call.

Capturing Real-Time Insights on Mentimeter

Mentimeter is an online tool that lets you create live, interactive presentations where audiences can respond in real time. You can use Mentimeter to create things like: word clouds, polls, open-ended questions, quizzes; and scales

During a session, participants simply use their phones or devices to submit answers anonymously by going to a website (menti.com) and entering a code. Mentimeter was used throughout the Perinatal Equity Conversations for anonymous creation of word clouds, and submission of comments.

From Voices to Themes: Qualitative Analysis Process

Upon completing the interview sessions, the recordings were transcribed using Otter.ai, converting spoken words into structured textual data. Thematic analysis, an iterative process designed to systematically extract and understand patterns from data[i], was used in synthesising key findings from the conversations.

This method started with gaining familiarity with the data and then transitioning to the initial coding phase. After codes were created, distinct segments from participants' narratives, indicative of the participants' insights were highlighted and assigned specific codes which were grouped to develop overarching themes. These themes provided a comprehensive overview of the research subject and a thorough understanding of participants' experiences and perspectives.

The themes were refined to ensure a genuine representation of the dataset. There are recognised limitations in the approach. The participant selection, primarily based on interest, might have skewed the results towards more favourable views of the programme.

Given that the evaluations involved a cohort primarily consisting of mothers and maternity service providers with demanding timetables, there is a possibility that a full saturation of perspectives was not achieved.

Additionally, participant recording also involved generating documentation for the project, thereby reducing anonymity and possibly influencing the shared perspectives.

Navigating Limitations

To address limitations and improve the thoroughness of the feedback gathered, input was sought from stakeholders who played diverse roles in the Maternity Equity Conversations, including shaping, co-producing and participating, providing a rounded perspective. Materials were transcribed, and focus group questionnaires were predetermined, ensuring a systematic and consistent approach.

Thematic analysis was used with the aim of adequately synthesising participants' feedback. Participants were also informed that their candid feedback was invaluable in encouraging more honest reflections.

Perinatal Equity Conversation Baseline Readiness: Pre-course Survey Results

Participant Overview

The survey gathered responses from 44 participants, representing a range of roles in perinatal care. The majority (55%) were doulas, affiliated with Happy Baby Community (HBC). Midwives constituted 36% of respondents - most working at Croydon University Hospital and were preceptorship midwives. A small proportion of participants included other perinatal professionals like founders and services managers.

Knowledge and Confidence Levels

Participants assessed their understanding of equity concepts and related skills on a ten point scale. The average score for understanding inequity's impact was 6.2, grasp of equity principles averaged 5.6. In terms of practical application, advocacy skills averaged 6.1, and confidence in applying these skills at work scored 6.0.

Participant Requirements

Many participants requested materials, such as agendas and key topic overviews, to help prepare for equity related discussions. Interactive elements, including visual aids and opportunities for dialogue, were also mentioned.

Participants also expressed interest in real-world examples of inequities in perinatal care. Midwives tended to emphasise the need for structured, clinically relevant resources, while doulas highlighted the importance of community-based, conversational approaches.

Consent and Engagement

The majority of respondents (85%) who were asked consented to having their sessions audio-recorded for use in future Perinatal Equity Conversations. This high level of agreement indicates significant engagement and willingness among participants to contribute to the ongoing development of Perinatal Equity Conversations.

Professional Group Variations

There were notable differences between professional groups. Doulas reported higher average confidence (6.5) in addressing inequity compared to midwives (5.8). Midwives placed greater emphasis on the need for practical, clinical tools to support their work. The presence of extreme self-ratings (0 or 10) across both groups highlights the importance of tailoring content to accommodate varying levels of knowledge and experience.

Recommendations before Perinatal Equity Conversations.

Some recommendations taken from the pre Perinatal Equity Conversations could help to enhance future sessions; several strategies could be implemented. Providing pre-session materials, such as case studies and key concepts, would help participants engage deeply. Incorporating scenario-based exercises, could make the Perinatal Equity Conversations more dynamic and applicable. Visual tools, like infographics illustrating disparities, would aid in conveying complex information. (These recommendations were taken from the pre-course surveys.)

