NICE National Institute for Health and Care Excellence

Implementation support toolkit

Implementation support
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Introduction

With around 600,000 births in England and Wales each year, the antenatal period is an excellent opportunity to provide support and information to pregnant women and pregnant trans men and non-binary people (and their families) about pregnancy-related health and care topics, birth, and the postnatal period, and to assess their risk of complications. Even if someone is fit and healthy during their pregnancy, concerns and complications can still happen. Good quality antenatal care is vital to identify and deal with potential problems and reduce the chance of poor outcomes for both the woman or person giving birth, and their baby.

NICE has published several key pieces of guidance in relation to pregnancy and antenatal care (see the NICE topic page on pregnancy). This includes, NICE guidelines on:

- antenatal care
- antenatal and postnatal mental health: clinical management and service guidance
- diabetes in pregnancy: management from preconception to the postnatal period
- hypertension in pregnancy: diagnosis and management
- maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years
- pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors
- twin and triplet pregnancy

> The guidelines provide evidence-based advice for the provision of high-quality individualised care for women and their families and empower them to make informed choices about their care. Implementation strategies aim to help ensure that disparities in outcomes and experiences of mothers and their babies are reduced and that maternity services can deliver the best possible care in what are often very difficult and challenging working environments.
>
> Marie Anne Ledingham, Consultant Clinical Advisor, NICE, Consultant Obstetrician, NHS GGC

What we have done

We have reviewed the data associated with the uptake of its quality standard on antenatal care. This quality standard describes 5 priority areas for quality improvement in antenatal care and consists of a prioritised set of specific, concise, and measurable statements. It draws on existing NICE guidance that provides an underpinning, comprehensive set of recommendations.

The 5 priority areas for improvement in antenatal care are as follows.

In the antenatal period, women and pregnant people:

- are supported to access antenatal care by 10 weeks of pregnancy
- have a risk assessment at routine antenatal appointments
- have coordinated care from a small team of midwives
- are offered vaccinations at routine antenatal appointments
- if they or their partners smoke, are referred for stop-smoking support and treatment at routine antenatal appointments.

Data and system intelligence showed notable variation in the following areas:

- Attendance at the first antenatal ("booking") appointment by 10 weeks of pregnancy.
- The recording of recommended risk assessments in the first, and subsequent, antenatal appointments.
- Carbon monoxide testing of women and pregnant people at their 10 and 36 week antenatal appointment.

The data and system intelligence also reinforced the existence of, and ongoing need to address, a known unacceptable level of health inequalities experienced by some ethnic groups across maternity and neonatal care.

We have developed this toolkit in collaboration with system partners. It provides implementation advice, support and resources that may be useful to support

commissioners, providers and practitioners to implement NICE guidance.

For targeted support on how to try and reduce the unwarranted variation in these identified areas, see the sections on routine antenatal appointments, ethnic health inequalities and smoking.

Contact details

If you have any feedback on this toolkit, please email the National Implementation Team: nationalimplementation@nice.org.uk

Implementation Getting Started

Why this is important

Putting our antenatal guidance into practice benefits service users and their family, friends and carers, and healthcare professionals and organisations.

NICE guidance can help patients, carers and service users to:

- Receive care that is based on the best available clinical evidence.
- Be accountable for their care and know they will be cared for in a consistently evidence-based way.
- Improve their own health and prevent disease.

NICE guidance can help organisations to:

- Plan for service provision and commissioning, reflecting national maternity, neonatal and health inequalities priorities set by NHS England and the Department of Health including:
  - NHS England's three year delivery plan for maternity and neonatal services
  - Saving Babies Lives
  - CORE20PLUS5
- Meet recommendations made in national reviews, inquiries, or reports such as:
  - The Ockenden Review
  - The 2024 MBRRACE-UK Saving Lives, Improving Mothers' Care annual report
  - The 2023 RCM perinatal mental health report
  - National State of Patient Safety 2024
  - Birthrights: Systemic racism, not broken bodies
- Benefit from any identified disinvestment opportunities, cost savings or opportunities

for re-directing resources.

- Promote the social wellbeing of their communities.
- Meet NHS Litigation Authority (NHSLA) risk management standards and benefit from reduced claims and risk management premiums.

Supporting uptake and adoption of NICE guidance

Support from NICE

- NICE's website features a dedicated into practice, implementation support section that provides helpful implementation support, resources and information.
- Baseline assessment tools are published for each NICE guideline and can be found on each guideline's tools and resources tab. They can be used to evaluate whether local practice is in line with the recommendations in the guideline or to plan activity to meet the recommendations.
- The NICE system implementation team are regionally based and engage with key health and care organisations, networks and system partners to help them use our guidance and standards in practice. Key activities include:
  - encouraging, informing and facilitating regional and local activities for the implementation of NICE guidance
  - raising awareness of the range of NICE products
  - gathering feedback and intelligence from stakeholders to inform NICE activities
  - seeking examples of good practice to share with NICE and other organisations
  - connecting NICE to local health and care systems.

    The team has been working with various maternity and neonatal services, helping Integrated Care Systems and provider organisations understand and embed NICE's evidence-based products aiming to improve the quality, safety and outcomes of maternity and neonatal care, reduce unwarranted variation, and ensure a high-quality healthcare experience for all parents, babies and families.

