Reducing Black Maternal Health Inequalities

Building health, wellbeing and real solutions together.

Produced by JRNY Consulting for:

JRNY CONSULTING

Impact on Urban Health

NHS South East London

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BETTER CARE FOR BLACK MOTHERS AND BIRTHING PEOPLE IN SOUTH EAST LONDON

We know the NHS hasn't always got it right for Black mothers and birthing people and their babies. Too many people have felt unheard, unseen, or let down during pregnancy, birth, and after their baby arrives. Statistics continue to show that Black mothers and birthing people and their babies experience poorer clinical outcomes, and many report poor experiences of maternity and neonatal care. We know that's not right, and it needs to change.

That's why Impact on Urban Health and the NHS South East London are joining forces on a new programme. The goal? To rebuild trust and improve healthcare access, experiences and outcomes for Black women and birthing people in maternity and neonatal services.

This isn't about top-down fixes. It's about coming together as Black communities, healthcare staff, and decision-makers to design services that actually work for Black service users. We'll listen to real experiences, share ideas, and make decisions side-by-side, including about what solutions will deliver the change needed, and which organisations will be funded to deliver them. We're not just talking about change. We're building it together.

South East London has one of the biggest Black populations in the UK, and NHS South East London and Impact on Urban Health are committed to making change that lasts. By improving maternity care for Black women, we can save lives, strengthen families, and create a health system that everyone can trust.

Because every mum and baby deserves the best start in life — no exceptions.

Be part of the change.
Visit our project page!

About the Workshop

On 19 June 2025, the NHS South East London and Impact on Urban Health convened a workshop facilitated by JRNY Consulting and Black Mothers Matter to centre Black women and birthing people's experiences in the perinatal care system, surface systemic harms, and co-create solutions that advance racial justice in maternal health. The session was designed as a care-centred, trauma-informed, and creatively facilitated space. This workshop gathered voices from across the reproductive journey. Community leaders, NHS practitioners, local authority representatives, and community advocates examined how inequality shows up in care. They amplified practice-based innovations and shaped a community-driven agenda for change.

The day included grounding practices, co-created safety agreements, and reflections from sector leaders. Breakout discussions explored the perinatal journey across five stages: pre-pregnancy, pregnancy, birth, afterbirth, and neonatal care. Each group focused on hope and imagination and collaborated on what affirming care would look like.

Creative methods supported workshop participants to reflect, connect, and share ideas on their own terms. Affirmations, art-making, journaling, and peer conversations fostered an environment where lived experience was valued as expertise.

The June 19th workshop was an act of organising, healing, and imagination. It created space for meaningful exchange and collective visioning outside formal consultation processes. It affirmed that community-led approaches are essential to building a maternal health system that centres joy, safety, and justice.

Emerging Themes from the Workshop

Culturally Humble Health Education

Every person has the right to health education that reflects who they are and where they come from. Workshop participants envisioned a future where Black and racially minoritised women, birthing people, and youth access health information that is holistic, affirming, and specific to their needs. Current systems often offer health education that is generic and disconnected from culture. This harms people by reinforcing gaps in care, confidence, and informed decision-making. Participants called for education to be rooted in real experiences and shared through trusted community channels like schools, youth centres, and cultural hubs.

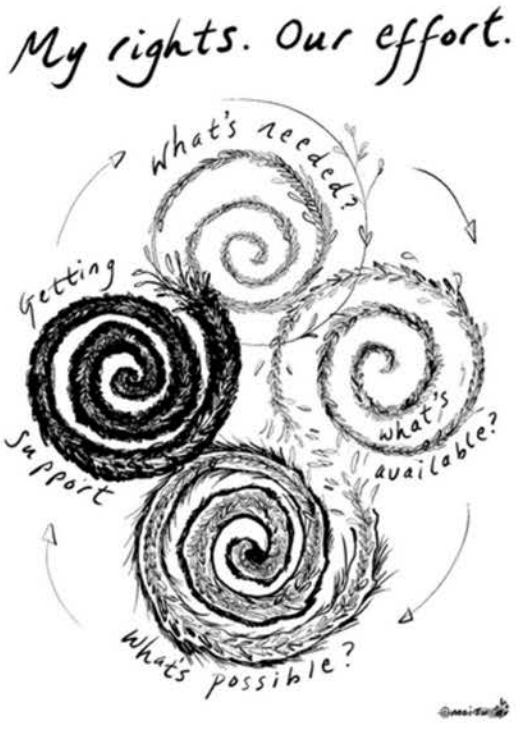
The group spoke about comprehensive and accessible education on sexual and reproductive health, as well as broader life and wellness topics such as menstruation, fertility, contraception, pregnancy, birth, postpartum care, and mental health. This education must begin early in life and continue throughout the reproductive journey. It must be shaped and delivered by people who reflect the communities they serve. This means bringing in Black educators, doulas, peer mentors, and cultural leaders to support learning that is empowering and dignifying.

