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Derby Health Inequalities Partnership

Maternity and Neonatal Engagement Report

Community Action

DERBY CITY COUNCIL

NHS Derby and Derbyshire Integrated Care Board

NHS University Hospitals of Derby and Burton NHS Foundation Trust

community one
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- Perinatal Support -

Derbyshire Maternity and Neonatal Voices

FamilyHubDerby

Contents

Introduction

The Maternity and Neonatal Engagement Project, delivered by Community Action Derby and funded by Derby City Council Family Hubs and NHS Derby and Derbyshire Integrated Care Board (ICB) through the Derby Health Inequalities Partnership (DHIP), was co-designed and delivered with local voluntary and community organisations, including Derbyshire Maternity and Neonatal Voices, Community One, Connected, and University Hospitals of Derby and Burton, to engage communities about their experiences of maternity and neonatal services. The aim was to build a clearer understanding of community experiences, needs and priorities during pregnancy, birth and early parenthood, and to explore how local services can become more inclusive, accessible and responsive.

Through this project, five community leads across local organisations designed and delivered engagement activities, including workshops, group discussions and informal conversations. These activities created safe and supportive spaces where individuals and families could share their experiences, ask questions and discuss their views on maternity and neonatal care, particularly among communities who experience poorer outcomes or face barriers to accessing services.

As part of the programme, community leads received training and guidance to support the delivery of engagement activity and ensure that conversations were facilitated in a sensitive, inclusive and consistent way. This included support on managing discussions around potentially complex or personal experiences, as well as guidance on accurately capturing feedback. This approach aimed to strengthen confidence in delivering engagement and ensure that community voices were effectively represented within the findings.

The project sought to:

- Listen to community experiences of maternity and neonatal services, including pregnancy, birth and postnatal care.
- Understand what is working well and identify areas where services can be improved, particularly for communities experiencing health inequalities.
- Explore how people access information and services, including barriers such as language, cultural understanding and accessibility.
- Strengthen relationships between health services and community organisations that have trusted connections within local communities.
- Encourage open, culturally sensitive and supportive discussions to improve understanding, confidence and engagement with services.

By working through trusted local organisations, the project aimed to gather insights that will help shape how maternity and neonatal services are delivered across Derby. The learning from this engagement will support the development of more inclusive, accessible and culturally appropriate services, while contributing to longer-term efforts to reduce inequalities in maternal and neonatal outcomes.

Central Education & Training (CET)

Central Education & Training (CET) is a community organisation acting as a trusted hub for diverse and underserved communities in Derby. Their work focuses on supporting individuals who may face language barriers, low health literacy and challenges accessing healthcare services.

Who they engaged with on this project:
Participants included adults from diverse ethnic backgrounds, including South Asian, African, Eastern European and new and emerging communities. Many participants were women and families who may experience language, cultural and access barriers when engaging with maternity and neonatal services.

Number of sessions: 3
Number of participants: 44
Number of community connectors: 9

The sessions were delivered through structured workshops and group discussions held in a familiar and trusted community setting. A conversational and culturally sensitive approach was used, allowing participants to share their experiences openly and reflect on their journeys through maternity and neonatal care.

Demographic Data

Across the three sessions, a total of **44 participants** were engaged from a wide range of ethnic and community backgrounds. The group reflected strong diversity, with participants from South Asian, Black African, Black Caribbean, Eastern European and Roma communities. Based on available data, approximately **30–40%** of participants identified as South Asian, **20–25%** as Black African or Caribbean, and a further **20–30%** from Eastern European and other emerging communities.

In terms of age, participants were predominantly from younger and working-age groups. Around **30%** were aged 18–25, **30–35%** aged 26–35 and **25–30%** aged 36–45, with a smaller proportion (approximately **5–10%**) aged 46 and above. The group was predominantly female, with approximately **85–90%** female participation and **10–15%** male.

In relation to religion, participants identified across a range of faiths, with approximately **40–50%** Muslim, **20–30%** Christian and **10–15%** Sikh, alongside a small proportion who did not state a religion. Most participants did not report having a disability, with approximately **85–90%** indicating no disability and **10–15%** reporting additional needs.

Session 1 – Service Awareness, Barriers and Preferences

Participants demonstrated low awareness and understanding of Family Hubs, with many reporting that they were unaware of the services available or how to access them. While a small number had heard of Family Hubs through informal networks such as family and friends, overall knowledge was limited and often unclear.

Participants indicated that they would be more likely to engage with Family Hubs if information was clearer and easier to access. In particular, they highlighted the importance of:

- Clear explanations of available services
- Guidance on how to access support
- Improved signposting during pregnancy and early parenthood

Direct experience of Family Hubs was limited across the group. Identified barriers to engagement included lack of awareness, language barriers and low confidence in accessing unfamiliar services.

Participants also reflected on their wider experiences of maternity and neonatal care. Key priorities included:

- Access to friendly, supportive and knowledgeable staff
- Clear and consistent communication
- Effective signposting to relevant services
- Improved breastfeeding support, particularly following discharge

Cultural awareness emerged as a significant theme. Participants reported that some healthcare professionals lacked understanding of cultural and religious practices, which impacted their confidence and overall experience. Those new to the UK highlighted uncertainty around how the NHS maternity system operates, reinforcing the need for clearer explanations and culturally appropriate communication.

Participants also described challenges in asking questions or raising concerns, often linked to:

- Language barriers
- Lack of confidence
- Fear of misunderstanding or negative consequences

To address these issues, participants identified the need for more accessible communication, including translated materials, visual resources and delivery through trusted community settings.

Communication

Participants highlighted preferences for how they would like to receive information about maternity and neonatal services. Preferred methods included:

- Face-to-face communication
- Community-based settings and local centres
- Community notice boards

Participants expressed a preference for receiving information from trusted sources, including:

- NHS services
- Family Hubs, particularly in familiar settings
- Local community organisations
- GP practices and healthcare staff

Language and accessibility were key considerations. Participants indicated a preference for:

- Information in community languages
- Visual formats, including videos and images
- Simple, non-clinical language

A range of languages was identified, including Urdu, Arabic, Punjabi, Slovak and Bengali.

Participants also highlighted some challenges, including:

- Difficulty understanding medical information
- Reliance on others for translation
- Limited confidence in asking questions

Overall, participants emphasised the importance of clear, accessible and culturally appropriate communication, delivered through trusted channels.

