



A perfect storm

pregnancy, new
motherhood and the
cost of living crisis

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Maternity Action is the UK's maternity rights charity dedicated to promoting, protecting and enhancing the rights of all pregnant women, new mothers and their families to employment, social security and health care. Charity reg. no. 1128776.

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Foreword

There has never been a more critical time to assess the severe deficit between Maternity Pay and the cost of living. There should never, especially in 2022 in Great Britain, be a situation where families are choosing whether or not they can afford to have a baby, to start a family or where families are making choices to keep their families small, just so that they can afford to live.

After extensive research by a dedicated team at Maternity Action, along with a passionate group of people affected the most – those on Maternity Pay in the midst of that Cost of Living crisis – this report does exactly what it needs to. It outlines the impact on low income families of living in a time where they have to make choices between food and heating. A time where they have to choose to pay to go to postnatal parent and baby classes or to be isolated at a time when support from other new mums can be extremely valued, both physically and emotionally. When families in our society, our friends, our neighbours, our relatives are having to make these choices, changes to the current system are desperately needed and quickly.

I am immensely proud to say, I am one of the women that has been honoured to be part of the Lived Experience panel. I wish it was very different and I didn't have to be, but the truth is, I was in a position where I was eligible to be on the panel and oh my goodness, I'd shout from the rooftops if I had to, in order to change things for future parents to be because nobody should be living the way I and many thousands of others have had to, in order to spend precious and magical time with our beautiful babies. Whilst myself and many women on the panel knew taking a year's maternity leave would mean that we would have to tighten our belts, we had no idea just how difficult the 12 months would be.

I wouldn't change anything about being a mum except possibly the country in which I am bringing my daughter up in. If I was in Austria or Switzerland or any of the Scandinavian countries where time off with your baby is promoted and enabled, my daughter's first few years would have been very different. And so, as a result of my lived experience on Maternity Pay during the current 'Cost of Living crisis', I hope more than anything that in the very near future, we can celebrate families that have had babies in this country and give them everything they deserve in the start to their lives, in the families they have come into. I hope those babies grow into thriving adults that can be proud to say their country gave them the best start in life that they could have hoped for. I hope that their lives are enriched by the opportunities their families could afford to give them because Maternity Pay and Paternity leave is finally, at the very least, in line with the cost of living in Britain, if not better. Now is the time that the families deeply affected in the past can help those in the future have a better offer.

It is time to unite.

It is time to stand up and stand proud.

It is time for people to take notice.

It is time to take action.



Katie Mallalieu, Lived Experience panel member

Executive summary

Our project's findings:

- Current eligibility criteria for maternity payments are blunt instruments which unfairly penalise women for unplanned pregnancy or periods of illness, as well as those in insecure employment.
- Maternity payments in the UK are low and many women return to work after only a few months, potentially interfering with postpartum recovery, mental health, mother-child bonding and the ability to breastfeed.
- Outright discrimination, poor health and safety practices and unfair treatment from employers are still common, with wider impacts on women's mental and physical health, as well as career trajectories and earning potential.
- Women and their employers often lack the information needed to access their rights and meet their obligations. It should not be down to the luck of having a sympathetic manager whether pregnant women and new mothers are treated fairly at work or not.
- Childcare costs now absorb women's incomes faster than ever before and combined with a lack of reasonable flexibility in many jobs, or even blanket bans against homeworking, many women leave their jobs, or take lower paid part time roles.
- The cost of living crisis has pushed many families with pregnant mothers, babies and young children to breaking point. Due to rising food prices in combination with a lack of uprating of payments, pregnant women and new mothers are turning to food banks. The Healthy Start payment, intended to support nutrition at this time, is worth less and less.
- Destitute mothers with insecure migration status have, until recently, been denied the very modest additional payments intended to support a healthy diet, whilst also facing additional challenges to their health and wellbeing, such as poor accommodation and barriers to healthcare.
- UK mothers shoulder the vast burden of trying to plan conception around eligibility periods, as well as the physical and mental challenges of pregnancy, severely diminished income during leave and sometimes pregnancy and maternity discrimination leading to job loss.
- Fathers and second parents have few opportunities to take time off work in order to be actively involved in childcare, as the Shared Parental Leave policy intended to help redress the imbalance has proved to be ineffective and needs to be redesigned.

Recommendations to address economic shocks during pregnancy and new motherhood

Raise maternity payments and expand eligibility

The British Government should take the following measures in order to help to protect women and their children against the health risks associated with poverty and low income and help them cope with rising living costs.

- The basic rate of SMP and Maternity Allowance should be raised to at least the level of National Minimum Wage.
- The current 8 week qualifying period for SMP should be extended to cover 12 weeks' earnings for those with variable hours so that women on casual contracts are not disadvantaged.

- The Healthy Start scheme should be updated in line with inflation, supporting healthy diets for pregnant women, new mothers and children. Eligibility criteria should also be expanded to include women with NRPF, in order to reach some of society's most vulnerable families.
- Sure Start Maternity Grant (SSMG) should be updated in line with inflation and eligibility expanded to second and subsequent children.
- The policy anomaly that treats Maternity Allowance as deductible from Universal Credit should be corrected and MA treated the same as SMP under UC rules.
- Regulations governing the Maternity Exemption certificates should be amended so that, where certificates are found to be missing, they can be backdated at the time of issue to cover the full eligibility period. Women should not be charged or fined for any prescriptions received during the period of eligibility.

Support women to access entitlements and to remain in work

We recommend the following measures in order to strengthen women's position in the workforce, address gender inequality and underpin women's financial security and self-sufficiency:

- Rights and protections at work should be strengthened, including a right to flexible working and family friendly working arrangements.
- Legal advice should be integrated into maternity services, following a health-justice partnership model, which links pregnant women and new mothers with advice services through their midwife, enabling them to access benefit entitlements and exercise their rights at work.¹
- The 30-hour entitlement to childcare should be available to families straight after maternity leave, rather than at the age of three, enabling women who wish to do so, to remain in employment and continue earning.
- Shared Parental Leave should be replaced with the '6+6+6' model of six months' maternity leave, followed by a further six months of non-transferrable parental leave for each parent. Parents should have an individual right rather than 'shared' entitlements.