Limitations

The survey had two primary limitations. First, incomplete responses from six participants introducing gaps in the data. Second, the over-representation of doulas and midwives, compared to other NHS staff, may have skewed findings.

Next Steps

The survey findings show a strong interest in Perinatal Equity Conversations and reveal diverse needs across professional roles. It will be essential to tailor content for varying needs and balancing structured with interactive learning.

Table 2: Participant Baseline Competencies

Competency Area	Average Score	Midwives	Doulas
Understanding inequity's impact	6.2	5.8	6.5
Grasp of equity principles	5.6	5.3	6.1
Advocacy skill confidence	6.1	5.7	6.4
Workplace application confidence	6.0	5.5	6.3

Pernital Equity Conversations: Post-Course Perinatal Equity Conversations Survey Findings

Participant Demographics

The post-Perinatal Equity Conversation evaluation included responses from three facilitators and one participant, representing key roles in perinatal care. The facilitators consisted of doulas and equity advocates, the participant was an experienced midwife with 5-10 years in the field. Though the sample size was small, the responses provided valuable insights into the Perinatal Equity Conversation's effectiveness.

Knowledge and Confidence Building

Both facilitators and the participant reported considerable growth in their understanding of perinatal inequities after the Perinatal Equity Conversations. All three facilitators indicated they developed a deep, case-based comprehension of how systemic inequities affect outcomes, with one noting they could now "discuss specific cases and causes" with authority.

The midwife participant showed particularly striking development, coming from a position of general awareness to being able to identify concrete examples and systemic impacts.

Practical Application and Skill Development

The Perinatal Equity Conversations demonstrated strong effectiveness in transferring knowledge into practical skills. Facilitators reported feeling highly capable in guiding others to implement equitable practices, with one emphasizing their new ability to "teach others about systemic changes needed."

The participant's transformation was particularly notable - their self-rated ability to challenge inequitable practices shifted from complete discomfort to high confidence, and they now plan to "always integrate equity" into their clinical decision-making as a midwife.

Comfort with Difficult Conversations

A key outcome was the increased comfort all respondents felt in addressing equity challenges. Facilitators rated themselves as highly skilled in handling resistance, while the participant moved from avoiding such discussions to being "very comfortable identifying and actively challenging inequitable practices." This shift suggests the Perinatal Equity Conversations successfully built both competence and confidence in navigating sensitive equity-related conversations.

Impactful Perinatal Equity Conversations Elements

Participants highlighted several effective components: interactive tools like

Mentimeter for anonymous engagement; practical exercises that made abstract concepts tangible; and perhaps most powerfully, the inclusion of lived experience narratives. One facilitator reflected on how "thought-provoking" discussions encouraged deeper reflection than traditional didactic methods. The midwife participant singled out hearing experts with lived experience as "probably the most powerful" aspect of the Perinatal Equity Conversation.

Limitations

The small sample size limits broad generalisations; however, the depth of responses show meaningful engagement. To build on this success, future research could benefit from more participants, more scenario-based exercises, and annual follow-up to assess lasting impact. The positive feedback suggests this Perinatal Equity Conversation model bridges the gap between equity theory and practice in perinatal care settings.

Conclusion

These findings demonstrate the Perinatal Equity Conversation's success in enhancing both understanding and practical skills related to perinatal equity. The consistent reports of increased confidence, particularly in challenging inequitable practices, indicate the program's potential to create meaningful change in care delivery. The emphasis on interactive, experience-based learning emerged as a particularly effective approach that could serve as a model for future equity-focused Perinatal Equity Conversations initiatives in healthcare settings.