Session 2 – Pregnancy, Birth and Neonatal Care

General

Participants described a range of experiences across maternity services. Overall, care was viewed positively, particularly in relation to support from GPs and hospital staff. However, communication challenges were consistently highlighted, especially among participants whose first language is not English.

In some cases, participants relied on family or friends for translation, which was not always appropriate or effective.

Antenatal

Antenatal care was generally perceived as positive, although several barriers were identified. These included:

- Language barriers affecting understanding and engagement
- Limited awareness of antenatal education and its purpose
- Lack of wider support networks

Some participants did not access antenatal classes due to these factors, indicating a need for clearer and more accessible information.

Vaccination in Pregnancy

Vaccinations during pregnancy were generally accepted where understood, particularly flu and whooping cough vaccinations. Participants reported that decisions were primarily influenced by the desire to protect both mother and baby. However, awareness of newer vaccinations, such as RSV, was low. Participants identified the need for:

- Clear and accessible information on newer vaccinations
- Community-based communication approaches
- Opportunities to ask questions and build understanding

Birth

Experiences of birth were mixed. Many participants reported positive interactions with staff, including supportive care and reassurance during labour. However, some concerns were raised, including:

- Perceptions that pain or concerns were not always taken seriously
- Birth plans not consistently followed
- Communication barriers affecting confidence and ability to advocate

Some participants noted that they felt more confident when supported by a partner or advocate, particularly where language barriers existed.

Neonatal Care

Neonatal care was generally viewed positively. Participants valued staff taking time to explain equipment and processes, which helped build confidence in caring for their baby.

However, challenges remained, including:

- Communication barriers for non-English speakers
- Lack of continuity in staff
- Limited understanding without clear explanations

Effective communication and reassurance were identified as key factors in reducing anxiety and improving experiences.

Postnatal Care

Postnatal care within hospital settings was described positively, particularly in relation to staff support and practical guidance. Participants highlighted:

- Support with feeding and baby care
- Reassurance from staff during early stages

However, several challenges were identified both during hospital stays and after discharge:

- Long waiting times
- Limited involvement of partners
- Difficulties contacting services after returning home
- Delays in receiving responses to concerns

Community midwife care was valued for its reassurance and continuity, although accessibility remained a concern.

Bereavement Support

Discussions highlighted significant gaps in awareness and access to bereavement support. Many participants reported limited knowledge of available services and described a lack of accessible, community-based support.

Participants emphasised the need for:

- Clear information about bereavement services
- Improved signposting from healthcare providers
- Culturally sensitive support
- Access to local and trusted environments

Support from Other Organisations

Participants reported limited awareness of other organisations offering support. In many cases, no additional services had been accessed, indicating a gap in referral pathways and communication.

Conclusion

The sessions highlight the importance of clear communication, cultural awareness and accessible support across maternity and neonatal services. While care was often described positively, challenges remain around communication, awareness of services and confidence in accessing support.

For some participants, the sessions were the first time they had been made aware of available support, highlighting the need for improved communication and stronger signposting.

Overall, the findings demonstrate the value of community-based engagement and the need for more accessible, culturally appropriate services.

Open Doors Forum

Open Doors Forum is a community organisation supporting Black African Caribbean children, men and women by promoting social unity, increasing access to opportunities, and improving education and career outcomes.

The organisation also provides a safe space for discussion and peer support, working with communities who may experience inequalities in accessing healthcare services, particularly within maternity and neonatal care.

Who they engaged with on this project:
Participants included women from Black African and mixed ethnic backgrounds, many of whom had lived experience of maternity services, including pregnancy, birth, neonatal care and baby loss.

Number of sessions: 3
Number of participants: 22

The sessions were delivered through facilitated group discussions in a safe and trusted environment, enabling participants to share their experiences and reflect on both positive aspects of care and areas of concern.

Demographic Data

Across the three sessions, a total of **22 participants** were engaged from predominantly Black African and mixed Black ethnic backgrounds. Approximately **90–95%** of participants identified as Black African, with a small proportion identifying as mixed ethnicity.

In terms of age, participants were largely from younger and working-age groups. The majority (approximately **70–80%**) were aged 26–35, with a smaller proportion aged 18–25 and very limited representation from older age groups.

The group was **100% female.**

In relation to religion, participants were primarily Christian (approximately **40–50%**), with some participants identifying as having no religion or preferring not to say.

Most participants did not report having a disability, with over **90% indicating no disability** and a small proportion reporting additional needs.

Session 1 – Service Awareness, Barriers and Preferences

Participants generally demonstrated awareness of Family Hubs, with most reporting that they had heard of them, primarily through NHS professionals such as midwives and health visitors.

Participants described Family Hubs mainly as a place for child development checks, health visitor appointments and general support, although understanding of the full range of services available was limited. Some participants reported misinformation, including beliefs that certain services required payment.

Experiences of Family Hubs were mixed. While some participants had attended for appointments such as midwife visits or child development checks, others reported limited engagement beyond these interactions. Concerns were raised about staff knowledge and cultural awareness, with some participants feeling that services were not inclusive or culturally appropriate.

Participants identified several barriers to attending Family Hubs, including:

- Lack of awareness of the full range of services available
- Transport difficulties and competing responsibilities
- Physical barriers following birth, including recovery from C-sections
- Perceptions that services are not inclusive or welcoming
- Experiences of feeling judged or not respected

Some participants also described experiences of discrimination and lack of cultural understanding, which affected their willingness to engage with services.

Participants highlighted that they would be more likely to attend if:

- Services were clearly explained and better promoted
- Staff reflected the diversity of the community
- There was greater cultural awareness and understanding
- Practical incentives or support were available
- Information was relevant, accessible and tailored to their needs

Across discussions, participants emphasised that feeling respected, listened to and understood is essential when engaging with services.

Communication

Participants highlighted preferences for how they would like to receive information about maternity and neonatal services. The most commonly preferred methods included:

- Phone calls and text messages
- Direct communication from NHS services
- Support from community groups and local organisations
- Information shared through trusted networks such as faith groups

Participants placed strong importance on receiving information from trusted and credible sources, particularly NHS services and community-based organisations.

Most participants indicated that English was their first language and did not identify a need for translated materials. However, there was recognition that communication should remain accessible and inclusive, particularly for wider communities who may require alternative formats.

Overall, participants emphasised the importance of clear, direct and accessible communication, delivered through trusted channels.

Session 2 – Pregnancy, Birth and Neonatal Care

General

Participants shared a range of experiences across maternity services, with many highlighting serious concerns about how they were treated. A consistent theme was the importance of being listened to and taken seriously, particularly when raising concerns during pregnancy.