Improve support for asylum seeking and migrant women

- Administrative barriers to maternity payments (including both the maternity grant and the additional payments to pregnant women, babies and children under three), such as the need for a separate application form, should be removed and payments made automatically to women after notification of pregnancy. At a minimum, the time window for the application should be extended to 11 weeks before the baby's due date to match that of its mainstream equivalent, Sure Start Maternity Grant.
- The link between Asylum Support and mainstream benefits should be reinstated and Asylum Support updated to at least 70% of the standard over 25s rate of Universal Credit, as recommended by the Women and Equalities Select Committee.²
- Payments for pregnant women seeking asylum are too low to maintain a nutritious diet and need to be updated further, at least matching the Healthy Start payments.

¹ See for example: The King's Fund, 2021. The NHS's role in tackling poverty - Awareness, action and advocacy. <https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>

² 2 HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023. <https://committees.parliament.uk/publications/40580/documents/198406/default/>

- Local authority support to migrant families under Section 17 (and Scottish, Welsh and Northern Irish equivalents) should be subject to a national minimum, equivalent to that of Asylum Support, i.e. at least 70% of the standard over 25s rate of Universal Credit.

Introduction

The arrival of a new baby is often a time of significant change for a family. But record levels of inflation, high interest rates, rising costs of essentials and a fall in real-terms pay have converged to create a perfect storm for many pregnant women, new mothers and their young children and families in the UK. Many are turning to food banks, borrowing money to pay bills and cutting down on heating.

Adequate resources are needed in order for women to have healthy pregnancies and healthy babies. The impacts of deprivation during this time are well documented and include worst case scenarios such as stillbirth and maternal mortality. Economic stress is known to have negative impacts on the health, wellbeing and stability of families. Although the focus has traditionally been on entrenched, long-term disadvantage, new research is emerging that indicates similar impacts from short-term or sudden financial stress, or 'economic shock'.

For many women, maternity leave constitutes an economic shock. UK mothers have some of the lowest rates of maternity pay in the OECD. A woman on the basic rate of Statutory Maternity Pay (SMP) or Maternity Allowance (MA) is expected to survive on less than half of the national living wage and a little over a third of women's median weekly earnings. For women who do not meet eligibility criteria, often due to factors beyond their control, there is no maternity pay at all.

In addition to this, discrimination and poor treatment of pregnant women and new mothers in the workplace is still common, with wider impacts on women's earning potential and career prospects. Lack of flexibility at work and a lack of affordable childcare cause many women to change to part time jobs – often comparatively lower paid – or take career breaks which they struggle to return from. Add to this a lack of options for fathers and partners who want to share parental leave and gender inequality is further entrenched.

About this report:

Deeply concerned by the impact we were seeing on mothers, babies and families through our legal clinics, Maternity Action set out to:

- Review the evidence on the impact of low income during pregnancy, maternity and return to work, including on health inequalities, family relationships, poverty and gender equality.
- Explore how the current maternity pay and benefits system is working for women and families.
- Make a number of recommendations for change.

This report brings together key themes of the research evidence, together with the views and insights of a panel of women with lived experience of low pay during maternity leave, sometimes in combination with other difficulties, such as discrimination or poor treatment at work, not being able to meet eligibility criteria for maternity payments and partners not being able to take leave. This Lived Experience panel has also provided regular input and oversight throughout the project's lifetime.

For a thorough discussion of the research evidence, the accompanying document 'The impact on mothers and families of low maternity payments and the cost of living crisis: a literature review' is

available.³ In addition to this, two online surveys were carried out in 2022 and 2023, gathering a total of 2,377 responses, which showed the increasingly detrimental impact of the deepening crisis on pregnant women and new mothers. 64% of respondents to our first survey told us they ‘worried a lot’ about money during pregnancy or maternity leave. Just one year later, this figure was 71%.⁴

³ Maternity Action, 2023. The impact on mothers and families of low maternity payments and the cost of living crisis: a literature review. <https://maternityaction.org.uk/the-impact-on-mothers-and-families-of-low-maternity-payments-and-the-cost-of-living-crisis-a-literature-review/>

⁴ Maternity Action, 2023. The Cost of Living On Maternity Leave Survey. <https://maternityaction.org.uk/wp-content/uploads/MCofL2ndSurveyRptApr2023-Final.pdf>

Eligibility issues

Eligibility for maternity leave and pay is affected by many factors, including changing jobs at the 'wrong' time, or experiencing a drop in income, even if temporary.⁵ Workers on insecure employment contracts characterised by variable earnings and hours of work are particularly vulnerable to these issues.⁶ Being signed off sick during the calculation period can also affect earnings and the amount of maternity pay received. Maternity Allowance (MA) is intended to be a safety net for women who work or have worked recently but who cannot access other maternity pay. However, unlike Statutory Maternity Pay (SMP), MA is deducted from Universal Credit, leaving them up to £5000 worse off than women on SMP.⁷

Many of our panellists had experienced eligibility problems. One panellist, Ellen, had been waiting to start a new job pending a background check, but a delay to the DBS process left her with no entitlement at all. Another, Hana, had been working in a care home during the COVID outbreak and concerned about the unknown effects on pregnant women, she requested furlough but was instead sent home for two months without pay, before finally being signed off sick by her GP. These events reduced Hana's income during the calculation period, leading to a loss of maternity pay.

Our panellist Josephine described her field of work as 'very male-dominated'. Josephine changed jobs without realising that she was in the early stages of pregnancy, so did not meet service requirements for occupational maternity pay. Maternity Allowance would have covered less than 20% of Josephine's usual salary. Luckily, Josephine's line manager was supportive and agreed to work with HR to ensure she could still receive occupational maternity pay. Josephine reflected that many pregnancies are unplanned and that policies do not account for this.⁸

Early return from maternity leave

'You are not the person you were before. I don't think anyone is. Personally, for me, I'm still getting check-ups... I think, never mind the baby, I'm already back to work and my body hasn't even healed!'

- 'Lived Experience panellist

British mothers have some of the lowest rates of maternity pay in the OECD.⁹ A woman on Basic rate Statutory Maternity Pay or Maternity Allowance is expected to survive on just 47% of the National Living Wage¹⁰ and 37% of women's median weekly earnings.¹¹ Fewer and fewer employers are offering enhancements to the statutory minimum - only around 13% of women receive Occupational Maternity Pay (OMP) – a sharp decline from 44% in 2008 and 36% in 2011.¹² A recent survey found

⁵ Maternity Action, 2020. Insecure Labour: the realities of insecure work for pregnant women and new mothers.