Health education should be a source of power, not fear or shame. When we equip people with knowledge that is culturally relevant and free from judgment, we affirm their rights to autonomy, joy, and safety. This work is not an add-on to care. It is care.

TOOLS FOR ADVOCACY AND EMPOWERMENT

Knowledge is a powerful form of resistance. Workshop participants proposed the creation of advocacy and empowerment tools that help Black women and birthing people understand their rights, navigate services, and demand accountability. These tools would exist in both digital and physical formats, and be given out at key stages of the maternal care journey. From the moment of booking a healthcare appointment, every individual deserves access to clear, practical, and culturally relevant information about what they are entitled to and how to access it.

The proposed tools included “Know Your Rights” guides, instructions for submitting complaints, and maps of community support networks. They aim to reduce confusion and fear and to replace isolation with confidence and clarity. This information must be made available in different languages and formats to meet different accessibility needs, including visual and audio formats for those who do not engage with written material.



Participants also recognised that resources alone are not enough. Health workers must be trained to introduce and support these tools with sensitivity and cultural humility. Mentorship and capacity-building programmes for frontline staff were suggested as essential components of this solution. When healthcare professionals understand the histories and experiences of Black communities, they become more effective advocates and allies.

PEER-LED COMMUNITY-BASED SUPPORT

Care is most powerful when it is rooted in relationship and trust. Workshop participants called for peer-led and community-based support models that honour the lived experiences of Black women and birthing people. These models recognise that healing and safety often come from those who understand what it means to be dismissed, unheard, or harmed within health systems. Peer support must be funded, respected, and woven into the perinatal journey from preconception through early parenthood.

One-to-one peer support, buddy systems, and named midwives were offered as solutions that build trust and ensure continuity of care. These roles are not substitutes for clinical care. They are complements that address emotional, psychological, and cultural needs. When someone walks beside you who shares your identity and listens with empathy, it reduces isolation and increases confidence. Trauma-informed support practices were identified as essential, especially in spaces where many have faced harm or neglect.

This is not about placing extra burdens on communities. It is about recognising the wisdom already present in communities and resourcing it properly. Peer supporters must be paid, trained, and cared for, not relied upon as volunteers or informal labour. Care cannot be effective if it is extractive.

Workshop participants also spoke about the need for spaces that centre Black joy and connection. This includes group sessions, healing circles, and informal gatherings where people can speak freely and be witnessed in their wholeness. This is care that heals. This is care that listens. This is care that builds power.

EQUITABLE ACCESS AND CAPACITY BUILDING

Equity is not a slogan. It is a commitment to removing barriers that exclude and harm. Workshop participants highlighted the importance of practical, systemic solutions that make care accessible to all Black women and birthing people. This includes removing barriers such as cost, transportation, language, time constraints, and systemic bias. Without addressing these structural issues, services will continue to serve the privileged while leaving the most marginalised behind.

A key solution proposed was the development of centralised and accessible resource hubs. These hubs would offer curated and community-validated information for three key groups: parents and carers, health professionals, and community members. The design must be intuitive and accessible for people at different stages of their journey.

Participants also called for investment in the professional growth of Black and racially minoritised people within health and care systems. This means scholarships, outreach programmes, mentorship, and leadership pathways that reflect lived experience and practical wisdom. Formal qualifications must be balanced with recognition of community knowledge and lived expertise. This approach builds systems where power is shared and knowledge flows from both formal and informal sources.

Capacity building must extend to organisations, not just individuals. Smaller community-led groups must receive funding and support that enables them to thrive. Their work should be acknowledged as essential infrastructure. When we build access into the design of care, we move from charity to justice. From exclusion to inclusion. From fragility to resilience.

Overview of Solutions

the knowing that's needed

to know what's needed

Pre-Pregnancy

COMMUNITY-BASED EDUCATION

Black mothers and birthing people in South East London experience significant health inequalities, including higher maternal morbidity and mortality rates compared to their white counterparts. These disparities result from systemic racism, socio-economic inequities, and barriers to culturally competent healthcare. Existing healthcare services frequently fail to meet these specific needs, contributing to mistrust and isolation within the community.