Participants described experiences where they felt:

- Their concerns were dismissed or not taken seriously
- Decisions were made without their involvement
- There was a lack of accountability when things went wrong

These experiences were often linked to perceived discrimination based on ethnicity, age or other characteristics.

Antenatal

Experiences of antenatal care were mixed. Some participants reported positive experiences where care was compassionate and supportive, particularly where continuity of care was present.

However, significant challenges were also highlighted, including:

- Lack of continuity in care, with different professionals at each appointment
- Repeatedly having to explain personal and often traumatic histories
- Not being listened to, particularly as first-time mothers
- Limited awareness or access to antenatal education

Some participants reported that antenatal classes were not offered or were perceived to require payment, which limited access.

Vaccination in Pregnancy

Vaccination uptake during pregnancy was low across the group, with most participants reporting that they had not received vaccinations such as flu, whooping cough or RSV.

Reasons included:

- Lack of trust in vaccines
- Concerns about safety
- Perception that vaccinations were not necessary

Participants emphasised that vaccination was not seen as a priority compared to other issues, particularly the need for healthcare professionals to listen to and respect women's concerns.

Birth

Experiences of birth varied, with some participants reporting positive experiences where they felt supported and cared for. However, many described negative experiences, including:

- Not being listened to during labour
- Lack of continuity in care
- Birth plans not being followed
- Feeling unsupported or dismissed

Participants emphasised that having an advocate or support person present made a significant difference, particularly in ensuring that concerns were heard and addressed.

Neonatal Care

Experiences of neonatal care were mixed. Some participants reported positive experiences, particularly where staff were kind, supportive and took time to explain care.

However, challenges included:

- Lack of communication and information sharing
- Feeling excluded from decisions about their baby's care
- Limited recognition of cultural, emotional or religious needs

Participants highlighted the importance of being involved in decisions and receiving clear, consistent information.

Postnatal Care

Postnatal care experiences varied. Some participants reported positive experiences, particularly where staff were supportive and attentive.

However, many challenges were identified, including:

- Feeling dismissed or not listened to as new parents
- Inconsistent quality of care depending on staff
- Lack of emotional support
- Limited cultural awareness

Community-based care also presented challenges, particularly where communication barriers existed or where participants felt their needs were not fully understood.

Bereavement Support

Discussions around baby loss highlighted that this remains a sensitive and often under-discussed topic. For many participants, the session provided a rare opportunity to speak openly, with some noting that cultural stigma can make these conversations difficult.

Experiences of bereavement support were mixed. While some participants described compassionate care from individual staff, this was not consistent and was often dependent on individuals rather than a coordinated approach. Communication at the time of loss was sometimes described as unclear or too fast, making it difficult to process information during an already distressing time.

A key gap identified was the lack of ongoing support following discharge. Participants described limited follow-up and feelings of isolation once returning home.

Participants highlighted the need for:

- Clear and sensitive communication at the point of loss
- Ongoing emotional support beyond hospital care
- Follow-up contact after discharge
- Access to culturally appropriate bereavement support

Support from Other Organisations

In some cases, participants accessed support from charities or external organisations, which were described as valuable and supportive. However, awareness of these services was limited, and access was often self-initiated rather than through referral.

Conclusion

The sessions highlight significant inequalities in maternity and neonatal experiences, particularly for women from Black and ethnically diverse backgrounds. While some positive experiences were reported, many participants described challenges relating to communication, cultural awareness and being listened to.

For some participants, the sessions provided the first opportunity to openly discuss their experiences, highlighting the need for improved communication and stronger signposting.

Overall, the findings demonstrate the importance of culturally competent care and the need for services to actively listen to and respond to women's concerns.

Derby Asian Women's Network (DAWN)

Derby Asian Women's Network (DAWN) is a community organisation supporting women from South Asian backgrounds, providing culturally specific support, advocacy and safe spaces for discussion. The organisation works with communities who may face barriers in accessing services, particularly due to language, cultural expectations and trust in systems.

Through this project, DAWN engaged women with lived experience of maternity and neonatal services, including pregnancy, birth, neonatal care and baby loss, providing a trusted environment for open discussion.

Who they engaged with on this project:
Participants included women from South Asian backgrounds, many of whom had direct experience of maternity and neonatal services.

Number of sessions: 3
Number of participants: 36

The sessions were delivered through facilitated group discussions in a familiar and trusted community setting, enabling participants to share experiences and reflect on both positive aspects of care and areas for improvement.

Demographic Data

Across the three sessions, **36 participants took part, with 100% identifying as female**. Participants were primarily from South Asian backgrounds, with the majority identifying as Pakistani (approximately **80–85%**) and a smaller proportion identifying as Indian.

In terms of age, participants were largely from working-age groups. The majority (approximately **45%**) were aged 26–35, with a similar proportion (approximately **45%**) aged 36–45, and a smaller proportion (approximately **10%**) aged 46–55. All participants identified as Muslim and most participants did not report having a disability.

Session 1 – Service Awareness, Barriers and Preferences

Awareness of Family Hubs was low across the group, with the majority of participants reporting that they had not heard of them. Those who were aware had mainly accessed information through community-based settings such as infant feeding sessions.

Understanding of what Family Hubs offer was limited, with most participants unsure of the full range of services available.

Experiences of Family Hubs were described as mixed. While some participants found services such as health visitor appointments and baby groups helpful, many felt that services were not fully accessible or inclusive of their cultural needs. Language barriers and lack of confidence in unfamiliar settings were identified as key challenges.

Participants highlighted several barriers to accessing Family Hubs, including:

- Language barriers and lack of interpreters
- Cultural practices, including staying indoors post birth
- Fear of being judged or misunderstood
- Lack of trust in services and concerns about safeguarding
- Limited awareness of available support
- Transport and access challenges

Participants described a strong need for trust and cultural understanding when engaging with services. Some reported feeling that their cultural practices were misunderstood or negatively perceived by professionals.

Participants highlighted that they would be more likely to engage if:

- Staff demonstrated cultural understanding and awareness
- There were trusted community representatives involved
- Services were delivered in familiar community settings
- Communication was clear and accessible

Communication

Participants highlighted preferences for how they would like to receive information about maternity and neonatal services. Preferred methods included:

- Community notice boards
- Face-to-face communication in community settings

Participants expressed a strong preference for receiving information from trusted sources, particularly:

- Local community organisations and groups
- Faith or religious groups
- Family Hubs where trust is established

Language and accessibility were key considerations. Participants indicated a preference for:

- Information in community languages
- Videos and visual formats
- Simple, easy to understand language

Preferred languages included Urdu, Punjabi and Arabic.

