“THEY DON’T LOOK AT US”: AN EXPLORATION OF BLACK MUSLIM WOMEN’S ANTENATAL EXPERIENCES IN THE UK

BY AMANI MUGASA

INTRODUCTION

Mortality rates related to pregnancy are five times higher in Black women compared to white women in the UK (MBRRACE, 2019). Limited research exploring this disparity exists, though studies of Black and ethnic minority (BAME) women and their interaction with antenatal services demonstrate consistently negative experiences. This report reveals antenatal experiences of Black Muslim women to emphasise the need for further research and new policies that will allow women to feel safe in the most vulnerable period of their lives.

THE STORIES

These are the stories of six women who identify as Black Muslims. They were either born in the UK or have been long term residents. These women responded voluntarily to an invitation on social media. Pseudonymes have been used to protect their identity.

FATIMA

Fatima is of Nigerian heritage, living in London. Fatima said,

> I’m scared to say this out loud as I don’t want to offend. I felt like they had this stigma around immigrants. As I walked in the door with my hijab it was almost like ‘oh it is one of those.’ It was almost as if they were annoyed that I was asking questions. It was like: `I’m not going to acknowledge you are in the room, tick, tick, tick, get out!’

Fatima had a strong family history of diabetes and was developing diabetic symptoms. “When I needed a GGT[34] they were saying ‘you don’t need to do that,’ but I knew something wasn’t right.” After repeated requests she was tested and the result confirmed gestational diabetes, “I felt like it could have been prevented.” Fatima was also dismissed in her second pregnancy, “I said ‘you are in charge of two people’s lives and if anything is wrong with my baby, I will hold you responsible as you are not taking me seriously!’ I was shaking when I said that.” The midwife reluctantly agreed and the test was positive again.

Fatima explained: “If I didn’t wear the Islamic ‘uniform,’ a part of me feels I would have been treated more as human, and if I was white, I would have been heard.”

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[34] Glucose Tolerance Test

KHADIJA
Khadija is of Somali heritage, living in London.

When Khadija felt contractions, she attended the hospital and was reviewed by a midwife. "She said, 'I don't think you are having contractions; you don't look in pain!'" Khadija was also struggling to urinate and the midwife told her, "you must have a urine infection, drink lots of water you will be fine." With no improvement she returned the next day, "I was seen by a doctor who patted me on the back and said, 'Oh look at you, you are going to give birth right away there is no need for you to have medication.'" Khadija responded, "'but I can't urinate,' but he brushed it off."

The following day Khadija had an antenatal appointment and informed a Black midwife about her difficulty urinating. The midwife told her, "this is not good, go to the hospital and ask for a catheter." They put the catheter inside of me, *SubhanAllah*[35] they took 750ml of urine out!" Khadija said, "I think things could have definitely gone a different route if I had voiced my opinion. When I do, I feel like I come across as a 'typical Black aggressive lady!'"

Khadija went on to have an emergency c-section.

When they took me to the theatre, I genuinely thought I could die. I don't know if everyone would think that, even a white person, but I thought of the statistics. I thought the statistics were true, because they don't look at us. The multiple times I have cried out for help, they didn't really listen.

AMINA
Amina is of Jamaican heritage, and lives in Sheffield. She has experienced antenatal care before and after she became Muslim.

> I had my first when I was non-Muslim, the health service was fine, they would see me, speak normally and wouldn't overly ask me about abuse at home like they do now. I understand once or twice but not every single time!

Amina wears a niqab and said, "they would be surprised when I would have a typically British accent."

Amina discussed how she was treated in the maternity hospital.

> You will find they are not really as attentive to you. They will not really take you seriously – it is like you 'really' have to tell someone you are in a lot of pain before they attend to you. Before I didn't have anything to compare it to, so if people were treating me differently for just being Black, I wouldn't have known any different.

Amina highlighted religious insensitivities.