Community-based education offers a powerful solution. By building on trusted relationships and local wisdom, this proposed solution creates space for Black and racially minoritised communities to lead. It focuses on the pre-pregnancy phase and a holistic view of health, including supporting mental wellbeing, physical health, chronic conditions, and informed decision-making while centring joy, autonomy, and care.

SCHOOL-BASED SEXUAL AND REPRODUCTIVE HEALTH EDUCATION

Too many of the challenges faced by Black mothers and birthing people in South East London begin long before pregnancy with early gaps in access to honest, affirming, and culturally relevant information about bodies, identity, and care. When sexual and reproductive health education is absent, exclusionary, or rooted in shame, it leaves young people, especially Black adolescents, without the tools to make empowered decisions or navigate the healthcare system with trust.

This solution calls for bold, community-driven approaches to sexual and reproductive health education that start early and centre joy, identity, and agency. Grounded in the realities of Black youth and co-created with them, this work has the potential to transform how health is taught, understood, and lived.

Pregnancy

BLACK MATERNAL RIGHTS INFORMATION AND SUPPORT PACK

Too often, Black mothers and birthing people begin their pregnancy journey without clear, affirming guidance about their rights, options, or available support. Many describe feeling dismissed, uncertain, or unheard. These experiences are shaped by structural racism, fragmented information, and a lack of culturally responsive care. This solution invites bold thinking about how Black birthing people receive the information they need—and how the systems around them can show up with greater trust, clarity, and care.


TRUST
is
fragile
©Moi Tu

Birth

MENTAL HEALTH FOR VCSES IN THE BIRTH SPACE

Across the maternity journey, Black mothers and birthing people often turn to community-led spaces when healthcare systems fall short. These groups, grounded in culture, trust, and lived experience, offer vital support and care. Yet the people holding this work are frequently unpaid, under-resourced, and managing their own emotional load. Without care for caregivers, the wellbeing of both supporters and the communities they serve is at risk.

This solution reimagines how mental health, healing, and sustainability can be supported for those working in community-based maternal health. By investing in their wellbeing, this solution helps build stronger, more sustainable systems of care where Black birthing people are supported by thriving, trusted advocates.

QUALIFICATIONS FOR BLACK BIRTH WORKERS

Community-based birth workers—such as doulas, peer supporters, and advocates—play a vital role in supporting Black mothers and birthing people, often stepping in where formal systems fall short. Despite their impact, many remain unpaid, unrecognised, and excluded from formal pathways to training, accreditation, or employment.

