Mapping community services for Global Majority pregnant women in North West London

Written by Nafsika Thalassis, August 2026

Aim: To find out about the services in North West London that provide support to Global Majority women who are pregnant or have recently given birth, and the gaps to these services.

Introduction

This report was commissioned by the West and North London ICB to test the need for a bespoke advocacy service for Black and Black mixed heritage women who are pregnant or have given birth recently.

Methodology

In this report we contacted 62 organisations to ask them to complete a survey about the services they provide to pregnant women and women who have recently given birth. We received responses from 36 organisations. We also conducted 3 interviews with the following organisations: 1) Neighbourhood Doulas, 2) Birth Rights, 3) Doulas without Borders/Tommy's (one interview representing both organisations).

We have had 36 responses from organisations working in the following boroughs:

Borough	Number of responses from organisations working in the boroughs
RBKC	13
Westminster	10
Hillingdon	11
Brent	6
H&F	8
Harrow	5
Hounslow	5
Ealing	4

Results of the survey:

1) What services are available and what do they cost to the service users?

   A wide range of services are available. They include services specifically for pregnant women and women who have given birth recently. They are:

   - Antenatal education e.g. NCT
   - Baby banks e.g. Cariad baby bank
   - Bereavement support e.g. SANDS
   - Doula Support e.g. Neighbourhood Doulas
   - Legal information and advice e.g. Birthrights
   - Maternity advocacy e.g. The Motherhood Group
   - Mental health support and therapy e.g. Cocoon
   - Peer support e.g. Maternity Champions

The majority of these services are free to service users -there are sometimes fees for therapy and antenatal education.

A couple of organisations are offering services specialise specifically for Global Majority women who are pregnant or have recently given birth; these are Roots and Wings, and the Motherhood group. Melanin Mums CIC is a new organisation also looking to provide services in this space and Happy Baby Community support asylum seeking, and refugee mothers and mothers who have been trafficked. Some of the other organisations also have relevant projects for migrant women: a) the mother-tongue group by Doulas without Borders that offers birth companions who speak the same language as the service users; b) Neighbourhood doulas whose workload is overwhelmingly Global Majority women and who offer interpreting services and c) Birthrights who have done specific work on the experiences of Black women in Maternity Services, e.g. their report Systemic racism not broken bodies.

There are also organisations whose main purpose is to support certain community groups or women with vulnerabilities -and they also support pregnant women, and women who have given birth recently. These groups also predominantly support Global Majority women but they don't specialise in services around maternity. They are domestic abuse organisations e.g. Southall Black sisters, refugee and asylum seeker organisations e.g. Iranian Association, community organisations e.g. Midaye Somali Development Network, Women's organisations e.g. Al-Hasaniya Moroccan women's centre, and mothers' organisations e.g. Home start Westminster

2) What's working well and what success looks like

Organisations are happy with the quality of the services they offer. They feel that they provide trusted safe spaces for women with strong engagement. Some organisations -

typically the larger organisations like Tommy', Sands and The motherhood group are also satisfied with the influence they have been able to exert to national policy.

In terms of what success looks like, organisations emphasised, happy, confident, empowered mothers who were not isolated, who felt respected and listened to. In terms of the services themselves, success was for services to be well resourced, with capacity from staff and volunteers, with improved reach into communities, successful in eliminating barriers to accessing equitable healthcare such as language barriers and successful in reducing poor outcomes such as baby loss.

3) What's working less well

Organisations expressed concerns about resources -funding, staff capacity and volunteer capacity and recruitment. Additionally, some of the larger mainstream organisations expressed concerns that they are not engaging with underserved groups, that they are not reaching grassroots community groups. By contrast, the smaller community groups said that they had very good community engagement and offered a trusted service to their communities but were not successful in building relationships with maternity services or health visiting teams, and therefore had little influence or power to change things systemically.

4) Do these services meet the needs of Global Majority women?

The survey asked 4 relevant questions to help answer this question. They were: "What is the ethnicity make of your staff?", "What is the ethnicity make up of the population you serve?", "Does the organisation have robust anti-racism training and who is it developed and delivered by? And "Do you offer translation services?"

All organisations that responded made the point that they served diverse populations and given the demographics of North West London, that can be assumed to be correct. Some organisations made the point that they primarily cater for Global Majority women (Shewise, Reap, Happy baby community, Midaye Somali Development Network, Ethiopian Women Empowerment Group, Iranian Association) and some that they primarily cater for Black women (The motherhood group, Southall Black sisters).

