The Maternity Advocate Model

For Black and Black mixed heritage women

We are excited to present to you the Maternity Advocacy Model for Black and Black Mixed Heritage Women, which is currently being developed for commissioning by North West London ICB.

We began in 2024 with research by Aryasinghe et. al Research on Improving maternity care for black families: Community priorities in Hammersmith & Fulham, Kensington & Chelsea, and Westminster City

We were approached by NWL ICB and in September 2025 we formed a Task and Finish group on Community led Advocacy mechanisms

This led to the Co-designing of the community maternity advocate model

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The Maternity Advocate Model: what will it improve?

- Pre eclampsia education for black women, and individualised care plan adherence rates
- experience of Black women in maternity services, especially feeling listened to
- foster positive relationships between black mothers and early years healthcare providers

The Maternity Advocate Model: Referral criteria

Women of black or black mixed heritage

The goal is to support women who don't qualify for high level support, but who still require support

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The advocate model journey

- Support from pregnancy to up to 3 years post birth
- Multiple entry points to the service: antenatally up to 36 weeks via gp, midwives and community referrals, and postnatally from birth up to 1 year post birth
- well connected with interpreter systems and ensuring implementation
- Tiered support according to individualised and evolving needs

The advocate: What do they do?

- Offers prenatal education in the community
- Offers antenatal education in the community
- Accompanies parents to hospital appointments and scans
- Support parents on individual care plans (eg. diet for gestational diabetes and support aspirin adherence)
- Be present at the birth (if the family wishes)
- Supports postnatally in the community
- Support the woman's access to interpreters at appointments
- Introduce and support the family as they become familiar with relevant community institutions, e.g. family hubs, health visitors

What the Advocates don't do:

- Maternity advocates do not offer medical advice
- they are not employed by the Trust so that they can maintain independence
- They do not put forward complaints on behalf of the family, but provide information and support to families on how they can do so.

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Antenatal and Postnatal touchpoints

Regular touch points:

- weekly phone call
- answer whatsapp messages within timely manner (within 4 hours), between the hours of 8am - 8pm, unless in cases of emergency*

Tiered, flexible, advocacy support

The Maternity Advocate Model: where we are now

- Created phases 1, 2 and 3 of the work, a timeline and requested programme support
- Refining the model
- including stakeholders throughout
- mapping exercise
- identifying the funding sources
- comissioner writing a paper to support the model being put forward
- creating the business case and specification
- Training and Pilot launch scheduled for September 2026

evidence review for the advocate model was published in the BMJ Quality & Safety: https://qualitysafety.bmj.com/content/early/2026/04/09/bmjqs-2025-019646