

BAME is not my NAME: A Community of Cultures Maternity Forum (CoCMF)

Benash Nazmeen

ORIGINAL

One evening the frustration of seeing all the conversations and retweets around COVID, and its effects on BAME staff/communities, left me asking: who would be interested in a discussion in a virtual chat?

I invited all those who responded and someone mentioned how great it was to be starting a 'BAME' maternity forum.

I knew this was something I had to address. As an Asian I fall into the 'BAME' category and, while I use the term to have my voice heard, I do not identify with it at all. Most 'BAME' people, pre-COVID media, did not recognise this as a descriptor of 'Black, Asian, Minority Ethnic' groups, or realise that this was a term coined to describe them. The term was probably created by a well-meaning high-level official who was trying to make everyone's life easier for discussions and reports around ethnicity. But in doing so they alienated entire communities further, for if these communities are unaware that 'BAME' refers to them, how will they pay attention to, engage in, or oppose vital debates, discussions and plans regarding them?



When I saw the advert for ‘BAME lead midwife’ I almost didn’t go for it — but I’m so glad I was advised to apply because, after having this same conversation with my amazing Head of Midwifery (HoM) and Deputy Head of Midwifery (DHoM), they fully supported my request to seek community feedback and change my job title to Specialist Cultural Liaison Midwife. When I now have to explain my role to my colleagues (which I had to do even with the ‘BAME’ title) I talk about how all communities have cultures, my job is to liaise between them to raise awareness and understanding of barriers and work towards building mutual learning and trust. This means that, as healthcare professionals and community members, we can all work towards reducing health inequalities and disparity by taking individual responsibility.

So now you may understand why I decided to name the forum ‘A Community of Cultures Maternity Forum’ (CoCMF). The first meeting was mostly attended by Maternity Voices Partnership (MVP) representatives and midwives. During the discussion it became obvious that the issues we were facing were linked to a fear of being misunderstood or causing offence. The reality is that most people fear broaching such topics through fear of being judged and causing offence, but this concern works both ways. Community members also fear being perceived as ‘difficult’ or ‘awkward’ if they have certain discussions or raise concerns.

Unfortunately this becomes a self-fulfilling prophecy and, due to reduced engagement, communities become perceived as ‘difficult to reach’. The reality is that ‘BAME’ people also fear speaking up as they may be labelled, or ostracised, for bringing attention in a negative light. Often a barrier is present in communication as people are wary of what they say, and to whom, so that it does not reflect badly on them. As healthcare professionals we often experience the same concerns and worries. At times we may see and read things that leave us confused but then cannot bring ourselves to raise the questions that will help us understand.

To elaborate on the ‘micro-aggressions’ people often discuss, a popular example is the ‘Where are you from?’ question which left a colleague and friend confused. She felt that this was just a way of showing interest and learning more about BAME communities, but now worries about asking this question after seeing reactions on social media.

As an Asian, an immigrant and a Muslim I have insecurities that trigger a fear of rejection. It takes me back childhood when I was told I should ‘Go back home’ and that we, my family, would be deported if we stepped ‘out of line’. The trauma of the child returns when such questions are asked because they would normally be followed up with ‘Go back home’.

So while I smile when I explain this, I am feeling sensitive under that outward calm. The question may be genuine, but experiences lead me to question the intention behind it. The existence of imposter syndrome is common in women, and even more so when you are from a different, ‘BAME’, community. So, aware and conscious of this, I advised my colleague that, when she wants to ask such questions, as a health professional she needs to be authentic. If she highlights her intentions and shows her own vulnerability this will enable others to reciprocate without triggering past trauma or questioning her motives.

We should not avoid conversations and discussions that are awkward or not ‘politically correct’ (PC) we should be open and genuine so that individuals can trust us with their vulnerabilities and preferences because they understand that we are trying to help. If they can trust us enough to overcome their discomfort, we can build on that trust to start a conversation around cultural ‘taboo’ subjects, such as domestic violence or mental health.

I have realised in recent times that to have such conversations, and to develop skills and confidence to broach these subjects, a safe space is needed and is not readily available. At work, professionals are conscious of communication barriers and don’t want to practise on ‘service users’ from these communities. So this is how the forum idea was born. It’s an open, safe, space for mutual learning, understanding and awareness. It’s how we can build bridges and break down the barriers, fear and insecurities that revolve around such discussions.