Many organisations did not respond to the question about the ethnicity of their staff which perhaps indicates that they are not all that diverse. They were exceptions of course such as Melanin Mums CIC, French African Welfare Association and Southall Black sisters who said all their staff were Black.

With regard to the question about anti-racism training, 14 organisations (nearly half of the organisations who responded) said their staff had anti-racism training. This included 2 mainstream organisations such as NCT in Hammersmith and the Breastfeeding

network in Brent but otherwise the positive responses were mainly from organisations that cater specifically for Global Majority women. It was not always clear whether this was actual anti-racism training or just standard Diversity and Inclusion training.

With regard to the question about translations, 13 organisations said they provide translations. They were mainly community organisations rather than organisations that specialise in maternity but also included Doulas Without Borders and Neighbourhood Doulas. It wasn't clear if this includes interpreting or just translation of printed materials when requested. H&F NCT said "Yes for written information but not for in person work."

Additionally, the interviews we had with Neighbourhood Doulas, and Doulas Without Borders highlighted other issues pertaining to the needs of Global Majority women. One key issue mentioned was that Black women were sometimes regarded as high risk by maternity services regardless of other factors and that this limited their choices in where and how to give birth:

"We have seen evidence where just your ethnicity alone, so no other data, no other medical history would classify you as high risk. Now, the implication of that is you have far more restrictions around the place of birth that you get to choose. There are far more restrictions around what kind of pain relief you're offered because the place that you are able to give birth then determines what kind of pain relief you have available to you and so on. So that in itself can be problematic in a lot of ways. The fact that ethnicity alone can be a reason why, and this just varies by Trust because of their policies. There is no kind of standardised way of determining who's high risk and who isn't." **Interview with Birth Rights**

Other issues that were mentioned that can affect all women but perhaps affected Black women more often included coercive practices by maternity services:

"... we actually have a campaign at the moment on coercion. And the way in which it is specifically connected to Black women is very, very interesting because ... what's happening is that the policies that inform the way that midwives, obstetricians provide care, ... if a midwife tries to provide something that is other than that, they are at risk of being reprimanded. And so because that's a concern for them, there's evidence that they are more likely to encourage women to go down a certain path that adheres to that policy. And obviously what's then happening in those moments of interaction is coercion because they're saying, well, we can't do this because the policy states X, Y, Z. And what we're saying is if the policies are already, they have racialized undertones with them, of course, midwives are then going to be pushing for a set because they don't want to get in trouble as well." **Interview with Birth Rights**

The need for dedicated services for Black women was mentioned by the organisation Tommy's which said that they have a general helpline for patients but that they also

have a helpline dedicated to Black women and Black mixed heritage women. They have found that having a dedicated helpline is an effective way to increase their reach.

"Tommy's have a helpline that we have had running since 2022 that we run in partnership with the organisation Five Times More. We are partners in that, and that it is a specific helpline for Black and Black mixed heritage women and birthing people to have essentially ... as a priority booking service for call-backs with Tommy's midwives to discuss any aspect of their maternity care. So we have a main helpline that we've had going for nearly 20 years, when we looked at our data back in 2021, we realised that the majority of people calling through to us came from white middle class backgrounds, and actually we weren't addressing any of the disparities, which is why we partnered with Five Times More to say, what do you need, and their feedback to us was actually a helpline that Black Women felt safe using and accessing, where they could ask questions about their care. So that's what we developed, and it's been amazing to learn from." **Interview with Tommy's**

Additionally, they have also found that the type of help requested from Black women is different -less likely to be about bereavement and more likely to be about navigating a current pregnancy:

"What we learned from it is on our main Tommy's helpline. The majority of the conversations we had, because of the nature of the work that we do, was around referrals to our research centres regarding bereavement support, miscarriage care, etc. Our data on our helpline for Black women is about caring for their current pregnancy and understanding how to navigate the NHS. ... So it's very much about people in this moment, so we feel like we, there's definitely a gap there ... I sometimes will be one of the midwives taking the calls on that, and I had a call with somebody who was 36 weeks pregnant, had been for their appointment with their midwifery team. She had complex underlying health conditions that she was completely aware of, was on medication, was under a number of different specialties, and had been told the entire way throughout her pregnancy that it's okay, we're going to have the right care plan for you at 36 weeks. That's where we're going to decide everything. She went for an appointment at 36 weeks. The doctor who'd been looking after her was on leave. No care plan had been written up, and she was basically told to go home ... she felt really, really dismissed, minimised, unsafe, but felt like she couldn't say that in that moment, in that appointment, she couldn't raise that, and she came through our helpline, and the conversation that we had wasn't actually rocket science, but it was 'Okay. How you're feeling is completely and utterly valid. This is absolutely right. You should have a care plan. There is urgency to it. This is who you need to pick up the phone and contact. These are the words you need to say to them. These are the questions you need to ask. If you, if that door closes, because sometimes we know that's the reality of what happens. Here is another avenue, and if that door closes, we have what we call an open door