For practising clinicians, we have developed an 'at a glance' antenatal resource which details NICE's evidence-based guidance, quality standards, tools and resources that can help contribute to improvements in the safety, quality and personalisation of managing antenatal care. This resource is available upon request from the system implementation team. The team's engagement activities help NICE to understand available data/variation in uptake and support prioritised activity.

If you would like further information or support to implement NICE guidance on maternity topics, please contact the system implementation team at systemimplementation@nice.org.uk

- The NICE indicator menu contains multiple indicators on pregnancy suitable for use at a system or network level that can support quality improvement activity.
  - NICE's indicator on pregnancy and neonates: 10-week booking appointments in pregnancy (IND62) covers the proportion of pregnant women accessing antenatal care who are seen for booking by 10-weeks and 0 days.
  - NICE's indicator on pregnancy and neonates: smokers at booking appointments (IND18) covers the proportion of pregnant women who were smokers at the time of their booking appointment.
  - NICE's indicator on pregnancy and neonates: mental health at booking appointment (IND63) covers the proportion of pregnant women who were asked about their mental health at their first booking appointment.
- The NICE Resource Impact Assessment Team produce reports, templates and statements alongside our guidance that detail the potential impact of guidance on organisation's finances and other resources (workforce, capacity and demand, infrastructure and training and education).
  - Resource impact reports use national estimates to summarise the expected resource impact of the guidance. Any assumptions are fully explained in the document. If national estimates are not possible, or if there is likely to be local variation, the report highlights areas for you to consider at a local level.
  - Reports are supported by resource impact templates. These Excel spreadsheets enable organisation to get a more accurate estimate of the local resource impact of guidance. We produce templates when the resource impact is expected to be significant (greater than £5 million for England). If costs cannot be quantified, the

template identifies major cost drivers to consider at a local level. Templates are based on the population of England but can be amended to estimate the impact for Wales, Northern Ireland and local commissioning organisations.

- Resource impact statements are provided if costs and savings are not considered to be significant (less than £5 million for England).

  The tools can be found through the 'tools and resources' tabs on individual guidance and standards pages. For further information, please see the resource impact assessment webpages.

Support from our partners

- Professional organisations that offer information, education, resources, or advice on the topic of antenatal care to health professionals include:
  - The British Maternal and Fetal Medicine Society
  - General Practitioners Championing Perinatal Care
  - The Royal College of General Practitioners (RCGP)
  - The Royal College of Midwives (RCM)
  - The Royal College of Obstetricians and Gynaecologists (RCOG)
  - The Royal College of Paediatrics and Child Health
  - Local Maternity Strategic Clinical Networks
- Voluntary and community sector partners, who provide information, training and education to women and pregnant people, their families and carers, as well as training and educational resources for healthcare professionals include:
  - National Childbirth trust
  - Tommy's
  - Best beginnings
- The NHS England Maternity and Neonatal Programme is implementing the Three Year Delivery Plan for Maternity and Neonatal Services. The plan sets out key actions for

trusts, systems, and NHS England across 4 themes:

  - Listening to and working with women and pregnant people and families with compassion
  - Growing, retaining and supporting our workforce
  - Developing and sustaining a culture of safety, learning and support
  - Standards and structures that underpin safer, more personalised and more equitable care.

    The overarching vision is to make maternity and neonatal care safer, more personalised and more equitable.

- Quality improvement initiatives in Maternity and Neonatal Services are supported by 15 regionally-based Patient Safety Collaboratives (PSCs), hosted by the Health Innovation Networks.
  - The aims are to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all parents, babies and families across maternity and neonatal care settings in England.
  - PSCs are involved in reducing inequalities in maternity care, co-producing services to ensure a variety of voices are heard, and creating safety-focused cultures in maternity units. Key areas of work include:
    - Improving the optimisation and stabilisation of the preterm infant.
    - Improving the prevention, identification, escalation, and response (PIER) to maternal and neonatal deterioration.
    - Sustaining the work of the Perinatal Culture and Leadership Programme and supporting perinatal leadership teams to create and craft the conditions for a positive culture of safety and continuous improvement.
- The Maternity and Newborn Safety Investigations programme (MNSI) is part of a national strategy to improve maternity safety across the NHS in England. All NHS trusts in England are required to tell MNSI about certain patient safety incidents that happen in maternity care. This is so that MNSI can carry out an independent investigation and, where relevant, make safety recommendations to improve services

at local level and across the whole maternity healthcare system in England. Throughout investigations MNSI works closely with the families, NHS trusts and staff involved. MNSI does not place blame on individuals or investigate individual members of NHS staff.

- FutureNHS is a free collaboration platform managed by NHS England that welcomes and empowers everyone working in health and social care to safely connect, share and learn across boundaries. The Maternity and Neonatal Hub on the platform provides a bespoke environment for staff working in trusts, Local Maternity and Neonatal Systems, Clinical Networks and Patient Safety Collaboratives to access, discuss and share useful tools and resources.