<https://maternityaction.org.uk/wp-content/uploads/InsecureWorkReportNov2020FINAL-1.pdf>

⁶ The Work Foundation, 2022. The UK Insecure Work Index – Two decades of insecurity. <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/UKInsecureWorkIndex.pdf>

⁷ Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

⁸ Research estimates that around 54% of pregnancies can be categorised as 'planned'. See: Wellings, K. et al. 2013. "The Prevalence of Unplanned Pregnancy and Associated Factors in Britain: Findings from the Third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)." The Lancet 382 (9907)

⁹ Maternity Action, 2023. The impact on mothers and families of low maternity payments and the cost of living crisis: a literature review. Figures 2 and 3. Data source: OECD, 2020. <https://maternityaction.org.uk/the-impact-on-mothers-and-families-of-low-maternity-payments-and-the-cost-of-living-crisis-a-literature-review/>

¹⁰ 35-hour week equivalent, on adult rate of £10.42/h.

¹¹ Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

¹² BMG research, 2023. Parental Rights Survey 2019 (Formerly the Maternity and Paternity Rights Survey series). Mothers Data Tables. <https://www.employment-studies.co.uk/resource/parental-rights-survey-2019>

women in the highest income bracket (42%) to be more likely than those in the lowest (25%) to take the full 52 weeks of maternity leave.¹³ The study also found that the main reason for returning was usually financial, for both lower and higher income earners.¹⁴

58% of respondents to our 2023 Cost of Living Survey had returned early from maternity leave, or were planning to do so, for financial reasons, constituting an increase from 42% in 2022.¹⁵ Several Lived Experience panellists had cut maternity leave short for financial reasons, to as little as two to four months in at least three cases. According to one panellist, this was the norm in her local area, as most could not afford more.

Bonding and breastfeeding

Returning to work early was associated with anxiety around leaving young babies in childcare, difficulties with bonding and having to stop breastfeeding.

'I had to go back to work when baby was only three months old. I am still at work now because we couldn't afford to live, we had to take a 5k loan to keep us afloat for those three months because maternity pay wasn't enough.'

- Lived Experience panellist

'I only had my son for 5 months. And for 9 weeks of that, he was in hospital. It didn't feel like an awful lot of time with him and at the back of my mind, I was constantly worried about work. [...] I think it's really heightened my anxiety more. Especially because he is a preterm baby. So he has hospital appointments, once or twice a week. Sometimes, it's even harder when you are at work and when he's constantly with a childminder. There are text messages, 'is he okay? What's going on? Is he eating?' It hasn't had the best impact on the mental health side of things.'

- Lived Experience panellist

'I really struggled with bonding, I've got the perinatal service involved but trying to spend time with her and to see perinatal services is just so difficult because I am the only one who is bringing in money.'

- Lived Experience panellist

The health benefits of breastfeeding are well documented. While there are no additional rights to paid time off or facilities for breastfeeding in the UK, adjustments to working conditions or hours of work are available in relation to any relevant health and safety risks.¹⁶ One panellist told us that the changes to her schedule which would have allowed her to continue breastfeeding would have cost too much in additional childcare fees.

'I had to stop breastfeeding. If I was to take an hour's lunch time instead of half an hour, they wanted me to make up the time at the end of the day. But then I had to pay an extended day's childcare fee. We couldn't afford to do that. [...] They were happy to give me a room, they were happy to let me express and give me a fridge. Which was lovely, but essentially, I

¹³ BMG research, 2023. Parental Rights Survey 2019

¹⁴ BMG research, 2023. Parental Rights Survey 2019

¹⁵ Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

¹⁶ Maternity Action information sheet: Continuing to breastfeed when you return to work, January 2023.

<https://maternityaction.org.uk/advice/continuing-to-breastfeed-when-you-return-to-work/>

had to work half an hour extra at the end of the day. This means an extra £15 a day, which means £30 a week or £120 a month. Then you are in a position where you've come back to work to make some money... so, I had to stop breastfeeding. I had no choice. It still makes me angry.'

- Lived Experience panellist

Women health after giving birth

Maternity leave is in part a health and safety measure to facilitate recovery. Several women on our panel were still experiencing complications, sometimes causing problems at work. One panellist, told us about the 'constant fear' of not being able to get to a toilet in time due to her full schedule, but an earlier dispute, though now resolved in her favour, had made the relationship with management 'awkward' and she did not expect a sympathetic response about access to toilets:

'There are things I have not discussed with my boss. I can't now because the grievance made it awkward. I had a C-section which did damage internally and causes problems even now. I don't feel like I can discuss this with my boss. Like, I need to go for a wee – when I need to go for a wee! But, there are no conversations. Like this morning, I worked for 3 hours solid with no opportunity to go the toilet. I have that constant fear that, that constant anxiety. But, it's not a conversation I feel I can have. If I went to HR, they'll be like 'you can have these conversations'. Actually, you can't. You can't have these conversations, and it's very difficult. There is a lack of understanding, even when people say 'we've this and that policy in place.'

- Lived Experience panellist

Discrimination and poor treatment at work

Mental health impacts

Pregnancy and maternity discrimination are common. In 2016, a high-profile study by the Equality and Human Rights Commission (EHRC) found that poor treatment during pregnancy and on return from maternity leave affected 77% of relevant women, even though 60% self-reported that they had been treated fairly.¹⁷ A more recent study found that 30% of women self-reported 'a negative or possibly discriminatory experience during pregnancy, maternity leave, and/or on return from maternity leave'.¹⁸ However, many women lack awareness of their rights, which leads to inaccurate reporting.

Poor treatment at work has the capacity to exacerbate anxiety and depression by placing extra stress on women during pregnancy. Mental health problems are common in the perinatal period and can be serious, accounting for about 40% of maternal deaths within a year of pregnancy.¹⁹

¹⁷ EHRC, 2016. Pregnancy and Maternity Discrimination and Disadvantage: Experiences of Mothers.