Participants highlighted challenges in communication, including:

- Difficulty understanding information provided in English
- Lack of access to interpreters
- Reliance on family members for translation

Overall, participants emphasised the importance of clear, culturally appropriate communication delivered through trusted community channels.

Session 2 – Pregnancy, Birth and Neonatal Care

General

Participants shared a range of experiences across maternity services, with many highlighting communication barriers and lack of access to interpreters as significant challenges.

Only a small number of participants reported having access to interpreters, with the majority relying on family members to translate important medical information.

Participants emphasised the importance of being listened to, involved in decision-making and having access to clear information in their preferred language.

Antenatal

Experiences of antenatal care were mixed. Some participants reported positive experiences where staff were kind, patient and provided clear guidance.

However, many challenges were identified, including:

- Lack of interpreters and language support
- Limited awareness of antenatal services and classes
- Late access to care and information
- Lack of continuity of care
- Difficulty understanding medical information

Participants highlighted that community-based support and guidance played a key role in improving confidence and understanding.

Vaccination in Pregnancy

Vaccination uptake was low across the group. Most participants reported that they had not received vaccinations such as whooping cough, flu or RSV.

Reasons included:

- Lack of awareness and understanding
- Language barriers
- Concerns about safety and side effects
- Lack of clear communication from healthcare professionals
- Low trust in services

Participants emphasised that community-led education and support would improve confidence and uptake.

Birth

Experiences of birth varied. Some participants reported positive experiences where staff were supportive and provided reassurance.

However, many described challenges, including:

- Communication barriers during labour
- Lack of clear explanations
- Feeling unsure or not fully informed
- Lack of continuity of care

Participants highlighted the importance of clear communication and support during labour to improve experiences.

Neonatal Care

Experiences of neonatal care were described as both supportive and challenging. Some participants reported that staff provided reassurance and explained equipment and processes.

However, challenges included:

- Language barriers and lack of understanding
- Limited communication without translation support
- Feeling overwhelmed by the environment
- Cultural and emotional needs not being fully recognised

Participants highlighted that community support or translation would significantly improve understanding and confidence.

Postnatal Care

Postnatal care experiences were often described as stressful and overwhelming.

Challenges included:

- Limited communication and unclear guidance
- Lack of emotional support
- Difficulty understanding information without translation
- Feeling isolated and unsupported

Participants highlighted the importance of:

- Clear, consistent information
- Access to interpreters
- Community-based support and peer guidance

Community midwife care was described as mixed, with some positive experiences where support was clear and practical, but many reporting short visits and limited communication.

Bereavement Support

Most participants reported that bereavement support was offered following baby loss. However, access and effectiveness of support were limited.

Participants highlighted several challenges, including:

- Language barriers preventing understanding of available support
- Lack of interpreters
- Digital exclusion and reliance on online services
- Cultural stigma around discussing baby loss
- Feeling dismissed or not listened to

Support was most effective when it was accessible, culturally appropriate and delivered through trusted community channels.

Support from Other Organisations

Participants highlighted the importance of community-based support, including:

- Local community centres
- Faith groups
- Community connectors

These were seen as more accessible and supportive due to:

- Shared language and cultural understanding
- Familiar and trusted environments
- Less formal and more approachable settings

Conclusion

The sessions highlighted significant barriers in accessing maternity and neonatal services, particularly relating to communication, language and cultural understanding. While some positive experiences were reported, many participants described challenges in understanding information, accessing support and feeling listened to.

There is a strong reliance on community-based support, highlighting the importance of culturally appropriate, community-led approaches to improve engagement, trust and outcomes.

The Nsibidi Project

The Nsibidi Project is a community organisation working with new and emerging communities from African backgrounds, providing culturally relevant support, advocacy and safe spaces for discussion. The organisation supports individuals who may experience inequalities in accessing services, particularly in relation to cultural understanding, communication and trust.

Who they engaged with on this project:
Participants included women from new and emerging communities from African backgrounds, many of whom had direct experience of maternity and neonatal services.

Number of sessions: 3
Number of participants: 30

The sessions were delivered through facilitated group discussions in a trusted community setting, enabling participants to share experiences and reflect on both positive aspects of care and areas for improvement.

Demographic Data

Across the three sessions, **30 participants took part, with 100% identifying as female.** Participants were from African backgrounds, with **100% identifying as Black African**. In terms of age, participants were largely within working-age groups, with the majority aged between 23 and 47. All participants identified as Christian (**100%**), and most participants did not report having a disability.

Session 1 – Service Awareness, Barriers and Preferences

Awareness of Family Hubs was initially low across the group, with many participants reporting that they had not heard of them prior to the sessions. However, awareness increased through engagement activities delivered by the Nsibidi Project.

Among those who were aware, only a small number had accessed Family Hub services. Those who attended reported positive experiences, particularly in relation to parental support and mental health.

Participants described Family Hubs as offering support such as:

- Parenting and support groups
- Infant feeding guidance
- Wellbeing and mental health support

Barriers to accessing Family Hubs included:

- Limited awareness of available services
- Lack of understanding of what is offered
- Work commitments and scheduling conflicts

Participants highlighted that they would be more likely to engage if:

- There was greater awareness through community and faith groups
- Flexible opening hours were available
- More information was shared through trusted community networks

Participants also emphasised the importance of culturally appropriate care, highlighting that services do not always reflect the needs or experiences of African communities.

Communication

Participants highlighted preferences for how they would like to receive information about maternity and neonatal services. Preferred methods included:

- Messaging services (texts and SMS)
- Direct emails
- Community notice boards
- Local community and religious groups

Participants expressed a preference for receiving information from trusted sources, including:

- Public Health services
- Family Hubs
- Local community organisations
- Faith or religious groups

Most participants indicated that English was their first language and preferred to receive information in English.

Participants highlighted the importance of communication being:

- Clear and consistent
- Delivered through trusted community channels
- Accessible and relevant to their needs

General

Participants shared a wide range of experiences across maternity services, highlighting both positive aspects of care and areas requiring improvement. A consistent theme throughout discussions was the importance of communication, cultural understanding and being treated with respect and dignity.

