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## **Health inequality: the role of the midwife**

*“Health is a fundamental resource for the lives of people, families and communities. Poor health wastes potential, causes despair and drains resources.” (WHO 2013)*

Health in the UK is better than it has ever been, having improved steadily for many years. However, it is worrying that the health of those less well-off has been improving at a much slower rate than the rest of the population leading to a widening gap between the health of the wealthiest and the most disadvantaged. Research conducted over the last 30 years, since the publication of the Black Report (Townsend et al 1986), has consistently shown a clear link between social position and health, affecting not just those least well off but demonstrating a graded difference across society. As pointed out in the Marmot Review preventable inequalities are ‘a matter of social justice’ (The Marmot Review Team 2010: p16) and ensuring each child has the best start in life is a fundamental way to reduce such inequalities.

## **The importance of the early years**

What happens during pregnancy and in the first few months and years of life can have a profound effect on a child’s physical and emotional well-being, educational achievements and future life and eventually the life of their children. Disadvantage may start before birth, for example, more than 20 years ago David Barker showed that low birth weight babies were more likely to develop coronary heart disease in later life. Ensuring good health and nutrition during pregnancy through initiatives such as Healthy Start can help. Another, arguably even more important issue, is the quality of early relationships. A newborn baby’s neural pathways are shaped through their early life experiences. This brain development takes place through interactions with others and babies need consistent relationships with caregivers to create strong pathways in the brain. Thus it is easy to appreciate how less positive circumstances can have an impact throughout a child’s life.

## **Increasing health equity – what can midwives do?**

The provision of high quality maternity services to meet the needs of women across the social gradient is crucial and we must ensure this encompasses both health and social well-being. The concept of ‘proportionate universalism’ where the service is available to all but greater intensity may be required for those with greater social and economic disadvantage is part of the solution. This however is not straightforward for several reasons. First, women with greater need often do not choose to access services available or engage so fully with health professionals, so those with greatest need often receive fewer services and less support – the inverse care law first described in the 1970s remains relevant today. Second, women and families do not like to be targeted to receive services based on specific criteria, such as being a young mother because of the implication of failure but this can be acceptable within the context of an existing relationship (Marshall et al 2012). The strong midwifery philosophy of woman-centred care, choice and control focuses our attention on building good relationships with women – a cornerstone of midwifery care. This, with an awareness of the need to reduce inequity can enable midwives to empower women to take control of their lives and reproductive choices, enhance parenting skills and as a consequence help to ensure every child has the best possible start in life.

## References

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