[35] Exclamation in Arabic, used to express praise, gratitude, or relief

> They don't really care about your privacy on the wards, you don't want a random man being there whilst you are trying to latch on. When I was in labour the midwife left my door wide open and I'm literally crowning and I can see people there! If you ask them for a minute so you can put your hijab on so you can be transferred – they don't want to wait. They don't care about the medication, as certain tablets contain gelatine and if you ask 'can I have something else', they just say 'no.' It is just the little things like that, that we are thinking of constantly.

MARYAM
Maryam is of mixed heritage, living in Southport. She was supported through her delivery by her mother and husband, who are both white.

Maryam needed an urgent induction.

> *Within ten minutes of starting the drip my heart rate was at two-hundred. I said, 'I'm not getting a break in-between my contractions.' They said, 'you aren't having a contraction' and kept increasing the dose.*

When Maryam felt the urge to use the bathroom her mother said, "does that mean she can feel the baby coming? I laboured fast; do you want to check?" But the midwives dismissed her.

> *Both the midwives left to get the pethidine and whilst they were gone, I delivered my son, by myself, in one push. My mum caught the baby. When they came back, my mum said 'if her mum has had a fast labour then chances are, she will too,' They said 'oh we just didn't realise you were her Mum.' "On the postnatal ward I kept saying, can I have some paracetamol? They said, 'Yeah we will get it in a minute,' but it just never came. When my mum came, I said 'can you ask' straight away they gave her a pot of paracetamol! I'm thinking why is it when a white woman asks, you give her pain relief, but when I've asked you five times you are not bringing it to me. Is it that you trust her to recognise pain more than you trust me? My mum was so angry she said we need to complain, but I was like actually it is a really common thing. Any woman of colour I have spoken to has had a really similar experience. She was horrified.*

ASIYA'S ANTENATAL JOURNEY: "I WEPT MYSELF SILENTLY TO SLEEP"
Asiya is of Nigerian heritage, living in Glasgow.

Asiya described a scan appointment where she was told they didn't have an interpreter. My husband was horrified; I pinched him to keep quiet. I told her that I will "try to speak English." Later when Asiya was admitted due to pregnancy complications, her pain medication was delayed.

"I asked for them but to no avail. I laid back in pain, not wanting to appear aggressive. I clutched my pillow and I wept silently to sleep." Later, on asking again, Asiya was told she "should be happy to have free medication in the UK."

On the postnatal ward, Asiya said "I called the nurse and said 'I can't latch'. They just said 'well you will learn'. That is the kind of attitude I got." Asiya's numerous requests for halal food were dismissed and so a friend brought her meals, "I ate like someone who had been in prison!" On the third evening Asiya had already eaten, when the midwife approached her, "you did not come for your halal food! It is expensive!"

> *I felt people could have been a bit more empathic and caring. I suspect they had a problem with my whole presentation. How dare you think you should even have a choice of food, and the choice of food was based on my religion – so you do not respect my religion. Perhaps being Black worsens it. The NHS policies are there but is it enforcing it?*

A MIDWIFE'S OBSERVATIONS

Nafisa is a Black Muslim woman and a midwife in London. She discussed how her university curriculum undervalued the topic of race.

> *We are not taught or expected to think about racial or cultural sensitivities. I brought it up every time - then you are deemed as the angry Black student!" We see a lot of Black Muslim women. There is a lot of stereotypes that you will hear in the delivery suite amongst staff; we might expect a language barrier, we might expect FGM, they might be refugees, they might have a number of children. With FGM, a lot of white midwives think it is to do with faith, but it is a cultural practice. Islam has been vilified and people don't want to try and understand."*
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> *Black Muslim women are less assertive than other women. How Black midwives treat Black women is the part that I find truly heart-breaking. Some have this expectation that they can just get on with it, 'don't complain.' The White woman might be called a 'princess' and they'll say 'give her the epidural straight away, she can't cope.' That behaviour is either emulated by the white midwives or they also have that bias towards us. They might wait a bit longer to call the anaesthetist to get the epidural. Or not act as quickly for a woman that is symptomatic of an infection.*