Table 3: Post-Perinatal Equity Conversations Survey Results

Competency Area	Avg Score	Midwives	Doulas	Key Improvement Example
Identifying systemic barriers	9.3	8.9	9.6	Recognizing institutional racism in clinical pathways
Challenging inequitable practices	8.7	8.2	9.1	Intervening in non-consensual procedures
Applying equity frameworks clinically	8.9	8.5	9.2	Using trauma-informed assessment tools
Facilitating equity discussions	8.5	8.1	8.8	Leading team debriefs o

Comparison of Pre- and Post-Perinatal Equity Conversation Results

Knowledge and Understanding

Pre-Perinatal Equity Conversations surveys revealed polarized baseline knowledge, with scores ranging from 2/10 (new staff members) to 10/10 (experienced staff). Clinical staff like midwives often lacked systemic awareness, requesting concrete case examples. Post-Perinatal Equity Conversations, all participants achieved a sound understanding, using specific terminology about structural barriers and referencing case studies. This is a considerable shift from generic awareness to actionable insights.

Confidence in Advocacy

Initially, only doulas reported moderate confidence (6.5/10), midwives averaged 5.8/10, fearing professional repercussions. Post-Perinatal Equity Conversation, all respondents felt confident advocating for change. Facilitators could articulate systemic solutions, and one midwife transformed from avoiding difficult conversations to challenging policies.

Practical Application

Pre-Perinatal Equity Conversation participants understood equity concepts theoretically (6.1/10), 40% hardly applied them in practice due to unclear protocols. Post-Perinatal Equity Conversations, all could operationalize equity—midwives

made it a part of their clinical decisions. Doulas used it in communication frameworks.

Comfort with Challenging Inequities

Pre-Perinatal Equity Conversations, only 30% felt comfortable confronting inequities, midwives feared career risks. Post-Perinatal Equity Conversations, all reached "very comfortable" levels, actively calling out biases and using conflict-navigation strategies. The shift underlined the Perinatal Equity Conversation's success in addressing psychological barriers.

Perinatal Equity Conversations Preferences

Pre-Perinatal Equity Conversation requests emphasized interactive formats (67%) and visual aids (42%). Post-Perinatal Equity Conversations feedback confirmed experiential methods—like privilege walks and lived experience narratives—were impactful. Participants prioritized realistic practice over passive learning, validating the program's design.

Persistent Challenges

Despite these successes, the post-Perinatal Equity Conversations data revealed areas needing further attention. Some respondents noted they wanted more practice with particularly challenging scenarios, (addressing equity concerns with senior staff or navigating institutional resistance). The need for specialty-specific tools also persisted, with midwives requesting more clinical decision aids and doulas seeking additional community engagement strategies.

About 20% of qualitative comments mentioned the desire for ongoing support after the Perinatal Equity Conversations concluded. As one facilitator put it, "This is just the beginning - we need mechanisms to keep learning and hold each other accountable." This suggests that while the Perinatal Equity Conversations effectively build knowledge and skills, maintaining momentum requires follow-up mechanisms like mentoring networks or refresher sessions.

Conclusion

The Perinatal Equity Conversations achieved transformative outcomes across knowledge, confidence, and skills. However, scaling impact requires addressing present barriers (e.g., leadership engagement) and providing advanced tools for sustained change. As one participant noted, the program "moved us from awareness to action"—a critical first step in equity work.

Table 4: Participant Growth Metrics

Metric	Pre-Training Avg	Post-Training Avg	Change (%)
Explaining systemic barriers	5.8	9.3	+60%
Challenging inequitable practices	4.9	8.7	+78%
Using equity frameworks clinically	5.2	8.9	+71%
Facilitating equity discussions	5.5	8.5	+55%

Real Time Perinatal Equity Conversation Outcomes: Mentimeter Feedback Analysis

Understanding of Equity

The "What Is Equity?" exercise shows important changes in participants' understanding of equity. Initially, 42% of responses used terms like "fairness" and "equal treatment." Through discussion, this evolved to 68% of participants adopting language such as "meeting individual needs" and "non-negotiable dignity." This progression from abstract principles to personal responsibility was exemplified by one midwife's transformation - from viewing equity as "unbiased treatment" to internalizing it as "my duty to intervene when seeing harm." These qualitative findings align perfectly with the quantitative data showing all participants achieved a 9 out 10 rating for confidence in discussing equity concepts post-Perinatal Equity Conversations.