- The NHS England maternity services dashboard aims to bring together maternity information from a range of different sources including the NHS England Maternity Services Data Set (MSDS). The dashboard enables providers of maternity services to compare their performance with their peers on a series of national indicators (including those from the NICE indicators menu) for the purposes of identifying areas that may need local clinical quality improvement.

- The Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality. Version 3 of the care bundle has been co-developed with clinical experts including front line clinicians, Royal Colleges, and professional societies; service users and maternity voices partnerships; and national organisations including charities, the Department of Health and Social Care and a number of arm's length bodies

- NHS England's eLearning for healthcare has several maternity and newborn based programmes.

Note that external websites and resources have not been produced by NICE. NICE has not made any judgement about the methodology, quality or usability of the websites or resources.

Attendance at, and content of, routine antenatal appointments

Why this is important

Supporting women and pregnant people to attend their first antenatal ("booking") appointment by 10 weeks of pregnancy will enable early identification of potential risks and ensure that care is planned according to their needs.

Nationally, the proportion of booking appointments held by 10 weeks of pregnancy has remained relatively steady at just over 60% for the last few years. However, there is notable integrated care board (ICB) and provider variation. In 2023/24 the percentage of booking appointments held by 10 weeks ranged from 39 to 78% between ICBs, and 20 to 86% between providers.

Figure 1: Percentage of booking appointments held by 10 weeks of pregnancy, split by integrated care board (ICB), England, April 2023 to March 2024.

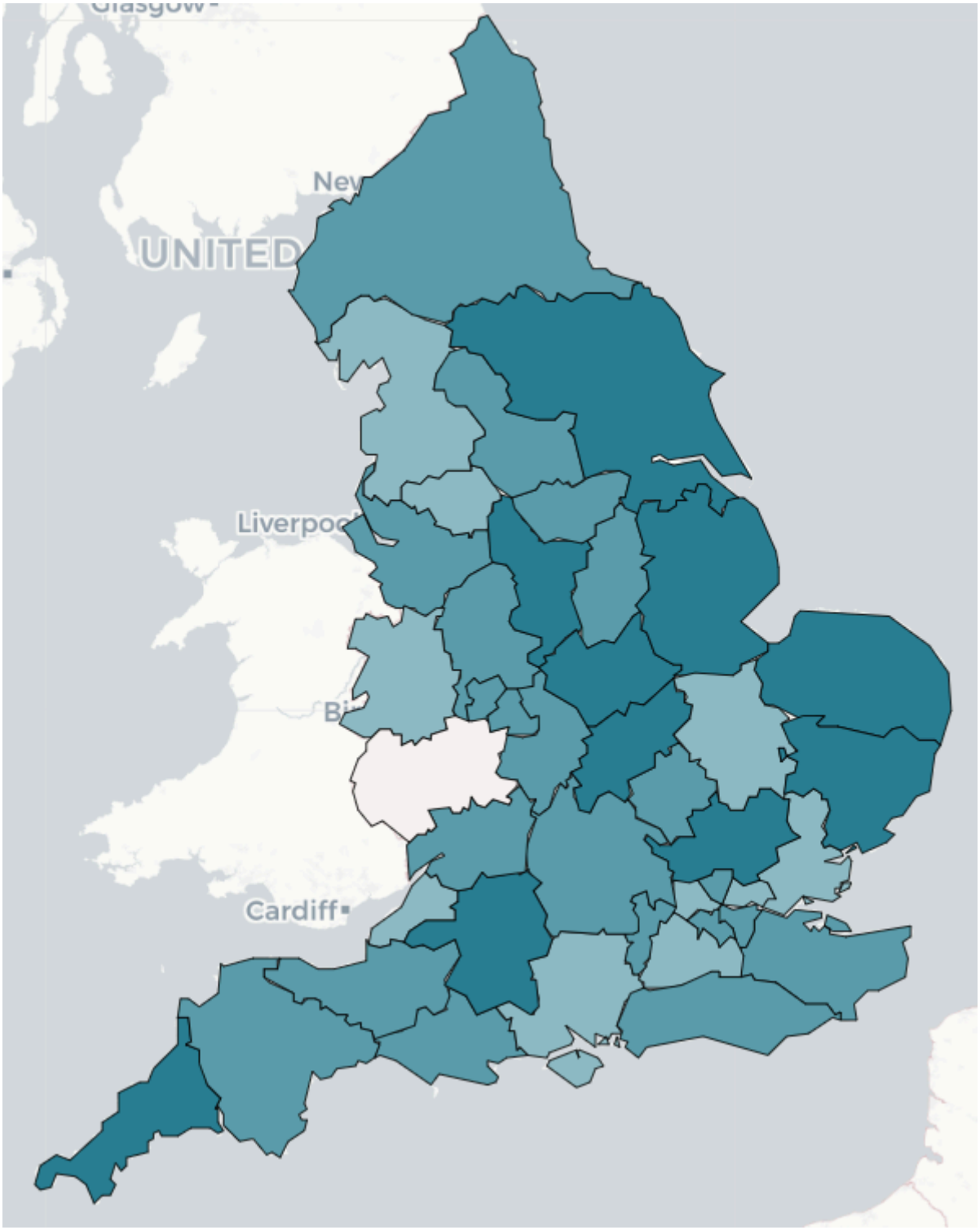
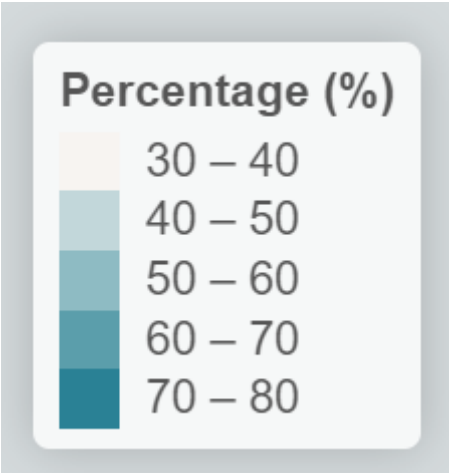
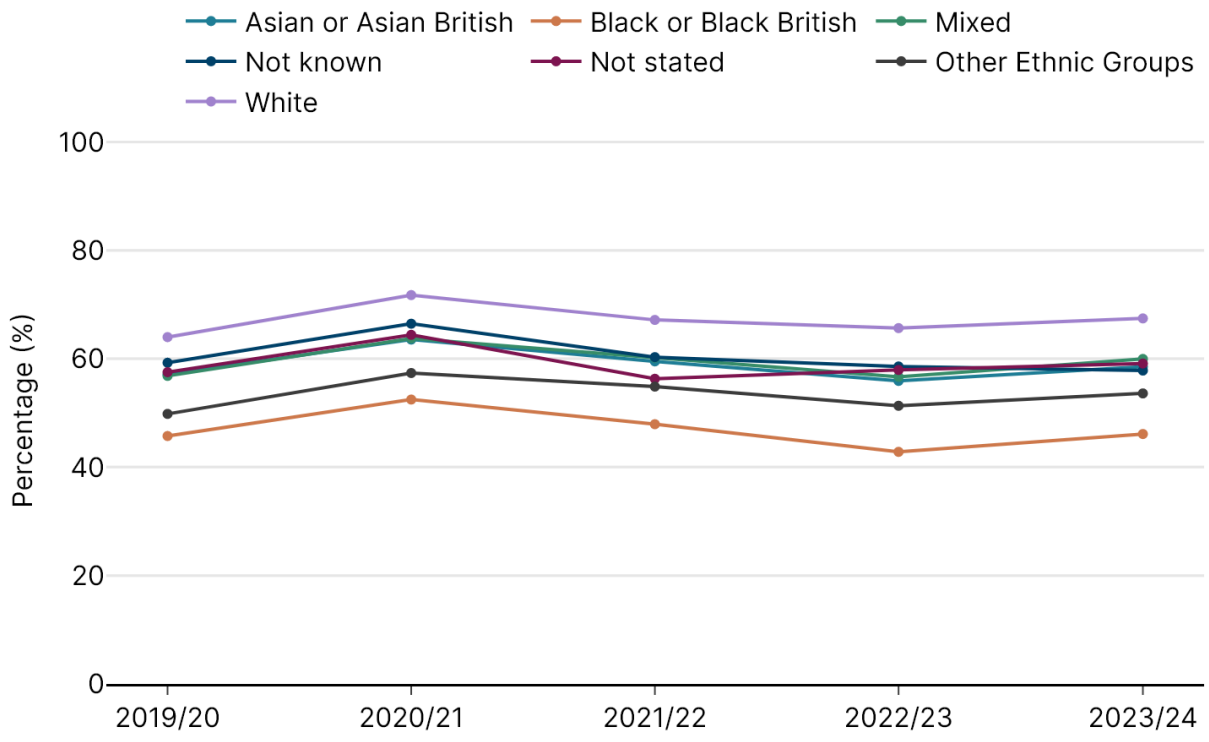