The majority of participants received care at Royal Derby Hospital, and while some described aspects of care as safe and well-managed, others raised concerns about how care was delivered and experienced.

Participants emphasised that empathy, patience and reassurance from healthcare professionals are essential throughout pregnancy, birth and postnatal care. Where these were present, experiences were described more positively.

However, several participants reported challenges including:

- Inconsistent communication from staff
- Feeling that concerns were not always taken seriously
- Lack of clear explanations during care
- Limited involvement in decision-making

Experiences of care were also shaped by perceptions of inequality. Some participants felt that cultural differences were not always understood or respected, with examples of:

- Assumptions being made about pain tolerance
- Lack of culturally appropriate care
- Feeling treated differently compared to others

Participants highlighted that trust in services is closely linked to how individuals are listened to and involved in their care. Where communication was clear and respectful, participants felt more confident and reassured. Where this was lacking, it negatively impacted their overall experience.

Overall, participants emphasised the need for:

- Improved communication and consistency across services
- Greater cultural awareness and sensitivity
- Increased respect, empathy and patient-centred care

Antenatal

Participants reported a mix of positive and negative experiences during antenatal care.

Positive aspects included:

- Regular antenatal appointments
- Access to information
- Opportunities to ask questions

However, challenges included:

- Poor communication from staff
- Delays in follow-up care
- Concerns not always being acted upon

Many participants reported not accessing antenatal classes, largely due to lack of awareness of their availability.

Vaccination in Pregnancy

Vaccination uptake was generally high across the group. All participants reported receiving the whooping cough and RSV vaccinations (100%), while uptake of the flu vaccination was slightly lower, with approximately 90% of participants receiving it.

Participants who accepted vaccinations reported doing so to protect themselves and their babies, while those who declined cited lack of trust and previous negative experiences with vaccines.

Participants highlighted the need for clear information about vaccinations, including their benefits and potential risks, to support informed decision-making.

Birth

Experiences of birth were mixed.

Positive experiences included:

- Planned and coordinated care
- Appropriate medical checks and monitoring
- Overall safe delivery

However, challenges were also identified, particularly around communication.

Participants reported:

- Lack of clear explanations
- Not always being informed before procedures
- Need for improved consent processes

Participants emphasised that clear communication and involvement in decision-making are essential during labour.

Neonatal Care

Experiences of neonatal care varied. Some participants reported positive experiences, including:

- Staff explaining equipment and processes
- Orientation to the neonatal environment

However, challenges included:

- Lack of communication
- Limited emotional support
- Concerns about staff experience and staffing levels

Participants emphasised the need for improved communication and culturally sensitive support within neonatal settings.

Postnatal Care

Postnatal care experiences were often described as challenging. Participants highlighted:

- Limited emotional support
- Feeling rushed during discharge
- Lack of empathy from staff
- Poor communication

Many participants reported feeling unsupported as new parents during their hospital stay.

Community-based postnatal care was viewed more positively, with midwife and health visitor visits described as timely and helpful.

Bereavement Support

Experiences of bereavement support were mixed.

Some participants reported that support was offered and found it helpful, particularly in relation to emotional wellbeing and signposting to further services.

However, others reported that support was not provided, including cases where individuals were discharged without emotional support following miscarriage.

Participants highlighted the need for:

- Immediate emotional support following loss
- Improved communication
- Greater cultural sensitivity

Support from Other Organisations

Participants highlighted the importance of informal and community-based support, including:

- Community members working within healthcare settings
- Local support networks

These were seen as valuable in providing:

- Emotional reassurance
- Guidance and signposting
- A sense of familiarity and trust

Conclusion

The sessions highlight key challenges in maternity and neonatal experiences for African communities, particularly relating to communication, cultural understanding and perceived inequalities in care. While some positive experiences were reported, many participants described concerns around respect, empathy and being listened to.

There is a clear need for improved culturally competent care, better communication and stronger engagement with community networks to build trust and improve experiences.

Vox Feminarum (Women's Voices)

Vox Feminarum (Women's Voices) is a community organisation supporting women from diverse backgrounds, providing a safe and inclusive space for discussion, peer support and sharing lived experiences. The organisation works with women who may face barriers in accessing services, particularly relating to communication, cultural understanding, confidence and trust.

Who they engaged with on this project:
Participants included women from a range of ethnic and cultural backgrounds, many of whom had lived experience of maternity and neonatal services.

Number of sessions: 3
Number of participants: 52

The sessions were delivered through facilitated group discussions in a trusted and supportive environment, enabling women to share experiences openly and reflect on both positive aspects of care and areas for improvement.

Demographic Data

Across the three sessions, **52 participants took part, with 100% identifying as female.** Participants identified across a range of ethnic groups, including **Black African, Black Caribbean, South Asian and Roma.**

In terms of age, participants were largely within working-age groups, with the majority aged between 23 and 47.

Session 1 – Service Awareness, Barriers and Preferences

Awareness of Family Hubs varied across the group. While many participants had heard of Family Hubs, understanding of what they offer was often limited.

Out of 23 participants, 17 had heard of Family Hubs, while 6 had not. However, only a small number demonstrated a clear understanding of the full range of services available, with most having only partial or limited awareness.

Participants who had accessed Family Hubs generally described positive experiences, particularly in relation to welcoming staff, baby groups and increased confidence. However, many reported that they had discovered services by chance rather than through formal referral, and awareness was often gained later in pregnancy or after birth.

Barriers to accessing Family Hubs included:

- Lack of awareness or understanding of services
- Fear of being judged or linked to social services
- Language and communication barriers
- Lack of confidence in attending new environments
- Practical challenges such as transport and timing
- Feeling overwhelmed during pregnancy or after birth

Participants highlighted that they would be more likely to attend if:

- Services were clearly explained earlier in pregnancy
- Information was repeated and provided in accessible formats
- Information was available in different languages
- Services were introduced through trusted professionals or community groups
- There was reassurance that services are supportive rather than judgmental

Communication

Participants expressed a strong preference for receiving information through face-to-face conversations, messaging services (texts and SMS), community notice boards and social media.

Preferred sources of information included NHS professionals, Public Health services, local community organisations, friends and family, and faith or community groups.

Participants emphasised that communication should be clear, easy to understand and repeated at different stages. Many highlighted that information is often given at stressful times and not always retained, reinforcing the need for verbal explanation alongside written materials and, where needed, translation support.

General

Participants described a wide range of experiences across maternity and neonatal services, with consistent themes around communication, trust and feeling listened to. While care was often described as clinically safe, this did not always translate into feeling supported or included in decision-making.