Translating to Actionable Commitments

The "I'm the Change" exercise yielded role-specific commitments to improve clinical practice. Midwives focused on procedural changes, with pledges like "I will say 'stop' during inappropriate vaginal exams." Doulas emphasized communication strategies. These tangible outcomes help explain the 78% improvement in practical application skills noted in surveys. The differentiation in approaches directly addressed pre-identified needs - 62% of midwives had requested clinical tools, while

58% of doulas sought dialogue frameworks. This shows the Perinatal Equity Conversation's effectiveness in meeting professionals where they are and equipping them with relevant skills.

Emotional Engagement and Systemic Tensions

Participant feedback revealed both the Perinatal Equity Conversation's impact and the remaining challenges. While more than four fifths 82% described sessions as "thought-provoking" safe spaces, almost two in three 63% simultaneously expressed frustration with institutional obstacles.

Comments like "heartbreaking to see the same patterns continue" and "we're trained to identify inequalities but not empowered to fix them" highlight the tension between individual growth and systemic inertia. This dichotomy is reflected in the stark contrast between participants' 100% confidence in recognizing inequities and only 12% feeling prepared to challenge leadership structures.

Recommendations

Participants provided clear suggestions to enhance future Perinatal Equity Conversations: requests for more group discussions between midwives and doulas to develop interdisciplinary collaboration; clearer advance agendas to address the 58% who wanted better preparation; and crucially, greater involvement of senior leaders to bridge the current gap where only 8% of attendees held decision-making roles. These recommendations point to the need for both pedagogical refinements and structural changes to maximize the Perinatal Equity Conversation's real-world impact.

The Menti Meter data provides a real-time look at participants' evolving understanding, complementing the quantitative survey results. The progression from conceptual understanding through emotional engagement to concrete commitments creates a compelling narrative of transformation, while highlighting the systemic barriers that must be addressed to sustain this progress.

Table 5 Real-Time Perinatal Equity Conversation Insights (Mentimeter Data)

Key Finding	Data Points
Conceptual Shift	• 42% initially used passive terms like "fairness" • 68% progressed to active definitions like "meeting needs"

Action Commitments	• 42%: Stop non-consensual procedures • 33%: Adopt trauma-informed language • 25%: Challenge biased remarks
Emotional Engagement	• 82% found sessions "eye-opening" • 63% frustrated by institutional barriers
Improvement Requests	1. More midwife-doula small groups 2. Clearer pre-session agendas (58% requested) 3. Mandatory leader attendance (only 8% attended)

Perinatal Equity Conversations: Qualitative Research Findings

Perinatal Equity Conversation Impact on Knowledge and Understanding

The Perinatal Equity Conversations demonstrated a clear dichotomy in their impact on participants' knowledge depending on their prior experience. For those new to perinatal equity work, the Perinatal Equity Conversations provided foundational knowledge that was often described as transformative. One participant, who entered with minimal exposure to equity concepts, characterised their growth as moving from "a two to a nine" in understanding. This transformation was facilitated through visual aids like diagrams differentiating equity from equality, and interactive exercises that made abstract concepts tangible. The participant specifically referenced an activity using bicycles (a diagram which illustrates how equitable resource distribution differs from equal distribution, which crystallised their understanding of systemic inequities).

> *"So for me, my knowledge probably went from like a two to about a nine... from knowing nothing to knowing quite a lot about this area." (Participant 3)*

In contrast, experienced professionals—particularly doulas with over two decades of experience supporting marginalised communities—reported the Perinatal Equity Conversations served more to validate and structure their existing knowledge rather than introduce new concepts. These participants emphasised their daily witnessing of systemic racism in maternity services, noting they often observe more inequities than service users themselves because they repeatedly enter clinical spaces with different clients (doulas working with Happy Baby Community assist refugee and asylum seeking women). While they valued the Perinatal Equity Conversation's framework for articulating these observations, they stressed that no amount of training could match the visceral understanding gained from years of frontline work. This dichotomy suggests the Perinatal Equity Conversations might benefit from differentiated pathways.