Figure 1: Legend



Statistics also show there is also substantial variation in attendance when broken down by ethnicity of the mother. White women have consistently been the most likely (67% in 2023/24) to attend booking by 10 weeks, and black women have been the least likely (46% in 2023/24).

Figure 2: Percentage of booking appointments held by 10 weeks of pregnancy, split by ethnicity, England, 2019 to 2024.



Insight provided to NICE from the healthcare system indicates that some of the reasons for the variation in practice identified may be:

- health inequalities (for example, demographics, diverse ethnic minority populations, vulnerable groups),
- differing processes for arranging bookings,
- lack of awareness in both service users and providers around the importance of booking in early, and of the process to follow,
- women and pregnant people cancelling or not attending appointments,
- women and pregnant people not monitoring period dates,
- variation in workforce capacity and necessary skills to be able to deliver appointments,
- the quality of data available, and consistency of data being recorded (including ethnicity data).

The booking appointment and subsequent routine antenatal appointments are also important opportunities for ongoing risk assessments on the health and wellbeing of the woman or pregnant person and their baby. Early identification of potential medical, genetic, social and emotional risk factors enables organisation of additional, specialist management and support. Ongoing risk assessment and monitoring helps reduce the risk of adverse outcomes for both parent and child.

Data showed that, in 2023/24, 93% of booking appointments included a risk assessment for previous obstetric history (previous live births, caesareans, stillbirths and miscarriages) recorded. However, only 58% and 56% included a risk assessment for mental health or social and personal circumstances (complex social factors, disability, employment status of woman and partner and feeling supported in pregnancy), respectively.