<https://www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/pregnancy-and-maternity-discrimination-research-findings>

¹⁸ BMG research, 2023. Parental Rights Survey 2019

¹⁹ 19 MBRRACE-UK, 2022. Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. National Perinatal Epidemiology Unit, University of Oxford.

Hana, on our panel, worked in a care home during the COVID outbreak. She took pride in her work and was ambitious, but after announcing her pregnancy, there was an instant change in treatment from management, including negative comments and a difficult, heavy workload.

'I thought to myself sometimes, well, they told me no heavy lifting, so why are you putting me on this floor? [...] They kept me on the busy floor even though I was pregnant. At times, I felt like my rights were not being met. My back was in pieces and my legs. So many of the staff, even the residents, they were telling me 'Hana, what are you doing on this floor?' They knew this was the hard floor.'

[...]

'While I was pregnant, I had gone through a lot of stress. There were times I used to go to the toilet and just cry. I used to cry until I had cramps in my stomach and I would sweat so much because I was nervous.'

- Hana, Lived Experience panellist

Discrimination and poor treatment at work impacts negatively on women's careers and earning power, as well as on gender equality more widely. Hana did not return to work after maternity leave. Hana now suffers from PTSD, which she thinks was caused by a combination of the COVID pandemic, the stress at work during her pregnancy and the poor treatment from management. Hana hopes to return to work when her mental health has recovered, but says this could be many years from now and says she will need support to do so. She wants to qualify as a healthcare professional, but is concerned that she is losing time, skills and confidence.

Lack of information and knowledge about rights

Maternity Action's casework shows that many employers and employees lack knowledge about maternity rights. Research also shows that employers' lack of awareness of their obligations is a key factor in pregnancy and maternity discrimination.²⁰

Difficulties finding the right information was a strong theme in Lived Experience panel discussions. Several panellists told us that managers and HR had been negative and unhelpful. Examples included not responding to queries about entitlements and misjudging health and safety issues. One woman saw her hours reduced because her employer argued that going up and down stairs was a health and safety risk.

Relationships with managers

Panellists who told us about being treated sympathetically at work during pregnancy said this had made a 'huge' positive difference. Good treatment was mostly associated with an individual manager, as opposed to working practices and there was a sense of having been 'lucky'.

'Unfortunately, I had quite a rough pregnancy, I had placenta previa and I'm diabetic. And throughout working, my boss was very understanding of everything. [...] At 30 weeks' pregnant, my boss noticed that I wasn't doing well. [...] There was a plan put in place for me.'

https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf

²⁰ EHRC, 2016. Pregnancy and Maternity Discrimination and Disadvantage: Experiences of Mothers.

And actually on my last night working [outdoors], I did get very ill. So I ended up having my baby at 32 weeks and my employers were so supportive. The big bosses, they probably wouldn't have been. But on a more local level, they had no issues.'

- Lived Experience panellist

'I mean I was very fortunate; my immediate boss was also pregnant. She was a couple of months behind me. And she's got a two-year-old. It was all reasonably fresh in her mind, so she was really helpful. Because I didn't have a clue what I was doing.'

- Lived Experience panellist

Josephine, who had managed to get occupational maternity pay with the support of her manager despite having recently started in her role, told us that she would be reluctant to change jobs again for this reason, even if it would potentially affect her career progression.

'My line manager was compassionate and that was the only reason I got what I got. I felt like I was indebted to him. Now I don't want to change my job because I want to keep my manager. I made this switch to improve my career and it came back to bite me.'

- Josephine, Lived Experience panellist

Flexible working/Lack of flexibility

Our panellist Caroline requested flexible working hours on return from her first maternity leave. However, Caroline's manager would not agree to let her work on the days she had managed to arrange childcare. Instead, she had to wait 12 months to make second flexible work request, during which time the family had to use food banks to manage on her Maternity Allowance.

'My boss made it the most horrendous process ever. I sent the flexible working hours' form for me to go from doing 5 work days down to two days because childcare fees wiped out my wages, whereas, if I went down to two days I then potentially wasn't paying tax and national insurance. It was enough to pay nursery fees and then enough for the household. If I was full-time – it was pointless at the time. I applied to go back and I was told you need to get this right, because you can only apply for this once in 12 months. Then you can appeal. There was this massive stress.'

[...]

'In the end, despite the fact that I couldn't afford it, I went onto statutory maternity and got 12 months with the baby. We literally food banked it. We survived that way. We're not a household that's low-income. There are households...I genuinely don't know how they manage. [...] The impact on my mental health, the anxiety...I actually didn't want to go back to work. In the end, I re-applied at the end of 12 months. I had to take a grievance against them. That made coming back to work even more awkward.'

- Caroline, Lived Experience panellist

Caroline continued working part-time, as she wanted more children in the future and was frightened of going through the same stressful process again.

Our panellist Annabel told us that, while her employer did have a home working scheme, she was not eligible to apply for it as she was required to do a certain amount of field work. In Annabel's opinion, many non-fieldwork tasks could be done from home but this was only allowed at her manager's discretion in specific circumstances rather than official policy.

'My boss, if a Friday morning I get up and my child would be ill - then he would be like 'work from home today'. But that's not a whole company thing, it's just that my boss is pretty decent in that respect. If somebody bigger in the organisation found out, it would probably be nipped in the bud straight away.'

- Annabel, Lived Experience panellist

Childcare costs

Many women do not return to work after maternity leave. Others cut down to part-time, often downgrading to a lower skilled job in order to do so.²¹ A recent government survey of mothers found that 22% had not returned to employment when their baby was 18-24 months.²² For 56% of them, the reason was 'a lack of affordable childcare'.²³ Another 2022 survey found that 60% of mothers who were not in work would return if they could find affordable childcare.²⁴

Childcare costs in the UK are 'second highest in the developed world' and almost doubled for some parents between 2010 and 2022.²⁵ Full time nursery costs for a child under three in the West Midlands is estimated at 61% of women's median earnings.²⁶

Panellists told us about their childcare options and how these affected their working lives. Earlier, we heard from Caroline, who started working part time after her first child because childcare costs would eat up her income. She continued part time, as she wanted another child and did not want more stressful conflict with her manager when trying to change her hours. Another panellist, Gabriella, had left a professional career to work nights in a care home. Gabriella and her spouse saved on childcare costs by working opposite shifts.