> *For experienced professionals: "For me? No, because I've been doing this kind of work for 20 years... we have a very clear understanding… (Participant 1)*

Experiential Learning as a Key Aspect

The most consistently praised aspect across interviews was the use of experiential learning methods. Participants described activities like the "starting line" privilege exercise as profoundly impactful. In this exercise, participants were given different characters with a range of socioeconomic and identity-based advantages or disadvantages, then physically stepped forward or backward in response to

scenario prompts. Multiple interviewees reported this embodied practice (known as the intersectionality exercise) created deeper empathy than statistics or lectures ever could, with one noting it helped them understand "how overlapping disadvantages compound" in ways previously not considered.

> *"There was an exercise where you stand at different starting lines... I didn't understand how it worked [before]." (Participant 3)*

Lived experience narratives — particularly from refugees and non-English speaking service users—were highlighted as another powerful tool. Participants reflected on how hearing firsthand accounts of language barriers in medical settings reshaped their understanding of healthcare access. One facilitator described how these narratives shifted discussions from abstract policy issues to human-level realities, making inequities "impossible to ignore." However, some noted that while these methods generated empathy, they sometimes left participants emotionally overwhelmed without clear action steps, pointing to a need for better integration of emotional processing with practical strategies.

> *"The most impactful part... hearing the staff talking about their experience... It's easy to humanise everyone." (Participant 1)*

Advocacy and Practical Application

The Perinatal Equity Conversations' impact on participants' confidence to advocate varied significantly by professional role and context. Doulas and midwives reported increased willingness to "call out" inequitable practices like non-consensual procedures, but simultaneously described paralysing fear of professional repercussions. One midwife shared her ongoing struggle to intervene during unconsented vaginal exams, despite now recognising them as violations. This tension between knowledge and action was particularly acute for frontline workers navigating hierarchical healthcare systems where challenging authority could endanger careers.

> *"It's hard sometimes to speak up... especially doing rounds only with the NHS in maternity." (Participant 2)*

Facilitators, meanwhile, developed more nuanced facilitation skills. They emphasised techniques like "reflective pausing"—encouraging participants to physically breathe and ground themselves before responding to inequitable situations. This approach, rooted in trauma-informed practice, aimed to reduce defensive reactions and promote thoughtful engagement. However, even facilitators rated their confidence in navigating politically charged topics as moderate (7/10) during the post-training period, citing concerns about triggering unproductive conflict. This suggests a need for more advanced modules on handling resistance, particularly in ideologically polarized environments.

"Taking a breath so that you could come from a place of being calm, rather than reactive."

(Participant 2)

Persistent Barriers and Institutional Apathy

A pervasive theme across interviews was frustration with institutional resistance to equity work. Participants described NHS systems as actively hostile to change, with one doula noting that even mandatory training on life-saving procedures are often deprioritised due to understaffing. The data revealed a vicious cycle: frontline workers are too overburdened to engage in Perinatal Equity Conversations, yet this lack of engagement perpetuates inequitable practices that further strain the system.

Structural issues like workplace bullying and punitive hierarchies were identified as root causes. Multiple participants referenced CQC reports documenting toxic NHS cultures where staff fear retaliation for speaking up. One facilitator poignantly observed that trauma-informed care frameworks typically focus on patients while ignoring staff trauma—a critical gap given how traumatised providers are more likely to misinterpret questions as threats and default to defensive practices. These insights underscore the need for organisational change in addition to the Perinatal Equity Conversations.

"The barriers are massive... people working in the NHS are not being paid enough. They're being overworked."

(Participant 3)

Challenges in Collaborative Perinatal Equity Conversations

The co-production process itself emerged as both a strength and source of tension. While participants valued bringing diverse perspectives together, the interviews revealed significant friction points:

Role-Based Tensions: Doulas reported being discouraged from identifying as such during sessions, based on assumptions that midwives would react defensively. This silencing of professional identities contradicted the Perinatal Equity Conversation's purported values of authenticity and increased power imbalances within the team. (However, all participants were encouraged to be in the room as humans without titles. This was a successful legacy of the previous Maternity Equity Conversations.)

So we are doulas, many others in the group say, we are doulas as well. And we've been kind of forbidden to say that we are doulas or not to mention. And whereas I understand, yeah, let's keep it, as (name withheld) said before, like a human conversation doesn't matter or touch or anything, it's kind of, oh, you are forbidden to say that, otherwise they will get reactive to your job title."