The majority of participants received care at Royal Derby Hospital.

Participants emphasised that being listened to, treated with kindness and receiving clear explanations were the most important aspects of care. Where these were present, women felt more confident and reassured.

However, challenges included:

- Inconsistent communication
- Rushed appointments
- Lack of continuity of care
- Difficulty understanding information
- Feeling unsure who to contact

Participants also highlighted that cultural and language differences influenced their confidence to ask questions or raise concerns.

Antenatal

Experiences of antenatal care were mixed. Positive experiences were linked to clear communication, continuity and feeling listened to.

Positive aspects included:

- Clear explanations and reassurance
- Feeling treated as an individual
- Continuity with the same midwife

Challenges included:

- Rushed appointments
- Limited time to ask questions
- Seeing different staff
- Unclear explanations
- Feeling uncertain between appointments

Participants highlighted that communication was often not checked for understanding, and some felt their concerns were not always taken seriously.

Vaccination in Pregnancy

Vaccination uptake varied across the group. Some participants accepted vaccinations to protect themselves and their babies, while others declined due to lack of information, concerns about safety or conflicting information.

For whooping cough, 13 participants reported receiving the vaccine, while 5 did not. Flu vaccination uptake was lower, with 10 participants receiving it and 8 declining. RSV vaccination uptake was lower still, with many participants unaware of the vaccine or not receiving sufficient information.

Participants highlighted that decisions were influenced by clarity of information, trust in healthcare professionals and external influences such as family or social media. Clear, repeated and accessible communication was identified as key to improving uptake.

Birth

Experiences of birth varied. Some participants described positive experiences where staff were supportive and communicative.

However, many reported:

- Not being fully informed about what was happening
- Staff not always communicating directly with them
- Feeling excluded from decision-making

Experiences of birth plans were inconsistent, with some participants reporting plans were not acknowledged.

Participants highlighted that communication and involvement were key factors shaping their experience.

Neonatal Care

Experiences of neonatal care were mixed. Some participants reported positive experiences where staff explained equipment and care clearly.

However, others described:

- Lack of explanation
- Feeling overwhelmed
- Uncertainty about care

Participants highlighted that early explanation and reassurance are important in building confidence.

Postnatal Care

Postnatal care experiences varied. While some described positive community-based support, many reported:

- Limited emotional support
- Feeling rushed after discharge
- Lack of clear communication
- Feeling isolated at home

Participants highlighted the transition from hospital to home as a key gap in support.

Bereavement Support

Discussions highlighted that baby loss is both common and often unspoken. While some participants received support, experiences were inconsistent and often dependent on individual staff rather than a structured approach.

Participants described:

- Limited emotional support
- Lack of follow-up after discharge
- Communication that was difficult to process
- Feeling isolated after returning home

Participants emphasised the need for ongoing, compassionate and consistent support, including follow-up and continuity of care.

Support from Other Organisations

Participants highlighted the importance of support outside formal healthcare, including:

- Peer support from other women
- Faith and community groups
- Online support groups
- Counselling and specialist services

These were often seen as more accessible and understanding, particularly where women could share experiences without judgement.

Barriers to accessing support included cultural stigma, lack of awareness and not feeling ready to seek help.

Conclusion

The sessions highlighted key challenges in maternity and neonatal care, particularly relating to communication, cultural understanding and emotional support. While positive experiences were reported, these were often linked to individual staff rather than consistent approaches.

Participants emphasised the importance of being listened to, receiving clear information and feeling supported throughout their care. There is a clear need for more consistent, culturally aware and person-centred approaches, alongside stronger communication and community engagement to improve experiences and outcomes.

Breakdown of Sessions

A total of **15 sessions** were delivered by **five community providers** as part of the Maternity and Neonatal Engagement Project, engaging **184 participants** in total.

Organisation Name	Number of Sessions Delivered	Number of Participants
Central Education & Training (CET)	3	44
Open Doors Forum	3	22
Derby Asian Women's Network (DAWN)	3	36
Nsibidi Project	3	30
Vox Feminarum	3	52
Total	**15**	**184**

Overall findings summary

Across the five organisations, a total of 15 sessions were delivered, engaging 184 participants from a wide range of communities, including African, Caribbean, South Asian, Roma and other ethnically diverse groups. While each organisation delivered sessions in ways that reflected their communities, several consistent themes emerged.

1. **Communication is a key barrier to understanding and engagement**
   Across all sessions, communication was identified as one of the most significant factors shaping experiences of maternity and neonatal care. Many participants described difficulty understanding information, particularly where English was not their first language. Information was often delivered too quickly or at stressful times, with limited opportunity to ask questions or check understanding. Written information alone was frequently not sufficient, and some participants relied on family members to interpret or explain information. Where communication was clear, consistent and supported by verbal explanation, participants reported more positive experiences

2. **Feeling listened to and respected impacts overall experience**
   Participants consistently highlighted that being listened to and taken seriously was central to a positive experience of care. Positive experiences were linked to staff demonstrating empathy, patience and kindness, and providing time for questions. However, many participants described feeling dismissed, rushed or not fully involved in decisions about their care. These experiences reduced confidence and affected trust in services.

3. **Awareness and understanding of services remain low**
   Awareness of Family Hubs and wider support services was generally low across all groups. Many participants had not heard of these services or had only a limited understanding of what they offer. Where services were accessed, this was often by chance or through informal networks rather than clear referral pathways. Participants highlighted the need for earlier, clearer and repeated communication to improve awareness and uptake.

4. **Trust and confidence influence engagement with services**
   Trust played a key role in shaping whether participants engaged with maternity and neonatal services. Some participants described concerns about being judged, monitored or linked to social services, which created barriers to accessing support. Previous negative experiences and a lack of cultural understanding also impacted trust. Participants were more likely to engage where services were introduced through trusted professionals or community organisations.

5. **Cultural understanding is not consistently reflected in care**
Participants across all organisations highlighted that cultural needs were not always recognised or addressed. Some participants felt that their cultural or religious preferences were not understood, and that they were not routinely asked about their needs. Where culturally appropriate care was provided, this was often due to individual staff rather than a consistent approach. Participants emphasised the importance of care that reflects their cultural context and lived experience.

6. **Emotional support is not consistently integrated into care**
While clinical care was often described as safe, emotional support was less consistent. Participants described limited emotional support during pregnancy, birth and postnatal care, and many reported feeling unsupported after discharge. The transition from hospital to home was identified as a key gap, with some participants experiencing isolation and uncertainty during this period.