I started with a focus on South Asian communities, as I knew these were the quickest communities for me to reach out to with my links, but I was determined to broaden this focus and I have since also focused on Caribbean and African communities. Future plans involve the queer community and travelling communities. I also want to have a discussion focusing on midwifery/maternity staff from these communities, so that we can start to have these conversations between ourselves at work.

I hope that, in the future, discussion can be between a mixture of all communities and cultures as we can learn a lot from each other. One of the key findings for me personally is that, while there are cultural differences and individual differences, there are also so many similarities. People who felt isolated are connecting with others from different backgrounds about their personal experiences and finding common ground.

I found that many things in different communities are similar, and why wouldn’t they be? We are all humans after all.

Healthcare professionals, community members, MVP representatives, and educational and LMS leads all

find that they have similarities. The amount and range of people attending the forum has been vast — some of the feedback is below:

'Thank you for organising this evening's event. I found it really informative and it certainly gave me some food for thought about some of the topics discussed.'

Malko Adan, Clinical Research Midwife.

'Such insightful, open, inclusive conversations tonight. Thank you for creating a space where people can share, reflect, learn from each other and move forward together.'

Gill Phillips, Whose Shoes.

'The diversity of attendees was absolutely fantastic.

Such events really open up honest lines of communication between grassroots organisations like myself and professionals in a positive and collaborative way.

It is important for me to be able to access such spaces in order to gain information for the mothers in my network and also to be able to have an opportunity to share what is going on within the communities I support.'

Rachael Buabeng, Author, Founder Of Mummy's Day Out & HG BAME.

'I feel strongly that a diverse range of voices should be heard when it comes to maternity experiences and helping to shape the future of maternity care. The new Community of Cultures forum filled me with excitement from the start – it's a real opportunity to start important conversations about culture and the pregnancy/birth journey. I found it to be a comfortable and safe space to talk about my own experiences as an Asian pregnant woman and to hear from many others about the impact of culture on experiences, care and perceptions of things like mental health.'

Anneet Graham, Service User Chair, Newcastle-upon-Tyne Maternity Voices Partnership.

'I am an obstetrician who has done a lot of work on women's experience of maternity care, locally, regionally and nationally through holding Whose Shoes workshops and work with maternity voice partnerships and #MatExp. I saw the poster for the community of culture on twitter and knowing nothing about it I thought it would be well worth an hour of my time just to be curious. As a white middle class middle aged woman obstetrician, it provided a rare chance for me to hear first-hand how women from South Asia feel about maternity care in the UK & provided me with some insight on how I might better approach talking to similar women in my care, what are the cultural issues that might shape the way they think and the decisions they take about their care.'

I would definitely join another session and would definitely recommend it to other maternity colleagues.'

Florence Wilcock, Consultant Obstetrician, Member RCOG Women's Network,

'It was a fantastic discussion and I really enjoyed gaining understanding of the perspectives of all who shared. I truly believe these discussions are vital for the changes that need to happen in our maternity services. The more we share, the more we will learn, and the more we learn the more effective we can be at helping to reduce health inequalities for BAME women.'

Maria Benedetti, Multi-Ethnic Empowerment Midwife.

'Attending the virtual Community of Cultures maternity forum recently and felt hugely privileged. As a white person I felt it was important to mainly listen and really hear what the others were saying about the barriers they faced providing maternity care as Black and Brown midwives. I have a vast experience of working with women and families of South Asian heritage – but because I am still learning about cultural appropriateness I didn't join in the conversation. I reflected on this after the event with Benash and she encouraged me to join and comment next time.'

Sheena Byrom, Midwife, Director All4Maternity.

'I am a midwife in Scotland, trying hard to have awareness of my bias & privilege.'

'I'm trying to find everyone whose name I can remember to follow on Twitter from tonight's meeting. Hearing women's experiences made me feel so sad. Made it very real to hear the stats applied to mums now so high compared to their mothers, surely we must all work together to make it better for Eden's generation.'

M McCall, Midwife.

Author

Benash Nazmeen is a Specialist Cultural Liaison Midwife, the creator of a Community of Cultures Maternity Forum (CoCMF) and a co-founder and director of the Association of South Asian Midwives.

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Find out more

CoCMF newsletters are available at: <https://www.yumpu.com/en/document/view/63470685/newsletter-pdf>

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