policy. Come back to us, we'll try and figure something out for you.' We received an email back from her, a couple of days later, saying 'Thank you, that was really helpful. I picked up the phone, I said the words that you advised me to say. I got to see the doctor the next day. The doctor agreed that a care plan should have been there … it made me feel that I am valued and my baby is valued, that I can ask questions, that that this pregnancy is important, and that advocating for myself is important'." **Interview with Tommy's**

From the interviews and surveys we conducted, we see that while there are a few services dedicated to Global Majority women using maternity services, there are also considerable unmet needs. Anti-racist training for staff and translation/ interpreting services are available from only a minority of organisations. The participants we interviewed also argued that there are additional difficulties for Black women specifically because of their race that are about navigating maternity services that regard Black women as inherently high risk. We also heard from Tommy's that a dedicated service for Black women and Black mixed heritage women is an effective method in reducing health inequalities.

5) What additional services are needed

Lots of organisations mentioned the need for additional, non-clinical support for pregnant women and post-partum women. Organisations mentioned various roles including advocates, or navigators:

"There is a growing need for additional non-clinical support for vulnerable women during pregnancy and the postnatal period. While clinical care is essential, many women experience barriers that fall outside the remit of maternity services, including social isolation, financial hardship, language barriers, housing difficulties, poor mental wellbeing and a lack of confidence in navigating services." **Survey response from Blossom Antenatal**

Some organisations are able to provide these roles already like Neighbourhood Doulas an organisation that provides health advocacy to pregnant women:

"*So traditionally, we just had, yes, we have interpreters and we give birth support. But once we had joined the advocacy programme, we were able to do the additional things that our doulas were traditionally told they didn't have the capacity to do. So we had a lot of instances where our service users needed support with appointments, needed support with translating a letter that had arrived and not in their language. They couldn't read it, they couldn't attend appointments, they couldn't cancel appointments, they couldn't make appointments. So now we have our advocates who with their advocacy hat on are able to offer this additional service so they can now help in support with, you*

know, communicating with birthrights, communicate with even the simplest things like attending the dentist, making a dental appointment, get an appointment for a child. So where all these gaps fall, where our doulas, like I say, traditionally were not, it wasn't within their remit to do beyond the birth work, the birth support, because we have to have a boundary around it.

Now we are open to the advocacy and being able to help them more because we recognise this is where the help was needed." **Interview with Neighbourhood doulas**

And the value in these additional non-clinical services is that they are trusted by service users because they are independent and 'on your side':

"So even if they feel very unsafe with their social worker, they feel unsafe with the midwife, they have someone that they feel like they can trust and share any concerns they have with and we can support them to advocate, ask for a different midwife, speak to a different consultant, or we can like amplify their concerns even if they feel like they've completely shut down and can't advocate for themselves." **Interview with Neighbourhood Doulas**

Organisations also mentioned the specific difficulty pregnant women had in advocating for themselves:

"Our mums have said that its exhausting advocating for yourself even without a language barrier it's hard being pregnant and relying on the NHS" **Survey response from ESDEG**

"We talk a lot about women advocating for themselves. It's the hardest thing in the world to do, isn't it? I can advocate for any one of you on this call, but the moment I have to do it for myself, that imposter syndrome comes in, that I don't want to be seen in my case as the dramatic Brown lady. I'm going to minimise it. I'm going to do that. So I think that's why having an advocacy programme that gives people the tools they need rather than just talk about advocacy as this concept and then saying go off and advocate for yourselves is so much more helpful." **Interview with Doulas without borders**

Organisations also brought up the need for the support offered by community organisations in the voluntary sector to be integrated with maternity services:

"*From our experience in areas where there is a truly joined up approach to maternity care, women feel more supported and confident in their infant feeding choices. For example, we have experience of running peer support services in boroughs who share their new birth data with us so we can call the parents, provide timely support and arrange follow-up support such as a home visit or attending a drop-in as needed."* **Survey response from Breastfeeding network**

And its important for the support offered by the voluntary sector to be promoted by maternity services:

"We also notice that in areas where parents are systematically made aware of the National Breastfeeding Helpline we have higher call rates. As we say on our website: We know from participants in the recent independent evaluation of the NBH that peer support is both wanted and valued as a service. Responses from parents showed that 72% wanted support from an independent, trained person with personal experience to draw upon; 32% want to talk through their concern before contacting a healthcare professional. 95% of respondents were satisfied with the service, and almost all would call again and refer a friend." **Survey response from Breastfeeding network**