'I have two children in childcare, which costs me £1000. That's 2/3rd of my wage. We live off my partner's wage and our wage purely goes on the children. I couldn't take a decreased job, where things would be easier or flexible. We just couldn't afford it. We don't have nice extravagant things. We are just a standard family. We don't have anything to cut on.'

- Lived Experience panellist

'I wouldn't stay where I am necessarily, long term. But where I am, the pay scale - I would take a massive cut if I was anywhere else. I have to stay here until [child's name] is 4. We don't have a family that can offer childcare, so it is nursery. And until she gets vouchers, when she is 3, I can't up my days. Career wise, I am where I am. I can't progress, there is

²¹ Atkinson, J. 2016. "'Letters Aren't Good': The Operation of the Right to Request Flexible Working Post-Maternity Leave in UK Small and Medium-Sized Companies." *Journal of Social Welfare and Family Law* 38 (4)

²² BMG research, 2023. Parental Rights Survey 2019

²³ BMG research, 2023. Parental Rights Survey 2019

²⁴ Policy Exchange, 2022. Better Childcare – Putting Families First. <https://policyexchange.org.uk/wp-content/uploads/2022/08/Better-Childcare.pdf>

²⁵ IPPR, September 2022. Towards a Childcare Guarantee. <https://www.ippr.org/files/2022-09/towards-a-childcare-guarantee-sept-22.pdf>

²⁶ WBG, 2020. Covid-19 report: the Impact on Women in Coventry. <https://wbg.org.uk/wp-content/uploads/2020/07/Covid-19-report-The-impact-on-women-in-Coventry.pdf>

nothing I can do. As long as our daughter has a home, and we have money coming in, it doesn't matter if I am happy or not. It's two days a week, at least it's not five.'

- Lived Experience panellist

'When I had my first daughter, I started working at night to look after her. And I am same as [another Lived Experience panel member], I don't have family support. I am doing this job purely to look after the children. I will be here for another 2 or 3 more years, until the little one can be enrolled in after school activities to stay until 6 pm. Then I can have a proper job, 9-5. Before, I had a professional career. Now I am on minimum wage. [...] I was earning 50k but now I am earning around 12K.'

- Gabriella, Lived Experience panellist

One panellist had paid £54 in childcare in order to work one of her 'Keeping In Touch' (KIT) days, for which she got paid £28, describing it as 'paying to work'. Another panellist told us that her mother was unable to help with childcare because she could not afford to retire, closing an avenue of childcare support that may have been available before the cost of living crisis.

Nutrition on a low income

The importance of adequate nutrition during pregnancy is well recognised, for example in NICE guidance on the diet of pregnant women²⁷ and schemes such as Healthy Start. Healthy Start payments have only been updated twice since their introduction in 2006.²⁸ The cost of living crisis has had impacts on the ability of pregnant women and their families to afford food, with potentially detrimental effects on health, both short-term and long-term. Food insecurity is a growing problem in the UK and food banks have proliferated at an alarming rate in response to pressure on family budgets.²⁹

49% of respondents to our recent Cost of Living survey told us that they had started buying less healthy food due to the high cost and over one third were having smaller meals or skipping meals and one quarter had gone without food, sometimes for a whole day, in order to prioritise feeding their children.³⁰

Our Lived Experience panellists told us about the effects of increasing costs, getting into debt and seeking support from food banks or other charitable organisations. One woman talked about saving money by breastfeeding rather than using formula, but raised the issue of ensuring sufficient calorific intake to successfully breastfeed, something that had also been mentioned by women in our Cost of Living survey.

'I was hoping for the first six months that I would manage okay. That didn't come to fruition because of the cost of living crisis. I would have struggled even without having the baby, to be honest, but it was just bad luck that as the baby was born, suddenly we were entering this massive energy and food crisis. I just wasn't able to plan for that level of increasing cost.'

²⁷ NICE Public health guideline: Maternal and child nutrition (PH11). 26 March 2008 (Updated 01 November 2014). <https://www.nice.org.uk/guidance/ph11/resources/maternal-and-child-nutrition-pdf-1996171502533>

²⁸ HoC Library Research Briefing: Healthy Start scheme and increases in the cost of living, Friday, 19 May, 2023 <https://commonslibrary.parliament.uk/research-briefings/cdp-2023-0111/>

²⁹ Sosenko, F. et al. 2022. "Understanding the Post-2010 Increase in Food Bank Use in England: New Quasi-Experimental Analysis of the Role of Welfare Policy." *BMC Public Health* 22 (1).

³⁰ Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

- Lived Experience panellist

'I've got a massive credit card debt and there are issues even around that. I tried to apply for a loan to pay off the debt but because I've got a low of income, I can't even get a loan. I'm stuck with this credit card that's spiralling out of control.'

- Lived Experience panellist

One of our panellists told us about needing a food parcel during the Christmas period and how embarrassed she had felt about this, whilst also acknowledging that she knew many others who had needed to do the same – in fact, the referral had come from her employer who had sent out a general email to staff.

'I've got friends that I thought were really well off that I've had to give the details of food banks. In my area, we have a community grocery store so I started to go there. I think it was £4 and you get 12 items, so I'd go twice a week and fill my basket. I went along with friends as well. It's something that a lot of people were using around maternity leave. It's a resource that got popular and overstretched because people are struggling so much.'

[...]

The NHS sent an email to everyone saying if you're struggling then you can get an anonymous referral to a food bank...which is sickening. When the NHS are emailing their own staff to say if you can't afford food, we don't mind referring you to a food bank... I had to get a food bank parcel moving towards Christmas. I was mortified and I haven't told anyone about that actually... It feels less embarrassing going to the community grocery store because I'm still paying money...'

- Lived Experience panellist

Sharing leave with a partner

Paternity leave

Paternity leave enables fathers and second parents to help mothers in their postpartum recovery. Statutory Paternity Leave is a maximum of two weeks and paid at the same rate as the SMP flat rate, i.e. £172.48 per week. Recent research estimates that only around 59% of a representative sample of fathers make use of their entitlement.³¹

Women on the Lived Experience panel talked about the importance of having support from partners in the postpartum period. Panellists felt they were 'being left alone to get on with things', such as having to pick up a heavy car seat after a Caesarean section, against medical advice. Several panellists said that employers had showed little or no flexibility towards their partners during this period which had affected their own recovery and also restricted partners' opportunities for bonding.