Figure 3: Percentage of booking appointments with a record of a risk assessment for mental health issues, England, 2019 to 2024.

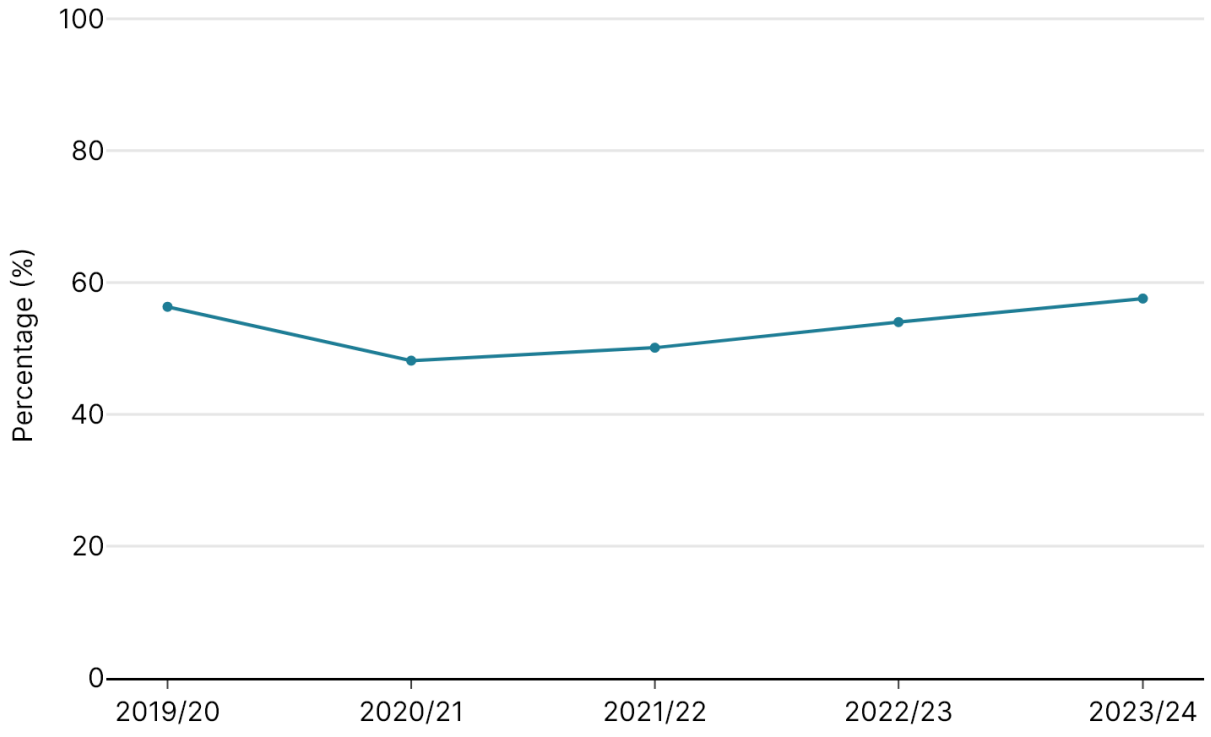
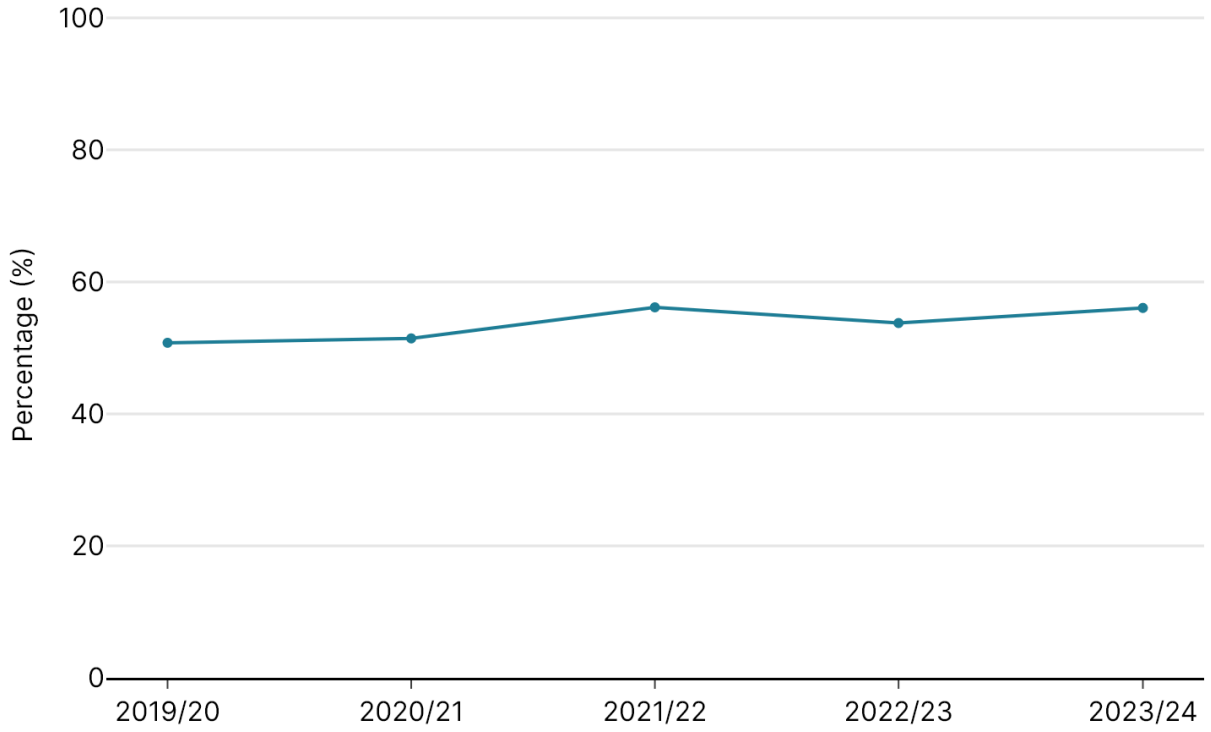