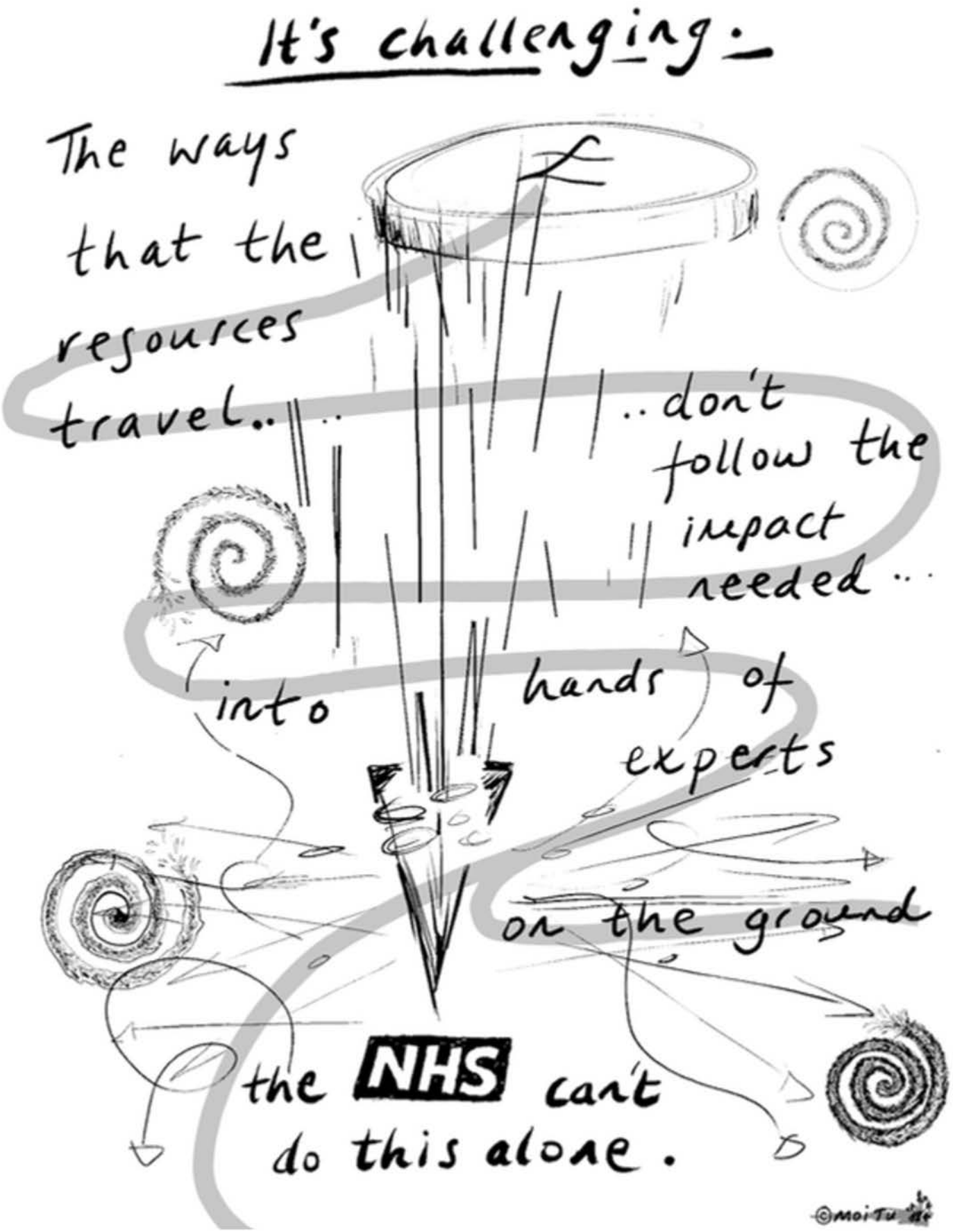
This solution supports the development of accessible, culturally grounded routes to qualification for Black and racially minoritised birth workers. It values lived experience and community knowledge, creating space for professional growth without requiring individuals to leave behind the ways of working that make their care trusted and effective.

INFORMATION PORTAL ON BLACK MATERNAL HEALTH AND BIRTHING

For many Black mothers and birthing people in the UK, navigating the maternity journey is made harder by a lack of clear, relevant, and trustworthy information. Resources are often scattered or difficult to access, and too rarely speak to the realities, concerns, and cultural contexts of Black and Brown families. This information gap contributes to isolation, confusion, and disempowerment at moments when clarity and confidence are most needed.

This solution invites the creation of a national digital hub that curates and connects trusted resources on Black maternal health. Designed to serve multiple audiences including Black birthing people, families, community groups, and healthcare professionals, it would centre culturally safe, community-led knowledge and make it widely accessible through inclusive, user-friendly formats.

By increasing access to reliable, affirming information, this solution supports informed decision-making, collaboration, and more respectful, equitable maternity care.


It's challenging:-
The ways that the resources travel...
..don't follow the impact needed...
into
hands of experts
on the ground
the NHS can't do this alone.
©MoiTu

After Birth

SUPPORT RACIALLY MINORITISED MENTAL HEALTH PROFESSIONALS TO TRAIN TO SPECIALISE IN BLACK MATERNAL HEALTH

Black birthing people experience disproportionately high rates of postnatal mental health challenges. These are shaped not only by individual experiences, but by the cumulative impact of trauma, racism, and a lack of culturally safe care. Yet there remains a shortage of mental health professionals equipped to respond to these needs in ways that are relevant, responsive, and rooted in justice. Racially minoritised practitioners who are best placed to offer this care often face barriers to training, accreditation, and progression.

This solution invests in the development of racially minoritised mental health professionals who want to deepen their expertise in Black maternal mental health. It offers supported access to advanced training that reflects the realities of Black families and strengthens the system's ability to care with insight and accountability.

STRENGTHEN LINKS AMONGST NHS AND VCSES TO PROVIDE SERVICE DELIVERY

Black mothers and birthing people are routinely left without ongoing, culturally grounded care after birth. Smaller Black-led community organisations are well placed to provide this support, but they are frequently overlooked in favour of larger providers. As a result, families miss out on trusted care that reflects their realities and needs. This solution strengthens partnerships between the NHS, local authorities, and small to medium community-led organisations.