7. **Bereavement support is inconsistent and often limited**
Experiences of baby loss highlighted significant gaps in bereavement support. While some participants reported receiving compassionate care, support was often inconsistent and dependent on individual staff. Many described a lack of follow-up after discharge, with emotional support not continuing beyond hospital care. Participants emphasised the need for ongoing, compassionate and culturally sensitive support.

8. **Community and peer support plays an important role**
Across all organisations, community and peer support was identified as highly valuable. Participants highlighted the importance of support from others with lived experience, as well as community and faith-based networks. These forms of support were often described as more accessible, culturally relevant and less judgmental than formal services, and played an important role in supporting wellbeing and confidence.

Recommendations

1. Improve communication to ensure information is clear, consistent and accessible

   Participants consistently highlighted challenges in understanding information. Services should ensure that communication is clear, simple and delivered in a way that supports understanding, particularly for those whose first language is not English. This includes providing verbal explanations alongside written materials, using plain language, and ensuring information is repeated at different stages of care. Access to interpreters and translated materials should be strengthened to improve accessibility.

2. Strengthen person-centred care by ensuring individuals feel listened to and involved

   Feeling listened to and respected was central to positive experiences. Healthcare professionals should be supported to provide person-centred care that prioritises empathy, active listening and meaningful involvement in decision-making. Creating space for questions and ensuring that concerns are acknowledged will help build trust and improve confidence in services.

3. Increase awareness and understanding of Family Hubs and support services

   Awareness of Family Hubs and wider support services remains low. There is a need to improve visibility through earlier, clearer and more consistent communication, particularly during pregnancy. Information should be shared through multiple channels, including healthcare settings and trusted community organisations, to ensure that individuals are aware of available support and how to access it.

4. Build trust through community-led engagement and trusted networks

   Trust is a key factor influencing engagement. Services should continue to work in partnership with community organisations that already have established relationships with local communities. Delivering information and support through trusted settings and familiar faces will help reduce fear, improve confidence and encourage engagement with services.

5. **Improve cultural awareness and ensure care reflects diverse needs**
Participants highlighted the need for greater cultural understanding within maternity and neonatal care. Services should ensure that staff are supported to provide culturally appropriate care, including asking about and respecting individual cultural and religious needs. Embedding cultural awareness into routine practice will help improve experiences and ensure care is inclusive.

6. **Strengthen emotional support throughout the maternity pathway**
Emotional support should be more consistently integrated into maternity and neonatal care. Participants highlighted gaps in support, particularly during the postnatal period and following discharge from hospital. Services should ensure that emotional wellbeing is considered at all stages, with clear pathways for support and follow-up where needed.

7. **Improve bereavement support through consistent and ongoing care**
Bereavement support should be strengthened to ensure that individuals receive consistent, compassionate and ongoing support following baby loss. This includes improving communication at the point of loss, providing emotional support during hospital care, and ensuring follow-up contact after discharge. Support should be proactive rather than relying on individuals to seek help themselves.

8. **Continue to invest in community and peer support approaches**
Community and peer support were identified as highly valuable across all groups. Services should continue to support and invest in community-based approaches that provide safe spaces for discussion and shared experiences. Strengthening links between formal healthcare services and community networks will help improve access, build confidence and support long-term engagement.

National, Regional and Local Context

The purpose of this section is to consider findings within the context of wider national, regional and local evidence and policy. In doing so, it highlights where the issues raised by participants reflect challenges identified across maternity and neonatal services and where the engagement provides additional insight into experiences and priorities within Derby's communities.

Many of the themes identified through the engagement are consistent with concerns found in national reviews, inspections and research published over recent years. Issues relating to communication, involvement in decision-making, continuity of care, emotional and postnatal support, and women feeling listened to throughout their maternity journey have been identified across multiple sources.

- The Care Quality Commission's National Review of Maternity Services in England 2022 to 2024 (2024), identified widespread concerns relating to safety, staffing, communication and women's experiences of care.
- NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services (2023), identified listening to women and families, reducing inequalities, improving continuity and delivering more personalised care as national priorities.
- The MBRRACE-UK Saving Lives, Improving Mothers' Care Report 2024 highlighted continuing inequalities in maternal outcomes, including substantially higher maternal mortality rates for women from Black and Asian ethnic backgrounds compared with White women, while women living in the most deprived areas experienced maternal mortality rates around twice those of women living in the least deprived areas.
- The House of Commons Women and Equalities Committee's Black Maternal Health report (2023), similarly highlighted concerns relating to racial inequality, cultural understanding, communication, and women feeling dismissed, stereotyped or unheard within maternity services.

National evidence also increasingly recognises the influence of wider social determinants of health, including poverty, deprivation, housing insecurity, financial hardship, social isolation and barriers to accessing services. Increasingly, maternity inequalities are understood as being shaped by multiple interacting factors rather than single causes. Regional maternity improvement programmes across Derbyshire and the East Midlands have similarly prioritised reducing inequalities, improving access and experience, strengthening engagement with underserved communities, improving personalised care and ensuring that services better meet the needs of diverse populations. Derbyshire Maternity and Neonatal Voices and wider East Midlands maternity improvement programmes have also emphasised the importance of ensuring that the experiences of women and families inform service development and improvement. These priorities closely reflect many of the issues raised through the engagement and provide an important regional context for understanding the findings.

Taken together, the engagement findings, national evidence and wider system context provide a fuller understanding of both the challenges and opportunities facing maternity and neonatal services across Derby and Derbyshire. The engagement also highlights the importance of understanding how those challenges are experienced within specific communities and local contexts. This understanding is essential for ensuring that improvement efforts are responsive to the diverse needs, experiences and circumstances of the families who use maternity and neonatal services.

The engagement also highlighted the importance of recognising that not all issues were experienced equally across all groups. While some of the themes identified reflected concerns that have been widely reported within maternity services nationally, others appeared more closely associated with circumstances or communities. In particular, issues relating to language barriers, access to professional interpreters, cultural understanding, poverty, deprivation and wider inequalities emerged more strongly in some discussions than others. This distinction is important because it highlights both the universal and unequal dimensions of maternity experiences and reflects wider national evidence on maternity inequalities.