Figure 4: Percentage of booking appointments where social and personal circumstances were recorded (complex social factors, disability, employment status, partner's employment status and feeling supported in pregnancy), England, 2019 to 2024.



Insight provided to NICE from the healthcare system indicates that some of the reasons

for the variation in practice may be:

- Lack of time in the appointment
- The risk assessment was carried out, but not recorded
- Staff felt uncomfortable in their ability to carry out non-obstetrics-related risk assessments correctly, or were unsure of exactly what questions to ask based on the person's circumstances
- Staff did not feel comfortable in asking non-obstetrics related questions as they were unsure about, or felt unable to provide, the follow-up support that would be needed if a risk was identified and were concerned this could in turn damage trust and reduce engagement.

Supporting uptake and adoption of NICE guidance

Support from NICE

- NICE has produced an interactive schedule of antenatal appointments resource which details best practice regarding the scheduling and content of the routine antenatal appointments that should be offered during pregnancy, including what questions to ask about mental health and social and personal circumstances. Providers and practitioners can use this resource to review what routine antenatal appointments should be scheduled for both nulliparous and parous women and pregnant people, and what the content of each of these appointments should consist of. The resource also directs users to additional guidance and support where relevant.
- NICE has published 2 clinical knowledge summaries (CKS) on antenatal care.
  - The first knowledge summary is for the care of an uncomplicated pregnancy. It covers recommendations on baseline clinical care for all women and pregnant people, and management of healthy women and pregnant people with an uncomplicated singleton pregnancy, as well as the management of common minor ailments that may be experienced during pregnancy. It also discusses the antenatal appointments and the screening tests which are offered during pregnancy.
  - The second knowledge summary is on antenatal and postnatal depression. It

covers the management of pre-existing or newly diagnosed depression in pregnancy and the management of depression in the postnatal period, including in people who are breastfeeding.

- NICE has developed an interactive mental health checklist that provides specific information regarding the mental health assessment, and any follow-up actions that may need to be taken, which should be used at both the first and subsequent antenatal appointments.
- Quality statement 1: Access to antenatal care and quality statement 2: Risk assessment in the NICE quality standard on antenatal care include information on the level of quality to aim for, and how to measure performance regarding access to antenatal care, and risk assessments respectively.

Support from our partners

- The NHS England maternity services dashboard aims to bring together maternity information from a range of different sources including the NHS England Maternity Services Data Set (MSDS). The dashboard includes data on attendance and content of the 10-week booking appointment and enables providers of maternity services to compare their performance with their peers on a series of national indicators (including those from the NICE indicators menu) for the purposes of identifying areas that may need local clinical quality improvement.
- Making better use of digital technology in maternity and neonatal services is one of the 12 objectives in NHS England's Three Year Delivery Plan for Maternity and Neonatal services, with the ambition that clinicians are supported to make best use of digital technology and that women and pregnant people, and their families, can access their records and interact with digital plans and information to support informed decision making. Supported by the NHS England, What Good Looks Like framework and the Professional Records Standards Body, Digital Maternity Record Standard, many providers now use electronic maternity notes including Badger, K2, Cerner and Epic. These systems have the ability to build templates and prompts into them.

Please see the separate section on addressing ethnic health inequalities for further advice in relation to this topic.

Note that external websites and resources have not been produced by NICE. NICE has not made any judgement about the methodology, quality or usability of the websites or

resources.