Neo-Natal Specialist Care

INTENSIVE WRAPAROUND SUPPORT FOR PARENTS

Black mothers and birthing people whose babies require early specialist care often face overwhelming stress, emotional trauma, and a lack of culturally appropriate support. Fathers and partners are frequently excluded from care conversations, despite being essential to family wellbeing. Families must make complex decisions, often without the guidance or advocacy they need, which can lead to confusion, mistrust, and poor outcomes.

This solution provides intensive wrap-around support through a dedicated primary care worker, assigned as soon as a baby's need for specialist care is identified. This worker offers consistent, one-to-one psychosocial support, mental health referrals, and coaching throughout the hospital stay and postnatal period. They help families understand their rights and options, support informed consent, and guide them through complex decisions together as a family.

This care model places strong emphasis on early and sustained involvement of fathers and partners and links families to culturally grounded peer support, local mental health services, and community-based resources. This solution also invests in the capacity of existing community organisations and in Black and racially minoritised workers in the maternal health space. Community providers are supported to deliver services, offer placements, and train primary care workers who reflect the communities they serve.

Neo-Natal Specialist Care

THEATRE / SCENARIO-BASED TRAINING AND COACHING FOR HEALTH WORKERS ON COLLABORATIVE, CULTURALLY HUMBLE CARE

Black mothers and birthing people whose babies need early specialist care often face poor communication, lack of consent, and exclusion from decision-making. Health professionals may overlook the importance of clear language, cultural understanding, and collaboration with families. These gaps cause trauma, mistrust, and worse outcomes for parents and babies. This solution delivers ongoing, scenario-based learning and coaching for healthcare professionals. It focuses on collaborative, culturally humble care and is designed to change everyday practice, not just raise awareness. Using creative methods such as theatre and real-life scenarios, it helps staff understand the lived experience of Black mothers, birthing people, and their families during critical points in care.

EARLY BIRTHING PLAN

When newborns require early specialist care, Black mothers and birthing people often experience unclear communication, limited involvement in decisions, and care that does not reflect their cultural values. Birth plans are rarely designed to address these situations, leaving families unprepared during moments of stress and uncertainty.

This solution proposes an expanded model of early care planning that could support Black families when specialist newborn care may be needed. It might include structured conversations that begin once a health concern is identified, offering space to explore possible scenarios, treatment options, and family preferences. Plans should be shaped with families and reflect their voices, values, and hopes for care.

Cross-Stage

PEER SUPPORT FOR BLACK WOMEN AND BIRTHING PEOPLE

Black mothers and birthing people continue to experience deep inequities in maternity care. Many describe feeling unheard, unsupported, and emotionally unsafe throughout their journey—from pre-pregnancy through early parenting. Mental health support is often limited to moments of crisis, with little attention to prevention, consistency, or care grounded in shared experience.

This solution invites the design of peer support models rooted in community, connection, and trust. It could offer one-to-one, non-clinical support from trained peers who reflect the identities and lived experiences of the people they walk alongside. This support might begin before pregnancy and continue after birth, offering emotional care, advocacy, and navigation support in ways that feel familiar, affirming, and responsive.

Cross-Stage

THIRD PARTY ACCOUNTABILITY MECHANISM FOR BLACK WOMEN AND BIRTHING PEOPLE

Many Black mothers and birthing people continue to experience unsafe, dismissive, or discriminatory treatment in NHS maternity services. Fear of being ignored or penalised often prevents people from speaking up. At the same time, community organisations are routinely asked to gather feedback without the authority or support to act on what they hear—deepening frustration and eroding trust.

This solution invites the creation of an independent, community-rooted feedback and accountability pathway. It could offer a safe and responsive space for Black women and birthing people to share experiences of care from preconception through to early parenting. The process should be held outside the NHS, with leadership from trusted organisations.

Feedback could be gathered in real time, with individuals supported to access help where needed—such as peer support, advocacy, or assistance changing providers. Insights might be reviewed regularly with community partners and used to influence service design, staff training, and care standards at both local and national levels.

Continuity of Carer for Black mothers and birthing people

Black mothers and birthing people face fragmented, impersonal maternity care. Many are forced to repeat traumatic histories to new providers at every stage of their journey. Maternity services often fail to listen, build trust, or recognise early signs of harm. Black women are also expected to advocate for themselves in systems that do not make their rights clear or easy to act on. Isolation, poor communication, and inconsistent care contribute to unequal outcomes and a lack of safety, especially in mental health and postnatal care.