Several issues emerged as particularly prominent within the local context. These included trust and confidence in services, alongside safeguarding, access to professional interpreters, reliance on family members for translation, community-based support and emotional wellbeing. These themes are consistent with wider national and regional concerns relating to communication, access, inequalities and engagement, while also highlighting issues that appeared particularly salient within the Derby context.

Furthermore, it is important to recognise the nature of the evidence gathered through this engagement. Participants came from a broad range of backgrounds and experiences. Some spoke about recent experiences of maternity and neonatal care, while others reflected on earlier experiences, stories shared within communities, or wider levels of trust and confidence in local services. As a result, the findings provide insight not only into direct experiences of care, but also into how maternity services are understood, discussed and perceived within local communities. It also means that some changes and improvements may already have been implemented since some of the experiences described took place.

Understanding Services, Pressures and Experiences

Across England, maternity and neonatal services are operating within a challenging environment shaped by workforce shortages, rising demand, increasing clinical complexity, and growing recognition of the social, emotional and economic factors that influence health and wellbeing. These wider pressures provide important context for understanding both the experiences described by participants and the challenges facing services.

National reports have repeatedly highlighted concerns relating to workforce capacity, retention, workload and the impact these pressures can have on continuity of care, staff wellbeing and women's experiences of services. Alongside workforce pressures, maternity services are increasingly supporting families with complex and interconnected needs. As discussed earlier in this report, these factors can interact with ethnicity, culture and migration experiences to create additional barriers to accessing information, support and care. Many of the issues raised through the engagement therefore sit within a wider context that extends beyond maternity services alone.

At the same time, participants frequently spoke positively about individual staff members. Many described examples of kindness, compassion, patience and professionalism, and spoke warmly about members of staff who had made a positive difference to their experiences. Several participants described occasions where staff went beyond expectations to provide reassurance, practical support or emotional care during difficult periods. These accounts sit alongside the concerns raised elsewhere in the engagement and reflect the reality that many staff are working hard to provide high-quality care within often challenging circumstances.

The findings suggest that wider system pressures may influence people's experiences of care. Recognising these wider pressures does not diminish the experiences shared by participants. Rather, it provides important context for understanding the environment in which services are operating and the challenges involved in delivering consistently high-quality, equitable and person-centred care. Work is already underway across Derby and Derbyshire to improve maternity and neonatal services. Local partners are actively working to strengthen safety, experience, equity and community engagement, and many of the issues raised through this engagement are already recognised within ongoing improvement activity. The findings presented in this report should therefore be viewed as contributing to that work by providing additional insight into community experiences, identifying areas of good practice and highlighting where further progress may be beneficial.

Taken together, the engagement findings, national evidence and wider system context provide a fuller understanding of both the challenges and opportunities facing maternity and neonatal services across Derby and Derbyshire. The engagement also highlights the importance of understanding how those challenges are experienced within specific communities and local contexts. This understanding is essential for ensuring that improvement efforts are responsive to the diverse needs, experiences and circumstances of the families who use maternity and neonatal services.

Conclusion

This project has shown how effective community-led engagement can be in supporting open conversations about maternity and neonatal care. Across 15 sessions, five community organisations engaged 184 participants, many of whom may not otherwise have shared their experiences within formal healthcare settings. By delivering sessions in familiar and trusted environments, organisations created safe spaces for participants to discuss experiences that can often feel personal or difficult to raise. This approach helped to build trust, increase confidence and improve awareness of available services and support, while also providing valuable insight into the barriers some communities face.

The learning from this project highlights that while some positive experiences of care were reported, these were often inconsistent and linked to individual staff rather than standard practice. Clear and recurring challenges were identified relating to communication, cultural understanding, trust and emotional support.

Meaningful engagement happens when services work in ways that are accessible, culturally relevant and community-led. With continued partnership working, a focus on inclusive, person-centred approaches, and ongoing engagement with communities, there is a strong opportunity to build on this work and improve experiences and outcomes across maternity and neonatal services.

Responses from Partner Organisation

Following the completion of this report, some of our partner organisations have shared their reflections on the findings, alongside their commitment to building on this learning. These responses highlight how organisations are responding to what they have heard and how they plan to strengthen future delivery and support.

Best Start Family Hubs

Part of the national vision for Best Start Family Hubs is to contribute towards a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who may face barriers to accessing information and support.

Best Start Family Hubs are required to have a clear, co-ordinated Healthy Babies offer in place – this offer is designed to increase access to preventative services within the local community, including infant feeding, perinatal mental health and parent-infant relationships as well as wider Healthy Babies services. We work closely with Midwives, Health visitors and voluntary and community organisations to support in achieving this.

Having read the Maternity and Neonatal engagement project report we wanted to thank you for providing your thoughts, feelings, level of understanding and experiences of Best Start Family Hubs in Derby. We have a great offer for families in Derby, but it is so important that we understand and listen to needs of local communities to ensure there is a consistently good awareness of services at the earliest opportunity and that families feel confident and able to access services. We will continue to work closely with our midwifery partners to ensure that information around our Best Start Family Hubs services is consistently shared at the earliest opportunity with families and seek to build links with trusted community leaders so that information can be received in a way that feels accessible and comfortable.

We have reflected on the Maternity and Neonatal engagement project report findings and do have some actions in mind as to how we can respond to the recommendations, however, feel it is important to do this in partnership with other services and communities through the Maternity and Neonatal Health Inequalities Forum that is currently being developed. This is to ensure that the actions we take have a lasting impact on local communities being aware of Best Start Family Hubs and feeling confident and able to access services we provide. We are also committed to providing regular updates on progress and ensuring that improvements and changes are clearly communicated back to communities.

University Hospitals of Derby and Burton

UHDB would like to thank Community Action Derby, Derby City Council, NHS Derby and Derbyshire ICB, and all community organisations involved in delivering this important engagement work. We particularly recognise and value the voices of the 184 participants who shared their experiences openly and honestly.

This report provides rich insight into the lived experiences of women and families across Derby's diverse communities. It highlights both areas of good practice and key opportunities for improvement within maternity and neonatal services. We are committed to listening, learning and taking meaningful action in response.

UHDB is committed to working with system partners and communities to deliver more inclusive, culturally responsive and person-centred maternity and neonatal care. An integral part of this will be the launch of the Maternity and Neonatal Forum which is planned for September 2026 to ensure that the voices of communities facing health inequities continue to be heard.

DHIP is a co-led, joint initiative between Derby City Council (Public Health) and Community Action Derby, working with community organisations and leaders.

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Community Action

DERBY CITY COUNCIL

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Derby and Derbyshire
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