Smoking

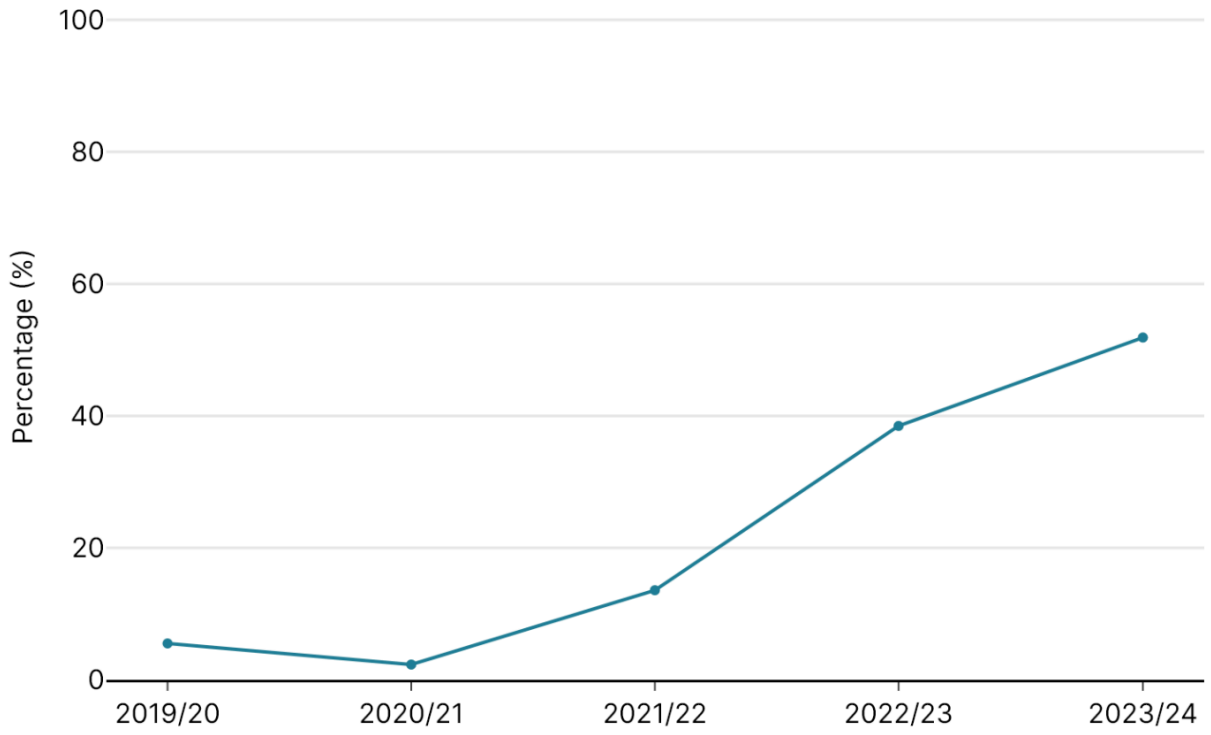
Why this is important

Stopping smoking in pregnancy is important for the health of the woman or pregnant person and their baby. Identifying women and pregnant people, and their partners, who smoke at routine antenatal appointments enables those who have not engaged with specialist support, or who have relapsed, to be identified and (re-)referred for stop-smoking support and treatment.

Recommendation 1.18 in NICE's guideline on tobacco: preventing uptake, promoting quitting and treating dependence recommends providing routine carbon monoxide testing at the first antenatal appointment and at the 36-week appointment to assess maternal exposure to tobacco smoke during pregnancy.

Nationally, the proportion of booking appointments that included a record of a carbon monoxide (CO) test in 2023/24 was just over 50%. Of the 36-week appointments recorded in MSDS in 2023/24, 57% had a recorded CO test.

Figure 5: Percentage of booking appointments with a record of a carbon monoxide test, England, 2019 to 2024.



Insight provided to NICE from the healthcare system indicates that some of the reasons for the variation recorded, may be:

- The test was carried out, but not recorded
- There may not be enough CO monitors available for use in the clinic, or there are no disposable mouthpieces to use with the monitor
- The kit may be damaged, not available for use at the time of the appointment, or not sufficiently charged to take a reading (if battery powered)
- Newer staff may not be trained, or feel comfortable, in using the kits, or in having the conversation about CO testing and smoking
- Lack of time in the appointment.

Supporting uptake and adoption of NICE guidance

Support from NICE

- NICE has produced a guideline on tobacco: preventing uptake, promoting quitting and treating dependence, which makes recommendations on treating tobacco dependence in pregnant women. These can be used alongside the recommendations in our antenatal care guidelines.
- There is a pregnant or breastfeeding scenario within the smoking cessation clinical knowledge summary (CKS) on the NICE website. It covers:
  - How to manage pregnant or breastfeeding woman who want to stop smoking
  - What practical advice to give pregnant or breastfeeding women to help them stop smoking
  - Which sources of information and support should be given to pregnant or breastfeeding women who wish to stop smoking to
  - What drug treatment should be prescribed for a woman who is pregnant or breastfeeding to help her stop smoking
  - How to follow up pregnant or breastfeeding women who want to stop smoking.

Support from our partners

- Element 1: reducing smoking in pregnancy in NHS England's Saving Babies Lives (version 3) contains excellent information on interventions, continuous learning, process and outcome indicators, rationale, implementation, and resources.
- The NHS England maternity services dashboard aims to bring together maternity information from a range of different sources including the NHS England Maternity Services Data Set (MSDS). The dashboard includes data on smoking at booking and at delivery and enables providers of maternity services to compare their performance with their peers on a series of national indicators (including those from the NICE indicators menu) for the purposes of identifying areas that may need local clinical quality improvement.
- Action on Smoking and Health (ASH) produce annual briefings for Integrated Care Systems showing the impact of smoking, using data at ICS level. The briefings include national data on maternal smoking and other clinical areas broken down to ICS level, and signpost to current resources and information.
- The Smoking in Pregnancy Challenge Group's evidence into practice briefing supports commissioning incentive schemes and gives both commissioners and practitioners a set of 'lessons for practice' to consider before launch. It sets out:
  - impacts of smoking in pregnancy
  - evidence for smokefree pregnancy incentive schemes
  - 'lessons for practice' based on schemes that have been implemented, including requirements for successful implementation.
- The RCM i-learn programme provides a training module on delivering very brief advice on smoking (VBA) to pregnant women which includes including carbon monoxide (CO) screening.