Additionally, some organisations highlighted the need to support pregnant women who are experiencing poverty:

"Vulnerable mothers frequently arrive with absolutely nothing. There is a critical need for direct access to essential baby supplies, including nappies, clothing, Moses baskets, maternity wear, and vouchers for healthy food." **Survey response from the Iranian Association**

The need to support women in very poor housing also came up:

"Also, we regularly meet women whose housing circumstances are simply not suitable for pregnancy or the early weeks after birth. Some are living in temporary accommodation, overcrowded homes, or environments that are unsafe, isolating or unable to meet the practical needs of a newborn baby. These living conditions can have a significant impact on both maternal wellbeing and infant health at a time when stability, rest and support are most needed." **Survey response from Blossom Antenatal**

Neighbourhood Doulas also mentioned that they have had to support women who have been moved to different temporary accommodation either just before or just after giving birth and the problems this causes with women being cut off from midwifery and health visiting services, and housing services and social services not checking whether the woman was able to move successfully, if she has food, if she's managing. Temporary accommodation can be particularly difficult to navigate as it can be very small, with no lift, making it very difficult for women to navigate while still recovering from stitches.

Additionally, the organisation Roots and Wings which provides support to Global Majority women said *"Gypsy Roma and Traveller women are the most minoritised and underserved and have the poorest outcomes - this is something we are exploring."* ***Survey response from*** **Roots and Wings**

Overall, there was extensive support from participants for additional non-clinical services provided by the voluntary sector. The need for advocacy services and how

useful these are where available was highlighted. Additionally, participants mentioned that for independent services to be most effective, they need to be integrated and promoted by maternity services. Additional needs were also highlighted particularly around poverty and housing.

Conclusions

The Mapping work has shown that there are many voluntary sector organisations supporting pregnant women and women who have given birth recently. Some of these organisations specialise specifically on maternity issues while others are community organisations that support these women as part of a wider remit. There are also organisations that specifically work with Global Majority women, or Black women specifically. The number of organisations that work specifically with Global Majority women around maternity is very small but there is a larger group of organisations that work predominantly but not exclusively with Global Majority women around maternity.

Organisations are happy with the services they provide although they have ongoing concerns about their funding resources and capacity. Additionally, some of the larger mainstream organisations expressed concerns that they are not engaging with underserved groups. By contrast, the smaller community groups said that they had very good community engagement but were not successful in building relationships with maternity services and therefore had little influence or power to change things systemically.

Many participants believe that there are specific gaps in relation to Global Majority women and Black women in particular. Many organisations do not offer anti-racism training to their staff and do not offer translation/ interpreting services to their service users. Additionally, several interviewees believe that Black women face an additional barrier to good care in that Maternity Trusts are classifying Black women as high risk on the basis of their race rather than specific medical problems which then limits their choices with regard of place of birth or pain relief. The organisation Tommy's offered a real-life example of offering a bespoke service for Black women and said that this has been very successful in terms of reducing the inequalities in their service (as their mainstream service was more likely to be used by White middle class women). They also highlighted that their Black service users were less likely to raise issues relating to bereavement and pregnancy loss (which is what Tommy's services are primarily about) and more likely to raise issues about their current pregnancy which shows there is unmet need in this area among Black women.

Many organisations responded that there was a need for additional non-clinical services provided by independent voluntary sector organisations. The need for advocacy was specifically highlighted with organisations pointing out how difficult it was for pregnant women to advocate for themselves. The organisation Neighbourhood

Doulas mentioned the many benefits to their service users now that are able to offer advocacy support. Other organisations stated that the most successful non-clinical services offered by the voluntary sector where those that while independent, were integrated and promoted by maternity services. Additionally, organisations stated the need for services that deal with the social issues faced by service users including poverty, and poor, insecure temporary accommodation, particularly if moved close to the time of birth.

Recommendations

We believe that this research has given us enough evidence to recommend:

1) A bespoke advocacy service for Black women and Black mixed heritage women who are pregnant and/have give birth recently is needed and would be widely used.
2) Such a service needs to be independent, and based in the voluntary sector but also integrated with and promoted by maternity services
3) The service should also have an offer around interpreting to support Black women and Black mixed heritage women who are recent migrants and do not speak English.
4) The service needs to include in its remit wider social issues experienced by pregnant women including poverty and housing. Women should be able to use the service to access food and essentials as well as being signposted to relevant organisations for benefits etc.