Continuity of Carer directly responds to these failures. This solution proposes that every Black birthing person is supported by a named midwife and a buddy, working as a consistent team across preconception, pregnancy, birth, and postpartum stages. This small team model allows relationships to form, stories to be heard once, and care to be shaped by trust. It improves emotional safety, supports early safeguarding, and strengthens confidence in decision-making.

Community of Practice for Black birth workers

Black and racially minoritised birth workers play a vital role in supporting safer, more affirming care for Black mothers and birthing people. Yet many face barriers that limit their sustainability—working in isolation, without consistent access to professional development, peer connection, or mental health support. Challenges such as cost, time, lack of recognition, and competing responsibilities often make it difficult to continue or grow in this essential work.

This solution proposes the creation of a Community of Practice that centres the learning, wellbeing, and collective strength of Black birth workers. It could offer regular, flexible spaces—online and in person—that support shared learning, build confidence, and nurture meaningful relationships across roles and regions. These spaces may also connect participants with culturally aligned mental health resources and create pathways to formal training or recognition, helping to strengthen both personal and professional growth. By investing in those who working alongside families, this solution strengthens the care ecosystem and contributes to more just, informed, and emotionally safe maternity care for Black communities.

Prioritising Solutions

The following tool was designed to support collective decision-making around the solutions generated during the June 19th workshop. It was collaboratively designed to help the Expert Reference Group, made up of community members, advocates, and professionals with lived and practice-based expertise assess which solutions to prioritise for further development, investment, and action.

The tool avoids ranking ideas based solely on institutional readiness or cost-efficiency. It invites us to ask: Who does this solution serve? Does it centre Black women and birthing people? Does it redistribute power? Does it build trust?

Prioritisation is not a technical exercise. It is a political and relational process. This tool offers structured guidance while making space for dialogue, disagreement, and reflection.

The tool is made up of eight scoring criteria:

- Community Demand – the strength of advocacy and grassroots support for the solution
- Comparable Existing Solutions – the extent to which similar efforts already exist or have failed
- Leverage Potential – whether the solution can unlock additional funding or support
- Severity of Need – the level of urgency and impact of the issue addressed
- Evidence-Based Impact – the extent of credible, community-relevant evidence supporting the solution
- Timeliness of Impact – how soon the solution could start making a difference
- Potential Impact – the overall depth and breadth of anticipated change

This tool is not the end of the conversation. It is a way to deepen it. As we move from ideas to action, it will help ensure that the solutions we advance are rooted in justice, shaped by those most affected and capable of shifting services and systems.

Solution Scoring Tool

	0	1	2	3	4	5
Severity of Need	No immediate need	Low urgency, minimal impact	Moderate urgency, manageable impact	Significant urgency, notable impact	High urgency, substantial impact	Critical urgency, immediate and severe impact
Evidence-based Impact	No supporting evidence.	Anecdotal or limited evidence from unrelated contexts.	Some evidence, but limited relevance to the context or communities.	Moderate evidence from related contexts, some relevance.	Strong evidence from similar contexts or populations.	Robust, peer-reviewed evidence specifically relevant to Black communities.
Timeliness of Impact	Long-term impact (>5 years)	Impact within 3-5 years	Impact within 1-3 years	Impact within 6-12 months	Impact within 1-6 months	Immediate impact (within weeks or months)
Potential Impact	No potential impact	Minimal positive impact	Moderate positive impact	Significant positive impact	High positive impact	Transformative impact

Solution Scoring Tool

	0	1	2	3	4	5
Community Demand	No expressed community interest	Minimal community interest	Moderate community support	Active community advocacy	Strong and vocal community advocacy	Overwhelming community support and demand
Comparable Existing Solutions	Multiple thriving comparable solutions exist	Thriving solution available with minor gaps	Partially effective existing solutions present	Existing solutions limited or ineffective	Very limited or struggling comparable solutions	No existing solutions; urgent gap identified
Leverage Potential	No leverage or additional funding	Minimal additional funding/leverage potential	Moderate leverage potential	Good leverage potential	High leverage potential	Exceptional leverage, unlocking substantial additional resources

Proposal Scoring

This second tool is designed to support transparent, values-led decision-making for proposals received in response to funding opportunities made available under the Reducing Black Maternal Health Inequalities programme. It will be used by the Expert Reference Group and other decision-makers to assess proposals in a structured, accountable, and transparent way.

Proposals are not judged solely on scale, reputation, or deliverables. They are assessed on whether they honour the leadership of Black women and birthing people, whether they build trust, and whether they meaningfully address systemic inequality.

