University of Southampton

THE WHITE RIBBON ALLIANCE UK

Closing the Gaps:
The IMPACT Framework for Inclusive Maternal and Neonatal Health

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Maternal and neonatal health inequities in the UK

Access to safe, high-quality maternity care is a fundamental right, yet inequalities persist in the UK. Women and pregnant people from racially and ethnically minoritised and deprived communities face higher risks and poorer outcomes (MBRRACE 2025; Knight et al., 2022). Other underserved groups remain underrepresented in data and policy, reinforcing exclusion and injustice.

The UK policy environment

A pilot analysis by University of Southampton researchers reviewed ten national maternity policy documents (2016–2022). While many acknowledged inequities, few included targeted, costed, or measurable actions, or clear plans for monitoring progress. Equity considerations focused mainly on ethnicity and deprivation, with limited attention to other protected characteristics, risking ongoing gaps in care.

The IMPACT framework – a tool for change

The Inequities in Maternal Policy and Care Tracking (IMPACT) framework is a practical tool to help policymakers, systems, and NGOs address structural inequalities. Co-developed by White Ribbon Alliance UK and the University of Southampton, it translates equity into evaluation and accountability.

The framework includes four domains: Understanding, Addressing, and Monitoring Inequity, and Community Participation. It assesses whether policies recognise disparities, propose interventions, track outcomes, and involve marginalised communities, while also recognising intersectional disadvantage.

Enabling the development of actionable tools

The framework supports tailored tools to address inequities affecting specific groups, applicable across policy, planning, and commissioning at national, ICB, and frontline levels. It also helps align advocacy strategies and integrate equity into training and professional development.

From commitments to action

Embedding IMPACT into maternity policy turns equity into practice by providing a structured way to identify disparities, implement interventions, and monitor progress, which creates a shift from broad commitments to concrete action.

Recommendations

Embed IMPACT within new maternity care policies, process and service design

The IMPACT framework and its adapted tools offer a practical and principled approach to embedding equity into maternal health policy. Its four domains, each underpinned by clear criteria, can serve as a checklist for inclusive policy formulation. In addition, bespoke tools co-designed with and for specific marginalised groups can enhance precision and relevance.

Use the IMPACT framework to conduct retrospective maternity care policy audits

The IMPACT framework and its adaptive tools can be used to evaluate existing maternal health policies to identify gaps in equity and recommend remedial action.

Use the IMPACT framework as a tool for creating a collective voice for advocacy organisations

The IMPACT framework helps advocacy organisations unite around a shared evidence-based approach, enabling them to co-create tools, amplify their voice, and influence policy.

ACCOUNTABILITY

IMPACT

IN MATERNAL EQUITY

Evaluating Equity in Maternal Health

Focus Area	Evaluation Criteria
Understanding inequities	– Does the policy recognise or acknowledge inequity in access or outcomes for marginalised groups? – Does the policy recognise underlying health system or structural factors that underpin inequities in maternal healthcare (e.g. institutional racism)? – Is language inclusive and appropriate?
Addressing inequities	– Does the policy allow for marginalised groups to access the service (e.g. undocumented migrant women)? – Do policies specifically address issues to improve access to, or quality of care for marginalised groups using evidence-based interventions? – Do policies suggest changes to underlying health systems and structures that contribute to inequities? – Is money ringfenced for paying for specific interventions to reduce inequities?
Evaluating inequities	– Are targets included for reducing inequities in utilization or outcomes? – Are there measures in place to ensure there is adequate routine data to monitor access or outcomes for marginalised groups? – Are measures in place to evaluate the success of the policy with an equity focus?
Community Participation	– Is the policy based on meaningful consultation with stakeholders from marginalised groups? – Does the policy recommend processes for ensuring the ongoing engagement and feedback of service users from marginalised groups?

Dimensions of Inequity and Disadvantage

Dimension	Characteristics to Consider
Ethnic background and migrant status	– Race, nationality, and ethnicity (e.g. Black women, foreign-born white women, Roma and Travellers) – Indigenous and First Nations people – Religion (e.g Muslim and Jewish) – Migrant groups, including immigrants, undocumented migrants, and asylum seekers
Social, economic, andgeographic	– Poverty and deprivation – Prison population – Homeless and under-housed – Unemployed – Military employment – Age-related discrimination – Xenophobia – Rural and coastal communities – Digital isolation
Pregnancy related	– Baby loss – Abortion – Fertility trauma – Multiple pregnancy – Maternal age
Mental and physical health	– Disability and chronic illness (physical, sensory, intellectual) – Mental health (ongoing or pregnancy-related) – Neurodivergence (autism and ADHD, dyslexia, and communication difficulties) – Survivors of Gender Based Violence (FGM, domestic violence, rape, etc.) – Weight (over- and under-weight, disordered eating)
Sexuality and identity	– Lesbian, gay, bisexual, pansexual, etc. – Transgender including non-binary – Intersex

What are we doing now?

Racial and ethnic debiasing of maternal health policy

We're partnering with the **Race and Health Observatory (RHO)** to help their Learning and Action Networks tackle racial bias in maternal health. Using the IMPACT framework, we're driving equity and deeper understanding of disparities.

Supporting neurodivergent maternal health service users

We're working with a CIC, **Neurodivergent Birth**, to develop the IMPACT framework to support neurodivergent users of maternal health services. We are co-creating tools to assess and evaluate maternal health policy through a neurodivergent lens.

Co-designing tools for supporting partners of serving military personnel

We will be working with an Integrated Care Board to develop tools based on the IMPACT framework that can be integrated within policy and planning to improve access for military partners.

References

MBRRACE, Data brief: Maternal mortality UK 2021-23, January 2025 **Maternal mortality 2021-2023 | MBRRACE-UK | NPEU**

Knight, Marian et al. (2022) A national cohort study and confidential enquiry to investigate ethnic disparities in maternal mortality eClinical Medicine, Volume 43, 101237

Find out more

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