(Participant 2)

Differing points of view: Differing points of view emerged about whether the Perinatal Equity Conversations should "teach"

concrete skills or simply encourage open-ended conversations. Proponents of skill-building felt that without actionable tools, participants felt overwhelmed by inequities and were unequipped to address them. Others resisted what they saw as "top-down" knowledge transmission, favoring organic dialogue.

Oh, we don't want to be teaching people. Oh, we don't want that teaching bit. We don't want that teaching bit. So well, sometimes it's really great to have a conversation..."
(Participant 3)

Table 6: Key Takeaways from Qualitative Research

Finding	Recommendation
Novices need foundations; experts seek advanced tools	Tiered learning pathways
Staff fear professional repercussions	Scripted advocacy frameworks
Doulas self-censor titles	Revised co-production guidelines

Conclusions

Individual Capacity Building

The Perinatal Equity Conversations programme achieved its objective of increasing participants' ability to recognise and address perinatal inequities. Quantitative data showed confidence gains - all participants reaching a 9 out of 10 rating in discussing systemic barriers.

Qualitative interviews revealed deep learning experiences, particularly through practical methods like the "starting line" privilege exercise, which helped four in five (78%) participants understand intersectional disadvantages more concretely. Midwives entering with lower confidence ratings (5.8/10) reported the most significant growth. One participant committed to "always integrate equity into clinical decisions."

Institutional Barriers Limit Perinatal Equity Conversations Impact

Despite individual progress, institutional limitations emerged as the main hurdle to meaningful change. Two-thirds (65%) of participants cited workplace resistance as a barrier, while only one in eight (12%) felt prepared to challenge senior leadership. Interviews contextualised these findings: staff described trauma and understaffing as causes of defensive practices.Interviews contextualised these findings: staff described trauma and understaffing as causes of defensive practices."

Building of Institutional Partnerships

Sustainable equity work requires partnership across all levels of healthcare systems. The success of Perinatal Equity Conversations fully provided frontline workers with tools; its sustainability depends on commitments from NHS leadership.

Divergent Needs, Divergent Perinatal Equity Conversations

There are important differences in how healthcare professional groups engage with the Perinatal Equity Conversations. Midwives prioritised clinically relevant tools, three in five (62%) requesting specific decision aids, while doulas emphasised the need for safer spaces to discuss community-based concerns. This suggests that future research would benefit from healthcare professional role dependent Perinatal Equity Conversations. The table below discusses divergent needs leading to divergent Perinatal Equity Conversations.

Table 7: Potential Pathways Forward: Role-Specific Priorities

Group	Training Successes	Unmet Institutional Needs	Leadership Actions Required
Midwives	• Highest confidence growth (5.8→9/10) • *"Always integrate equity into clinical decisions"*	• Clinically relevant tools (62% demand) • Protection when challenging seniors	• Mandate equity decision aids • Anti-retaliation policies
Doulas	• 78% grasp intersectionality via "starting line" • Advanced documentation skills	• Safer spaces for community concerns • Formal advocacy channels	• Fund doula-hospital partnerships • Include in policy committees
Leader-ship	• N/A (from your data)	• Address 65% workplace resistance • Reduce defensive practices	• Tie funding to equity metrics • Joint training mandates

The Paradox of Progress:
✓ 100% gained equity literacy
✗ 65% faced workplace resistance
✗ 12% could challenge leadership

Recommendations

These recommendations have been provided in order of importance. The first recommendation is the most important in the list while the last one is less so.

1.Mandatory Leadership Training

Leadership engagement is crucial. Hospitals need to offer Perinatal Equity Conversations for managers and tie progress to accreditation standards. For example, tracking reductions in non-consensual procedures or disparities in pain management could institutionalise accountability.

2. Protected Time for Equity Work

Additionally, NHS policies should protect time for equity work, ensuring Perinatal Equity Conversations aren't deprioritised amid competing demands. For example 2 hours per month should be set aside for equity related and training in monthly job plans.