Each proposal will be assessed across twelve criteria:

- Feasibility and Practicality – realism and clarity of the proposed work
- Alignment with Policy and Strategy – coherence with NHS and local priorities
- Sustainability – potential for impact beyond the funding period
- Scalability – capacity to replicate or grow
- Measurable Outcomes – clarity and strength of the outcome framework
- Reach – ability to reach those most in need
- Accessibility – removal of practical and structural barriers
- Intersectionality – recognition and integration of overlapping identities and systems of oppression
- Community Anchored – extent of community co-design and delivery
- Evidence-based Impact – relevance and robustness of supporting evidence
- Addressing Root Causes – capacity to respond to underlying systems of inequality
- Consortium Approach – strength and clarity of partnerships and collaboration

This tool helps ensure that proposals are not selected for convenience or familiarity. It directs us toward work that is possible, necessary, and grounded in transformation. It affirms that excellence includes emotional insight, lived experience, and structural critique.

Proposal Scoring

	0	1	2	3	4	5
Community Anchored	No community involvement	Minimal consultation with communities	Limited community input, but not actively co-produced.	Actively consults with communities, but co-production limited.	Co-produced or co-delivered with some community engagement.	Fully community-driven, co-produced, and co-delivered.
Evidence-based Impact	No supporting evidence.	Anecdotal or limited evidence from unrelated contexts.	Some evidence, but limited relevance to the context or communities.	Moderate evidence from related contexts, some relevance.	Strong evidence from similar contexts or populations.	Robust, peer-reviewed evidence specifically relevant to Black communities.
Addressing Root Causes	Addresses only immediate symptoms.	Acknowledges root causes but does not actively address them.	Partial focus on root causes, but primarily symptom-driven.	Balanced approach, addressing some systemic issues.	Actively addresses multiple root causes with clear strategies.	Comprehensive and strategic approach directly targeting deep systemic causes.
Consortium Approach	Submitted by a single organisation, no collaboration	Minimal collaboration with other organisations	Some collaboration, not a formal consortium	Informal consortium with shared goals	Formal consortium with good complementarity	Strong, well-integrated consortium with clearly defined roles and shared governance

Proposal Scoring

	0	1	2	3	4	5
Measurable Outcomes	No clearly defined outcomes	Vague outcomes	Some defined outcomes	Defined, moderately measurable outcomes	Clearly defined, measurable outcomes	Precisely defined, robust measurement methods
Reach	Very limited/no reach	Limited reach, does not target most in need	Moderate reach, partial alignment with need	Good reach, aligns with some critical needs	Extensive reach, targets many in need	Exceptional reach, prioritises most vulnerable
Accessibility	Not accessible, many barriers	Minimal barrier attention	Some barriers addressed	Adequate accessibility measures	Comprehensive measures, minor barriers remain	Fully accessible across all dimensions
Intersectionality	No consideration	Minimal acknowledgment	Recognises, limited implementation	Clear recognition, partial strategic approach	Comprehensive analysis, strong strategies	Robust intersectional framework deeply embedded

Proposal Scoring

	0	1	2	3	4	5
Feasibility and Practicality	Completely impractical	Significant challenges, unlikely	Moderate feasibility with obstacles	Reasonably feasible, manageable barriers	Highly feasible, minor issues	Entirely practical, realistic resources alignment
Alignment with Policy and Strategy	No alignment	Limited relevance	Some alignment, lacks strategic coherence	Moderate alignment	Strong alignment, clear connections	Full alignment, supported by NHS/local/national strategies
Sustainability	No sustainability potential	Minimal sustainability without funding	Limited sustainability, reliant on support	Moderately sustainable, some external support	Strong potential, minimal external support	Fully sustainable, no ongoing external funding needed
Scalability	Not scalable	Limited scalability, barriers to replication	Moderately scalable with significant adaptation	Scalable with some adaptation	Highly scalable, minimal adaptation	Fully scalable, easily replicable

Parting Thoughts

As we move through each stage of the funding process, we invite ongoing feedback. We are committed to creating a commissioning experience that centres care, inclusion, and transparency. This process must serve those most affected by structural inequality. It must build trust and shift power. If something does not feel accessible, safe, or equitable, we want to know. We will listen and adjust.