'I ended up in the hospital three weeks before my baby was born. I had a child at home so we had to heavily rely on friends and childcare because my partner's work was tough. When the baby was born, he was in the hospital for another 6 weeks in neo-natal. My partner's work wasn't flexible at all so he ended up taking off two months' sick. I'd had major surgery, multiple blood transfusions... I couldn't go up and down to the baby, I couldn't get home to

³¹ BMG research, 2023. Parental Rights Survey 2019

my older child either. [...] If he'd had a bit more flexibility, if they were a bit more understanding, it would have made our life so much easier.'

- Lived Experience panellist

'My other half had two weeks' 'paternity', but she stored up some annual leave which was good for us because I had a major haemorrhage postpartum. I lost half my bodily blood and it took me a couple of transfusions... It took three weeks to recover. I wasn't near normal; I mean I was breathless. Being someone who is quite fit and well, then not being able to walk up a flight of stairs... It's horrific. I definitely needed [help]. And to think that new mothers can cope with just two weeks of having someone with them... it's just ridiculous.'

- Lived Experience panellist

'My partner was able to take one week on full pay; the second week would have been statutory. So she took it as annual leave because it wasn't financially viable. If you look at European countries, they do it so much better for our children. You know, just two weeks when you have had an abdominal surgery, give birth - so you are left alone, alone to drive, etc. It's bad. [...] And partners are lucky if they even get 2 weeks. They can't bond with this new baby that you've waited so long for. I think it's really tough on them.'

- Lived Experience panellist

Shared Parental Leave

Shared Parental Leave (SPL) and pay (ShPP) were introduced in 2015. One of the rationales behind the new policy was to address gender inequality in the workplace as well as encourage paternal involvement in childrearing.³² ShPP is paid at the same rate as the flat rate of SMP and makes it possible for a mother who qualifies for SMP to transfer leave to the father or second parent. Take up has been very low, around 2%-4% of eligible fathers³³ and the evaluation of the scheme found that only about half of respondents knew what it was.³⁴

Roughly half of the Lived Experience panel were aware of the existence of SPL and one woman had used it during a previous maternity leave, as she was the higher earner. Another panellist, Elizabeth, had left her permanent NHS job to become 'bank' staff after her second child because there was too much pressure to work long hours and she did not expect a flexible working request to be approved. For this reason, Elizabeth had no maternity rights when she became pregnant with her third child, but her husband was still a permanent employee with a good occupational parental leave package so it made more sense for him to take leave. Unfortunately, Elizabeth told us, her partner faced 'a big fight' with HR to prove his eligibility to leave as a father.

'Because he was the dad, not the mother - there were lots of questions, the top of HR was questioning it and we're emailing back and forth about policy.'

³² Department for Business Innovation and Skills, February 2013. Shared parental leave and pay administration consultation. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/110692/13-651-modern-workplaces-shared-parental-leave-and-pay-impact-assessment2.pdf

³³ Maternity Action, 2023. Briefing: Shared Parental Leave Evaluation Report 2023 July 2023. <https://maternityaction.org.uk/wp-content/uploads/ShPIEvalParentalSurveyBriefing-July2022-FINAL.pdf>

³⁴ Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report. <https://www.gov.uk/government/publications/shared-parental-leave-spl-evaluation>

[...]

'You know, he was entitled to all benefits and this was one of them, but it was such a battle and stress. If he hadn't brought in that money, I don't know what we would do. I wasn't eligible for it so I thought, why can't you take it and we looked into it. A man can take it!'

[...]

'One of his colleagues said to him 'I tried that with my wife', but he gave up in the end. He said that the Trust he was working for just was not going to pay him.'

- Elizabeth, Lived Experience panellist

Free prescriptions

Pregnant women and those who have given birth in the last 12 months are exempt from paying for NHS prescriptions, regardless of migration status. A Maternity Exemption certificate is however required and the application for one can only be made by a midwife or other healthcare professional. When the application is missed out or incorrectly filled in, women end up being fined for any prescriptions they have been given during pregnancy, even though many have never been asked to provide evidence of eligibility.³⁵

A recent Maternity Action survey³⁶ of women who had experienced issues with NHS prescriptions during pregnancy, revealed that 60% of respondents thought they had been issued with a digital certificate only to find that they had not. 24% had not realised that a certificate was needed. MAT B1 was believed by many to be valid evidence for exemption and it had been accepted as such by pharmacists on occasion. 56% of women did not seek any advice regarding the fines, preferring to pay than deal with the aggravation of challenging the fine. 36% of respondents had experienced financial difficulties as a result of fines or backdates payments. Many women reported experiencing stress and anxiety due to the fines:

'Already no spare money, trying to make ends meet and figuring out how to plan for maternity in a cost of living crisis, plus I'm terrified of further fine letters coming through the post now.'

- Maternity Exemption Survey respondent

'I have only been back working for 2 months and paying for nursery for a 10-month-old. £100 will be a big blow to our family finances.'

- Maternity Exemption Survey respondent

'It was a very upsetting thing to receive due to having miscarried the pregnancy. It felt incredibly cold and heartless, as if I were talking to a robot. I was last contacted almost a year ago by NHS BSA saying they were still pursuing the fine, but I have heard nothing since, so it is still something that worries me.'

³⁵ Maternity Action Briefing: Ending unfair charges for prescriptions for women eligible for maternity exemption certificates. April, 2023. <https://maternityaction.org.uk/prescription-charges/#:~:text=Midwives%20and%20other%20clinicians%20should,one%20year%20after%20the%20birth.>

³⁶ Maternity Action, 2023, unpublished.

- *Maternity Exemption Survey respondent*

'Stress, worry, anxiety—I was a very high-risk pregnancy due to 4 losses in 20 months. Then I get these fines sent to me and the stress and worry of having to try and sort it with no help from NHS England and no help from midwives either.'

- *Maternity Exemption Survey respondent*

'I got an email telling me that since I did not have a certificate at the time of my claim, even though I was pregnant I am not eligible for free prescriptions. I didn't realise I didn't have the exemption certificate till I rang my midwife who then issued it when I was about 5 months pregnant already. I didn't want to go through any further hassle. When my friend also told me she had this issue and just paid to avoid any unnecessary stress in pregnancy, I agreed with this.'

