International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

Racial disparities in maternal health: a scoping review

INPLASY202560004
doi: 10.37766/inplasy2025.6.0004
Received: 1 June 2025
Published: 1 June 2025

Corresponding author:
Denya Williams Goss

denyagoss123@gmail.com

Author Affiliation:
The University of Sheffield.

Williams Goss, D; Treacy, K; Mawson, R; Narice, B; Anumba, D.

ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202560004

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 1 June 2025 and was last updated on 1 June 2025.

INTRODUCTION

Review question / Objective Population: All women at the preconception counselling stage or pregnancy and/ or babies or infants up to 1 year after birth, with ethnicity reported.
Concept: Any systematic review regarding ethnic disparities in maternal/neonatal outcomes up to 1 year after birth.
Context: Reduce maternal and or neonatal health inequalities

Main question: How does racism contribute to the current disparities in maternal/neonatal health outcomes?

Subquestion 1: What interventions are effective in reducing disparities in maternal/neonatal health outcomes?

Aim: To map the global literature regarding the contribution of racism to disparities in maternal and neonatal health outcomes.

Objectives:
-Conduct a comprehensive search using multiple search engines and identify relevant pieces of literature.
-Map the literature in an interactive megamap.
-Identify areas that require more research.

Background Racial disparities in maternal health outcomes have been well documented in the United Kingdom (UK) since the early 2000s. The MBRACE reports over the past decade, with the most recent published in 2023, demonstrate that black women remain four times more likely to die in relation to pregnancy and childbirth than white women. Asian women are twice as likely to die as white women. Racial disparities in outcomes also affect ethnic minority babies, with black, black British, Asian and Asian British babies having a stillbirth rate twice that of white babies and a higher neonatal mortality rate. These differences in pregnancy outcomes by race, ethnicity and socioeconomic deprivation are well reported. However, the contribution of racism and racial

discrimination towards these poor health outcomes is less well defined. Some studies indicate that racism directly contributes to poor health outcomes for ethnic minority groups (via increased stress and worse mental health) and indirectly (via increased exposure to harmful environments and targeting marketing of health-depreciating products). Underlying socioeconomic factors intersect with race and ethnicity by affecting education, employment and poverty, which all contribute to health inequalities.

It is unclear how racism leads people from ethnic minority backgrounds to having poorer health outcomes. Institutional and structural racism may contribute. Institutional racism relates to the roles played by institutions such as education, criminal justice and health. Institutional racism can include the actions or lack of action taken by organisations to address racial disparities in maternal health. Structural racism refers to wider social and political disadvantages within society, such as more socioeconomic deprivation within black and Pakistani groups, or higher rates of COVID-19 mortality in ethnic minority groups. Structural racism shapes and affects the lives, wellbeing and life chances of birthing people of colour, and normalised historical, cultural and institutional practices that disadvantage people of colour by disregarding their needs, concerns and symptoms. The extent to which these forms of racism contribute to poorer maternity outcomes for minority groups has been inconsistently reported in the global literature.

Rationale This work will explore the best evidence regarding the global contribution of racism to maternity disparities and inequalities. This will be achieved through a scoping review of systematic reviews published in the past decade reporting the factors and impact of racism on health care and inequalities amongst birthing women and people. The second part of this study will map systematic reviews which identify effective interventions addressing racism and improving birth outcomes amongst ethnic minority women. The work will also identify areas that are understudied. This work will feed into a national programme aimed at addressing maternity disparities in the UK through a consortium. However, the value of this work isn't exclusive to the UK, it can be used to improve the health of ethnic minority women and babies globally.

METHODS

Strategy of data synthesis Databases: MEDLINE via
Embase
Pubmed Web of Science
CINAHL via EBSCO
Scopus Cochrane Database of Systematic
Reviews PsycINFO via ovid
Supplement electronic searches by hand searching the references in identified
studies. Search strategy includes keyword/free-text terms and relevant synonyms for the population (preconception counselled women, pregnant women, post-partum women, babies, ethnic groups), concept and context levels of the inclusion criteria. The search terms were combined using appropriate Boolean operators. Methodological filters will be used so that only systematic reviews are included. The search strategy will incorporate the following limitations: articles written in English, and human studies only from 2005 to May 2025.

Eligibility criteria Date: Data published between 01/01/2005 and 19/05/2025
Setting: Any healthcare setting
Population: 1) At least one ethnic minority group specified
2) Outcomes must include one of the following groups: preconception counselled women, pregnant women, post-partum women, or babies (at any gestational age but up to 1 year post birth)

Concepts: 1)Ethnicity can be self-reported or based on reporting by healthcare records. Ethnicity includes colour, ethnic or national origin, migration status or nationality.
2)Outcomes must be specified by ethnicity.
3)May include comparisons between ethnic groups, but not mandatory.

Context: An evaluation of ethnic disparities in general or specified maternal/neonatal health outcomes.

Study design: systematic reviews.

Source of evidence screening and selection Search results will be downloaded and imported into systematic review software (Covidence). Two reviewers will independently screen 10% of the sample titles and abstracts to calibrate the screening tool (inclusion/exclusion table). This inclusion/exclusion can then be used on all the search results. Once the title and abstract screening is done, two reviewers can trial the data extraction form on 10% of the included works. Conflicts will be decided independently by a third reviewer. These tools can then be adapted to better suit the study needs and then used in the full text reads of the remaining works. Studies that

don't meet the inclusion criteria will be excluded. Inconsistencies will be resolved independently by a third reviewer.

The extraction form will include:
-Bibliographical details
-Study design
-Study aims
-Study participants, including details of different ethnic groups
-Geographical coverage
-Comparison group
-Cofounder adjustments as listed by the study
-Preconception care, antenatal care or postnatal care
-Identified disparities in maternal/neonatal health outcome measures
-Identifies racism as a cause of inequalities
-Describes how racism contributes to inequalities
-Other factors which are compounded by racism (ie sexuality, gender identity, socioeconomic deprivation)
-Includes interventions
-Intervention description
-Intervention effectiveness
-Main results
-Main conclusions
-Gaps in research.

Data management Data will be extracted by two reviewers working independently using a piloted template and coded in a Google form, which will then be extracted into an Excel document. The data to be extracted has previously been described above.

Reporting results / Analysis of the evidence Different factors such as the geographical distribution of literature, the temporal distribution of literature, the contribution of racism to health disparities, the nature of health disparities and gaps in the current evidence base will be assessed. Frequency counts of how often areas were addressed will also be reported.

Presentation of the results A mega-map, an interactive table designed as a visual tool to identify research gaps and facilitate ready access to relevant evidence, can be used to map interventions.

Language restriction English.

Country(ies) involved United Kingdom.

Keywords Racial health inequalities, maternal health outcomes, neonatale health outcomes, racism, discrimination, social deprivation.

Dissemination plans Sharing in women's forum, RCOG meeting and publication in peer review paper.

Contributions of each author

Author 1 - Denya Williams Goss - First author. Author of the protocol.
Email: denyagoss123@gmail.com
Author 2 - Kensie Treacy - Second reviewer.
Email: kltreacy1@sheffield.ac.uk
Author 3 - Rebecca Mawson - Third reviewer will resolve conflicts.
Email: r.l.mawson@sheffield.ac.uk
Author 4 - Brenda Narice - Senior researcher.
Email: b.f.narice@sheffield.ac.uk
Author 5 - Dilly Anumba - Senior author.
Email: d.o.c.anumba@sheffield.ac.uk