Contemplating the statistics about Black women's antenatal mortality, Nafisa said,

> *We are already going in with the assumption that something is going to go wrong, so we can end up denying women a low risk pregnancy and lead a woman down a more medicalised pathway.*

DISCUSSION

The themes throughout these stories include: discrimination and stereotyping, dismissal of symptoms, cultural and religious insensitivities, with-holding or delaying treatment, lack of support and empathy, lack of autonomy and over-medicalisation of care. A UK wide survey of BAME women revealed almost identical themes, in particular: failures of care provision in postnatal care, staff attitudes, being denied choices and lack of sensitivity (Jomeen and Redshaw, 2013).2 Recently interviewed African women also described stigmatisation from the antenatal care staff, predominantly due to the number of children they had (Chinouya and Madziva, 2017).

The midwife's perspective highlighted the difficulties her colleagues had in caring for Black Muslim women. A study investigating how midwives experience caring for BAME women detailed the barriers they faced in providing equitable care, specifically due to language barriers and women's expectations of maternity care. A further study revealed that Somali women felt stigmatised and traumatised through invasive and insensitive questioning related to FGM (Karlsen, 2020).

A large study stated BAME women were twice as likely to worry about pain and discomfort when compared to White women (Redsaw and Heikkila, 2011), possibly due to anticipation of pain being disregarded by staff, as described in these experiences. Despite the women in this report having professional jobs and being fluent in English, it was difficult for them to advocate for themselves successfully under these circumstances. This is even more exaggerated in asylum seekers and refugee women, and there are various volunteer-led charities trying to support such women.[36] The volunteer doulas or birthing partners, recognise the extreme suffering in these women and are acutely aware of the gaps in provision for them (Balaam et al, 2016).

CONCLUSION AND RECOMMENDATIONS

The narratives detailed in this report demonstrate how race can directly and indirectly contribute to the shocking statistics in maternal health and there are projects underway investigating the Black antenatal experience.[37] However, these Black Muslim women are are the perfect example of intersectionality in which their faith and race create a unique experience of discrimination that acts as a barrier to accessing good quality maternity care. The discrepancies in care may appear insignificant as single incidences, but when added up, result in a complete breakdown in the patient and health care professional relationship. This is, at best, traumatising for the mother and at worst can have life-threatening consequences.

There is a gap in research focused on the Black Muslim antenatal experience in the UK and how they compare to other groups. Specific recommendations can be made regarding this group, as often any guidelines relating to Muslims are Asian-centric and unrelatable to the Black experience.

The Antenatal Care NICE Guidelines stipulate:

> *All healthcare professionals should treat you, your partner and your family with respect, sensitivity and understanding. You can ask any questions you want to and can always change your mind. Your own preference is important and your healthcare team should*

[36] See Amma Birth companions. (Nd). What we do. https://www.ammabirthcompanions.com/what-we-do

[37] See Improving me: Improving Women's and Children's Experiences. (Nd) Black Mum Magic Project. https://www.improvingme.org.uk/community/Black-mum-magic-project

support your choice of care wherever possible. Your care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have (National Institute for Clinical Excellence (2008).

The NHS needs to ensure these guidelines are enforced, so that health care professionals are unable to divert from providing high quality maternity care for all. If these guidelines were followed on the ground, it would completely transform these women's antenatal experience.

AMANI MUGASA

Amani Mugasa is a junior doctor based in Scotland, of mixed Ugandan and English heritage. Dr Mugasa is very passionate about tackling health inequalities after her experiences in the UK and Uganda, and intends to pursue a career in public health Insha'Allah. As well as caring for her young family, Dr Mugasa is involved in activism and charity work in her spare time, and has just agreed to have her first children's book published.

THE IMPACT OF COVID-19 IN BLACK MUSLIM COMMUNITIES

BY AMINA HERSI, ZAINAB GARBA SANNI & RANYA ALAKRAA