- *Maternity Exemption Survey respondent*

Poverty, economic shock and impacts on family relationships

Financial stress has been shown to put pressure on partner relationships, as well as child mental health and development.³⁷ Job loss is also associated with the risk of separation³⁸ and in turn, single parents (90% of whom are women) are at increased risk of falling into, and remaining in, poverty and debt.³⁹ Parental separation is one of the Adverse Childhood Experiences (ACEs) which have been identified in research as potentially affecting health and behaviour as a child grows into an adult.⁴⁰ ACEs are more harmful when they occur in a context of socioeconomic disadvantage.⁴¹

All of our Lived Experience panellists were in long-term relationships with the baby's second parent but were spending less time together because of finances. Gabriella told us that she rarely sees her spouse due to working nights. She goes to bed on his return from work and sleeps for the four hours where they overlap before leaving for her shift. She earns a little more than minimum wage, but they need the second income.

'We hardly see each other because I work nights. I sleep when he's at home.'

- *Gabriella, Lived Experience panellist*

One panellists' partner works two jobs to bring additional income to the household, which leaves her to do most of the childcare. Another told us that her husband was now working again after losing his job while she was on maternity leave, which she said had been incredibly stressful. Women told us that financial pressures had taken a 'really bad toll on the relationship', with one describing her relationship like 'passing ships in the night'. Conversations were now mainly focussed on finances, childcare and children's health.

³⁷ Conger 2000, in Chzhen, Y. et al. 2021. "Deprivation and Intra-Family Conflict: Children as Agents in the Family Stress Model." *Journal of Marriage and Family*, July.; Huang, W. et al. 2022. "The Emergence of 5-Year-Olds' Behavioral Difficulties: Analyzing Risk and Protective Pathways in the United Kingdom and Germany." *Frontiers in Psychology* 12 (January).

³⁸ Di Nallo, A. et al. 2021. "The Effect of Unemployment on Couples Separating in Germany and the UK." *Journal of Marriage and Family* 84 (1)

³⁹ Lai, E. T. C. et al. 2019. "Poverty Dynamics and Health in Late Childhood in the UK: Evidence from the Millennium Cohort Study." *Archives of Disease in Childhood* 104 (11)

⁴⁰ Early Intervention Foundation, 2020. Adverse childhood experiences What we know, what we don't know, and what should happen next. <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>

⁴¹ Early Intervention Foundation, 2020. Adverse childhood experiences

'We don't get to spend time [together] and when we do, we're talking about finances, we're talking about how things are working and so it does have a massive strain on family life.'

- Lived Experience panellist

'It's had a really bad toll on the relationship with my partner as well. In terms of, nobody knows whether you are coming or going. The time you do have off, it could be at a hospital appointment. Last weekend, we spent it in the hospital.'

- Lived Experience panellist

Specific challenges affecting pregnant women and new mothers with insecure migration status

Pregnant women seeking asylum in the UK have 'no recourse to public funds' and cannot access mainstream benefits. If destitute, they can apply for other forms of support, which are paid at a lower level than comparable mainstream benefits.⁴² For example, the maternity payment is either 50% or 60% of its mainstream equivalent, the Sure Start Maternity Grant. (The amount depends on the pregnant woman's migration status.) Maternity Action's casework has shown that bureaucratic complexities can cause eligible women to miss out – for example, the time window for applying for the maternity grant is a fraction of that which applies to the Sure Start Maternity Grant.

In recent years, pregnant women living in full board accommodation have sometimes been denied an additional payment intended to address nutritional needs (£5 per week for a pregnant woman or a child below one year, then £3 per week until the child is three) on the basis that additional food would be provided by the hotel instead. However, in a recent legal challenge it was ruled that the food provided in the accommodation was inadequate for pregnant women and young children's needs and that the payments should be made.⁴³ The rate of payment is also subject to a forthcoming review.

Asylum accommodation has been subject to strong criticism over the years for being unsafe, unsanitary and overcrowded. In addition to this, 'dispersal' practices involve moving asylum seekers, including women and children, to new areas on a no-choice basis. Dispersal can happen several times in one pregnancy and disrupts the continuity of care, raising the risk of poor birth outcomes.⁴⁴ NHS charges for maternity care can also lead to avoidance of maternity care, associated with the risk of poor birth outcomes, not only for migrant women who are chargeable, but also for any migrant women who think that they may be, or who have been treated as such in error by hospitals, which happens frequently.⁴⁵

Two women, Esther and Layla, who spoke at a Maternity Action seminar held as part of this project, shared their experiences of seeking asylum whilst pregnant. Esther told the seminar about being

⁴² 42 HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023. <https://committees.parliament.uk/publications/40580/documents/198406/default/>

⁴³ HA, SXK, K, NY and AM v. Secretary of State for Home Department. [2023] EWHC 1876 (Admin). <https://dpglaw.co.uk/wp-content/uploads/2023/07/HA-others-CO-1599-2022-others-judgment-21Jul23.pdf>

⁴⁴ Reach Alliance, 2022. Accessing Maternal Health Care in a Hostile Environment <https://reachalliance.org/wp-content/uploads/2022/10/MaternalHealth-Camden-CaseStudy-final-case-study-report.pdf>

⁴⁵ Maternity Action, 2013. When maternity doesn't matter - Dispersing pregnant women seeking asylum https://www.maternityaction.org.uk/wp-content/uploads/2013/09/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf

moved several times with small children and how the crowded, poor quality accommodation affected her children's health and safety.

'When I gave birth, I was in a hostel living with six other women sharing, just I had a single bed. I didn't have space for a cot bed or nothing else. Safe sleep for me and my baby was impossible.'

[...]

'I moved three houses with a small baby; I just moved in Manchester, I came back to Liverpool in three weeks' time and he was just one month. It was really difficult and you can imagine my mental health was really bad.'

[...]

'My son is getting health conditions, I'm asking for a new house for me and for him, they are not accepting at all. I have the letter from the doctor since one year ago and they're not doing nothing.'