Please see the separate section on addressing ethnic health inequalities for further advice in relation to this topic.

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Ethnic health inequalities

Why this is important

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. According to the 2024 MBRACE report, Black women are 3 times more likely to die during or soon after pregnancy compared to White women, and the maternal death rate for women from Asian ethnic backgrounds is 2 times higher than that of White women. Babies from the Black ethnic group have the highest rates of stillbirths and infant deaths, with babies from the Asian ethnic group consistently the second highest. This profound inequality remains one of the persistent exemplars of racial health inequalities in the UK. Achieving optimal maternity care and excellent maternal health for ethnic minority women and pregnant people in the UK is essential.

Supporting uptake and adoption of NICE guidance

Support from NICE

- There is a dedicated section on NICE's website which provides information and advice on how NICE can help you tackle health inequalities.
- During 2025/26 NICE plans to take a more strategic approach to its role in relation to health inequalities. More information will be added to this toolkit as work progresses.
- NICE's guideline on community engagement: improving health and wellbeing and reducing health inequalities covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations.
- NICE has published a quality standard on promoting health and preventing premature mortality in Black, Asian and other minority ethnic groups which draws attention to some of the specific areas of inequality for people from Black, Asian and other ethnic minority groups, such as increased health risks, poor access to and experience of services, and worse health outcomes. It aims to support public authorities in considering their equality duty when designing, planning, and delivering services.
- The NICE guideline on antenatal care outlines the care that everyone should be

offered during their pregnancy. However, those with complex social factors may also have additional needs. The NICE guideline on pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors sets out what healthcare professionals as individuals, and antenatal services as a whole, can do to address these needs and improve pregnancy outcomes in this group.

Support from our partners:

- The NHS Race and Health Observatory have developed 7 anti-racism principles to guide organisations in embedding anti-racism throughout their practices and policies. This evidence-based model of anti-racism is a good start for healthcare organisations and systems to begin to think about the steps needed to help shift the dial on racial inequalities for our communities. To help address the challenges associated with ethnic and racial inequalities, an Anti-Racism Infographic and an associated explainer video have been created by the NHS Race and Health Observatory to guide healthcare organisations and systems in building equitable and inclusive healthcare landscapes.

  These resources outline practical steps to foster anti-racist practice, raise awareness, and address racial inequities in healthcare, and have been co-produced with the expertise of members from the Observatory's Stakeholder Engagement Advisory Group, Academic Reference Group, and the Board, to help support healthcare organisations, staff and patients.

- The Royal College of Midwives has developed a Decolonising midwifery education toolkit. It has been developed for midwifery educators and other stakeholders involved in planning and delivering midwifery education. The aim of the toolkit is to empower midwifery educators to challenge the implicit and explicit legacies of colonial perspectives in all aspects of midwifery education when they are developing and improving their programmes. The toolkit provides a checklist of considerations for midwifery educators and those involved with midwifery education when recruiting for, planning, delivering and assessing midwifery education.

- The Royal College of Midwives has developed a Maternity disadvantage assessment tool (MatDAT). It is a standardised tool for assessing social complexity in maternity, based on women and pregnant people's broad social needs. It guides midwives to identify the appropriate care level and assists with providing personalised care and planning appropriate support. The tool supports multidisciplinary communication and helps services plan resource allocation.

- The Sands Listening Project report highlights barriers, biases, and poor care, which might be contributing to inequalities in baby deaths in the UK. The report also shines a light on care that works well.
- The RCM i-learn programme provides a training module on Health inequalities: the power of maternity care. The module enables the learner to:
  - understand the relationship between people's socioeconomic circumstances and their health
  - understand how structural inequalities lead to health inequalities
  - understand the potential for evidence-based maternity care to tackle health inequalities and change lives for the better.
- Tommy's provides a helpline for black and black mixed-heritage women. This specialist helpline supports black and black mixed-heritage women and birthing people in the UK with any aspect of their pregnancy journey.
- The Maternity and Newborn Safety Investigations (MNSI) programme has introduced the Health Equity Warning Score (HEWS) and Health Equity Assessment and Resource Toolkit (HEART) to identify and address systemic inequities in maternity care.

  HEWS, a structured risk stratification tool, similar to a maternity early warning score (MEWS), assesses equity barriers such as ethnicity, disability, deprivation, and communication challenges. Since its implementation, HEWS has enhanced the consistency and depth of MNSI investigations by systematically recognising and analysing the impact of inequities on outcomes, including maternal and neonatal deaths. HEWS supports MNSI in developing targeted recommendations to help trusts address inequalities and promote equitable perinatal outcomes.

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