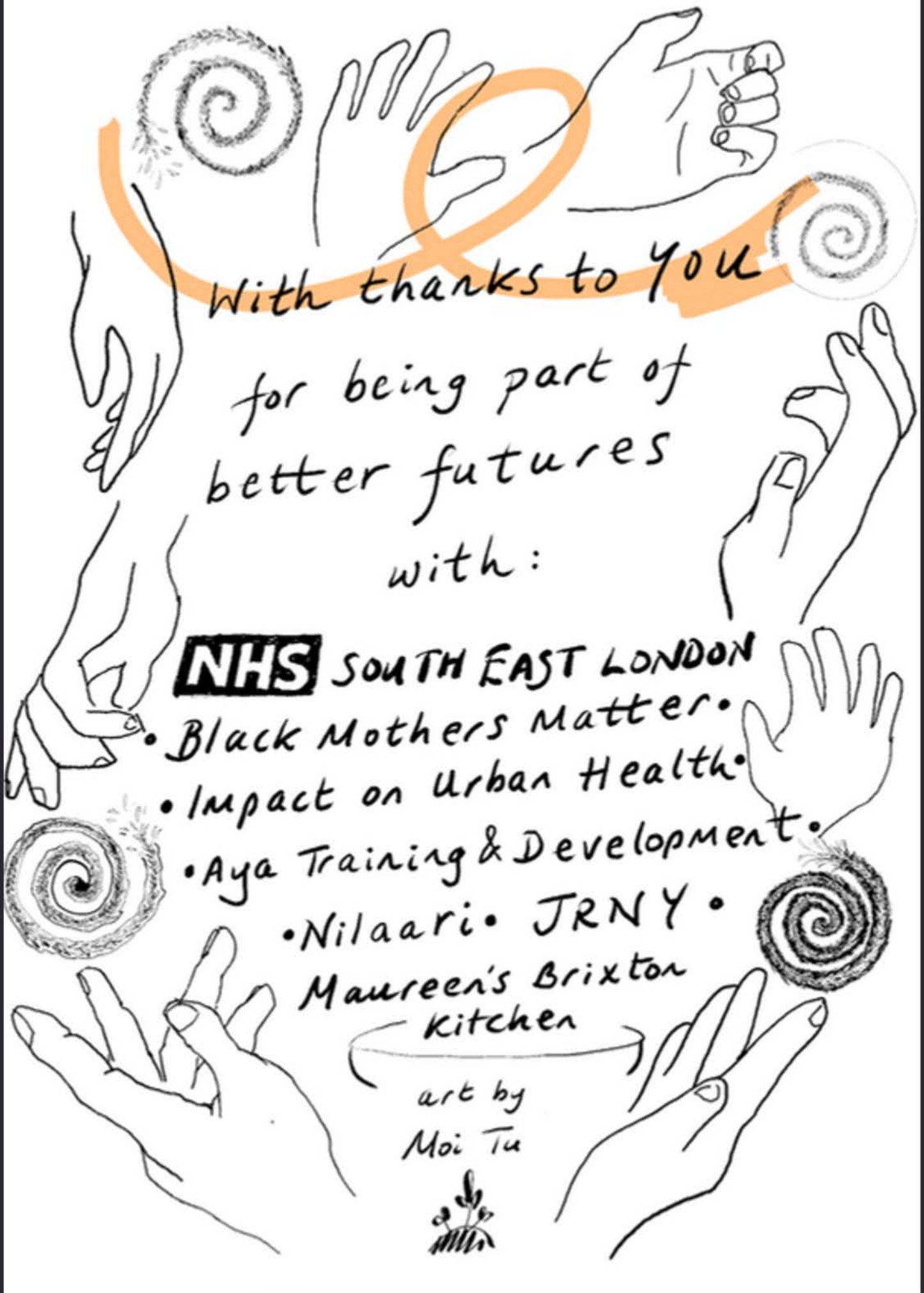
Over the coming months, the timeline for the Reducing Black Maternal Health Inequalities commissioning process is as follows:

- Autumn/ Winter 2025:
  - Funding opportunities will be published, with guidance sessions and support made available for interested applicants.
  - Application review, scoring, and decision-making will take place, with support from the Expert Reference Group.
  - Due diligence and contracting processes will be completed.
- Winter/ Spring 2026:
  - Implementation begins, including relationship-building, learning, and accountability check-ins with funded partners.

We will be running an interactive webinar at the beginning of the application process – for more information and to sign-up please check our project page

We hope this process feels different. We hope it feels intentional and collaborative. Most importantly, we hope it leads to work that is transformative for Black women, birthing people, and communities.

We are grateful you are part of this journey.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