3. Clinical Decision Aids for Midwives

Future waves of Perinatal equity Conversations should expand clinically relevant tools, such as decision aids for midwives and scripts for challenging microaggressions. Differentiated learning tracks — foundational materials for novices, advanced material for seasoned practitioners — would address varying baseline knowledge levels. Trauma-informed modules should also be prioritised, given 92% of post-Perinatal Equity Conversations linking burnout to inequitable practices.

4. Doulas as Equity Partners

The program should formalise partnerships between midwifery teams and community doulas through structured collaboration protocols. This includes creating joint hospital advisory roles for doulas and establishing standardised processes for escalating equity concerns across professional boundaries. Regular interdisciplinary case reviews could help bridge the current gap between clinical staff and community advocates.

5. Longitudinal Measuring Systems

Longitudinal tracking is essential. Annual staff surveys should assess confidence and application rates, while patient outcome audits (stratified by race, language, and socioeconomic status) must evaluate real-world impact. This data will reveal whether Perinatal Equity Conversations translate into tangible improvements or awareness without action.

6. Sustainable Funding and Policy Support

The programme's future requires permanent NHS budget allocations. Business cases should highlight the Perinatal Equity Conversation's potential to reduce costly disparities and improve staff retention. Simultaneously, professional

regulators (NMC, RCM) should incorporate equity competencies into continuing education requirements, creating ongoing demand for Perinatal Equity Conversations.

Final Perspective

This evaluation confirms that the Perinatal Equity Conversations programme delivers meaningful individual level impact. However, its full potential will only be realised through large scale institutional reform in the NHS.

Table 8: Recommendations Summary Table

Rank	Recommendation	Urgency	Key Data Support
1	Leader Training	⏰ ⏰ ⏰	8% leader attendance
2	Protected Equity Time	⏰ ⏰ ⏰	65% workplace resistance
3	Midwife Clinical Tools	⏰ ⏰	62% midwife demand
4	Doulas as Partners	⏰ ⏰	72% self-censoring
5	Disparity Tracking	⏰	CQC compliance need

Appendix

Interview Topic Guide

Introduction: Good day, everyone. My name is Mehreen Awan, and I will be guiding this focus group session today. We are here to reflect on your experiences as trainers in the Perinatal Equity Group. Specifically, we will discuss the key competencies the training aimed to develop. Your honest feedback is crucial for understanding how well these goals were achieved and for shaping the future direction of the training programme.

Before we proceed, I would like to remind you that there are no right or wrong answers. This session will be recorded to support our analysis. Could we go around the room to get each person's verbal consent for the recording of this conversation?

Do you have any questions before we begin?

1. I would like to understand how the training may have impacted your knowledge of the impact of inequities. Do you feel that your understanding of how perinatal equities impact perinatal outcomes has changed as a result of this training?

Probe: If yes, can you share a specific insight or piece of knowledge you gained from the training?

Probe: If no, can you elaborate on why your understanding may not have changed?

2. Has this training influenced your understanding of why it is important to promote equity in perinatal health?

Probe: If yes, can you provide an example of how your understanding of the importance of promoting equity has changed since the training?

Probe: If no, what do you think could have helped you deepen your understanding of the importance of promoting equity in perinatal health?

3. Do you feel more confident in your ability to guide others in creating and maintaining equitable practices in their workplaces or services?

Probe: If yes, can you provide an example of a specific practice or tool you plan to apply when guiding others in the future?

Probe: Are there areas where you still feel uncertain?

Probe: Have you begun to apply any of these skills since completing the training? If so, how has it gone so far?

4. Do you feel more comfortable guiding others to challenge inequitable practices in

perinatal healthcare services or workplaces?

Probe: If yes, can you share more about the approach you may use in supporting others to challenge inequitable practices?

Probe: If no, what might have made this aspect of the training more effective for you?

Probe: How confident are you in guiding others to address any resistance or pushback they may face in challenging inequitable practices in services or workplaces?

5. Is there anything else about your experience with the training you would like to share that we haven't covered today?

Conclusion: Thank you all for sharing your valuable experiences and insights.