- Esther, Lived Experience Seminar speaker

Layla talked about waiting two years for a second interview to hear her asylum case, which she described as two years of being 'treated like nothing' and living on 'nothing'. The negative impact of this on Layla's own health and wellbeing and that of her children, was considerable. She spoke of the frustration and sadness at not being able to develop her skills and get a good job despite having a master's degree. As a survivor of FGM, still living with complications from this, she said it had been her parental duty to keep her daughters safe, but now she was unable to offer them a decent life.

'When you see that their life is not safe, you protect them, but when you come over here, they make you feel like nothing. Just nothing. [...] And the little resources they give us is nothing. It's so difficult. I don't know what they want us to do but you keep people down for years, not even months.'

[...]

'Anytime I think about my decision, I would think 'have I made a mistake? What can I do...what was the better solution?' My therapist said I have done well. I've done well, 'you've done it for your family.'

- Layla, Lived Experience Seminar speaker

Conclusion

This report has brought to light some of the issues affecting pregnant women, new mothers and their families experiencing low income and economic shock in the midst of the cost of living crisis, including effects on health and wellbeing, family relationships and gender equality in the workplace. It has done this by combining a review of current research, with qualitative material gathered from regular consultations with women with lived experience of low income during maternity leave. While at times this report may paint a grim picture of a UK where new mothers and their young children are often unsupported, it may also help us to define some of the potential solutions.

Current eligibility criteria for maternity payments are blunt instruments which unfairly penalise women for unplanned pregnancy or periods of illness, as well as those in insecure employment. Maternity payments in the UK are low and many women return to work after only a few months, potentially interfering with postpartum recovery, mental health, mother-child bonding and the ability to breastfeed.

Outright discrimination, poor health and safety practices and unfair treatment from employers are still common, with wider impacts on women's mental and physical health, as well as career trajectories and earning potential. Women and their employers often lack the information needed to access their rights and meet their obligations. It should not be down to the luck of having a sympathetic manager whether pregnant women and new mothers are treated fairly at work or not.

Childcare costs now absorb women's incomes faster than ever before and combined with a lack of reasonable flexibility in many jobs, or even blanket bans against homeworking, many women leave their jobs, or take lower paid part time roles.

Meanwhile, the cost of living crisis has pushed families to breaking point. Due to rising food prices in combination with a lack of uprating of payments, pregnant women and new mothers are turning to food banks. The Healthy Start payment, intended to support nutrition at this time, is worth less and less. Destitute mothers with insecure migration status have, until recently, been denied the very modest additional payments intended to support a healthy diet, whilst also facing additional challenges to their health and wellbeing, such as poor accommodation and barriers to healthcare.

UK mothers shoulder the vast burden of trying to plan conception around eligibility periods, the physical and mental challenges of pregnancy, severely diminished income during leave and sometimes pregnancy and maternity discrimination leading to job loss. Unfortunately, fathers and second parents have few opportunities to take time off work in order to be actively involved in childcare, as the Shared Parental Leave policy intended to help redress the imbalance has proved to be a failure and needs to be redesigned.

To support pregnant women, new mothers and their children and families, we propose a set of recommendations to mitigate some of the worst effects of low income and economic shocks during pregnancy and new motherhood.

Recommendations

Raise maternity payments and expand eligibility

The British Government should take the following measures in order to help to protect women and their children against the health risks associated with poverty and low income and help them cope with rising living costs.

- The basic rate of SMP and Maternity Allowance should be raised to at least the level of National Minimum Wage.
- The current 8 week qualifying period for SMP should be extended to cover 12 weeks' earnings for those with variable hours so that women on casual contracts are not disadvantaged.
- Healthy Start should be uprated in line with inflation, supporting healthy diets for pregnant women, new mothers and children. Eligibility criteria should also be expanded to include women with NRPF, in order to reach some of society's most vulnerable families.
- Sure Start Maternity Grant (SSMG) should be uprated in line with inflation and eligibility expanded to second and subsequent children.
- The policy anomaly that treats Maternity Allowance as deductible from Universal Credit should be corrected and MA treated the same as SMP under UC rules.
- Regulations governing the Maternity Exemption certificates should be amended so that, where certificates are found to be missing, they can be backdated at the time of issue to cover the full eligibility period. Women should not be charged or fined for any prescriptions received during the period of eligibility.

Support women to access entitlements and to remain in work

We recommend the following measures in order to strengthen women's position in the workforce, address gender inequality and underpin women's financial security and self-sufficiency:

- Rights and protections at work should be strengthened, including a right to flexible working and family friendly working arrangements.
- Legal advice should be integrated into maternity services, following a health-justice partnership model, which links pregnant women and new mothers with advice services through their midwife, enabling them to access benefit entitlements and exercise their rights at work.⁴⁶
- The 30-hour entitlement to childcare should be available to families straight after maternity leave, rather than at the age of three, enabling women who wish to do so, to remain in employment and continue earning.
- Shared Parental Leave should be replaced with the '6+6+6' model of six months' maternity leave, followed by a further six months of non-transferrable parental leave for each parent. Parents should have an individual right rather than 'shared' entitlements.

Improve support for asylum seeking and migrant women

- Administrative barriers to maternity payments (including both the maternity grant and the additional payments to pregnant women, babies and children under 3), such as the need for

⁴⁶ See for example: The King's Fund, 2021. The NHS's role in tackling poverty - Awareness, action and advocacy. <https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>

a separate application form, should be removed and payments made automatically to women after notification of pregnancy. At a minimum, the time window for the application should be extended to 11 weeks before the baby's due date to match that of its mainstream equivalent, Sure Start Maternity Grant.

- The link between Asylum Support and mainstream benefits should be reinstated and Asylum Support updated to at least 70% of the standard over 25s rate of Universal Credit, as recommended by the Women and Equalities Select Committee.⁴⁷
- Payments for pregnant women seeking asylum are too low to maintain a nutritious diet and needs to be updated further, at least matching the Healthy Start payments.
- Local authority support to migrant families under Section 17 (and Scottish, Welsh and Northern Irish equivalents) should be subject to a national minimum, equivalent to that of Asylum Support, i.e. at least 70% of the standard over 25s rate of Universal Credit.

⁴⁷ 47 HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023. <https://committees.parliament.uk/publications/40580/documents/198406/default/>