



City Research Online

City St George's, University of London

Citation: Fernandez Turienzo, C., Alvarez Gomez, M., Barbagelata, L., Belilty, J., Boscaini, B., Hernandez, A., Higgins, R., Lam, J., Luengo Fernandez, R., Medina, D., et al (2026). Making the invisible visible: maternal and child health inequalities for Latin Americans in the UK. The Lancet Regional Health - Europe, 68, 101805. doi: 10.1016/j.lanepe.2026.101805

This is the published version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/38247/>

Link to published version: <https://doi.org/10.1016/j.lanepe.2026.101805>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

Making the invisible visible: maternal and child health inequalities for Latin Americans in the UK



Cristina Fernandez Turienzo,^{a,*} Maria Alvarez Gomez,^b Luana Barbagelata,^c Jacobo Belilty,^d Bruna Boscaini,^e Alex Hernandez,^e Rose Higgins,^f Joseph Lam,^g Ramon Luengo Fernandez,^h Diana Medina,ⁱ Judith Rankin,^j Rubi Rodriguez Nieto,^k James Scuffell,^l Octavia Wiseman,^{l,m} and Jane Sandallⁿ

^aDepartment of Women & Children's Health, School of Life Course & Population Sciences, Faculty of Life Sciences & Medicine, King's College London, UK

^bLatin American Women's Rights Service, UK

^cIndoamerican Refugee and Migrant Organisation, UK

^dCoalition of Latin Americans in the UK, UK

^eLatin Americans in Health and Care UK Network, UK

^fNuffield Department of Primary Care Health Sciences, University of Oxford, UK

^gPopulation, Policy and Practice Department, University College London, UK

^hNational Perinatal Epidemiology Unit, University of Oxford, UK

ⁱKing's College Hospital NHS Foundation Trust, UK

^jPopulation Health Sciences Institute, Newcastle University, UK

^kLatin American Migrant Maternity Network, UK

^lDepartment of Primary Care and Data Science, King's College London and Minet Green Health Practice, London, UK

^mCentre for Maternal and Child Health Research, City St. George's, University of London, UK

The Latin American community—encompassing individuals with heritage from the Spanish- and Portuguese-speaking countries of the Americas and the Caribbean, and identified by this inclusive term rather than the US-origin classification 'Hispanic' which excludes Brazilians, implies an Iberian rather than post-colonial identity, and flattens the population's rich Indigenous, Afro-Latin, and mestizo diversity—is one of the fastest-growing ethnic groups in the United Kingdom, yet remains “statistically invisible” in health policy and data.¹ While 2021 Census data identifies over 280,000 residents born in Latin American countries,² the actual population size, including second-generation and undocumented migrants, is likely closer to 500,000.¹ Nationally, this group is already comparable in size to the British Asian population of 1991. While London remains the primary hub, the population is expanding nationally with large populations in Liverpool and the West Midlands, which reported a 124% increase in Latin American-born residents between 2010 and 2021.³ Despite their presence, “Latin American” is not yet a standard ethnic category in NHS or Office for National Statistics (ONS) data systems, though it was the second largest write-in response within the 2021 Census ‘Other’ category.² Consequently, forced identification as ‘Other’ or

‘White Other’ hides their health needs, even though these women give birth to over 5000 infants annually in the UK.⁴

While UK-specific data on maternal and perinatal outcomes is limited, international evidence points to important disparities among Latin Americans. A meta-analysis in *The Lancet*, which analysed over two million pregnancies across 20 high-income countries, found that babies born to women categorised as Hispanic (defined in this review as women in the USA of Spanish-speaking or Latin American descent or heritage irrespective of their racial identity) had three-times the risk of neonatal death (death within the first 28 days) compared to those born to White women.⁵ In contrast to Black women who consistently had worse outcomes (including stillbirth, preterm birth, small for gestational age), neonatal mortality was the primary increased risk identified for Hispanic women.⁵ Although these findings are derived largely from US populations and may not be directly generalisable to the UK, they signal a potential problem for routine surveillance, particularly as this differential in neonatal death is almost double that identified in the UK between babies born to Black and White women.⁶

We cannot address health inequities we do not measure; without routine ethnic classification, maternal and perinatal disparities cannot be monitored or addressed. In the UK, Latin Americans face intersecting risks that delay service engagement and directly affect maternal safety, quality, and care experiences. Many have undocumented or precarious status or no recourse to public funds. Fear of NHS charging policies and potential data-sharing with enforcement agencies creates a hostile environment that drives late antenatal

The Lancet Regional Health - Europe
2026;68: 101805

Published Online 11 August 2026
<https://doi.org/10.1016/j.lanepe.2026.101805>

*Corresponding author. Department of Women & Children's Health, School of Life Course & Population Sciences, Faculty of Life Sciences & Medicine, King's College London, Westminster Bridge Road, London, SE1 7EH, UK.

E-mail address: cristina.fernandez_turienzo@kcl.ac.uk (C. Fernandez Turienzo).

© 2026 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

booking and poor engagement with services.⁷ Only 38% of migrant women in vulnerable circumstances receive their first antenatal appointment by 12 weeks, and 50% attend fewer than the recommended visits.⁸ Perceived surveillance and discrimination, low-paid employment with unsociable hours, severe language barriers, and unfamiliarity with the health and social care systems (eg referral process, GP online access) lead to practical exclusion from services.^{1,7,9} Delayed access to care is layered upon higher baseline rates of multiple long-term conditions, including diabetes and cardiovascular disease,¹⁰ alongside specific risks such as Chagas disease (which can be vertically transmitted from mother to child)¹¹ and potential underdiagnosis of HIV.¹² Driven by these intersecting layers of disadvantage, Latin American women frequently adopt transnational health-seeking strategies, including obtaining medication from their countries of origin or informal networks.

While extensive research, including the Lancet series on Racism and Health and the forthcoming Commission on Racism and Child Health, highlight how structural racism drives maternal and child health disparities for Black and Asian women, the specific outcomes for Latin American women in the UK remain unexplored.¹³ Existing European literature is heavily skewed towards Spain, leaving a critical knowledge gap regarding health determinants and care costs in other countries including the UK.¹⁴ As emphasized by recent health policy reports, such as the King's Fund, women from ethnic minority groups are not a homogenous population and "blanket" approaches fail to address the specific needs of distinct communities. For the Latin American community, structural racism, economic deprivation, and precarious legal status intersect to create profound barriers to safety. However, designing inclusive services is contingent on the ability to measure outcomes, a task currently impossible for this population. To close this gap, simultaneous policy action and targeted research are required. The foundational requirement is structural visibility through the formal adoption of Latin American as a distinct ethnic category by the ONS and within NHS data systems, building on the consultation momentum submitted by community networks in February 2026. In parallel, NHS England's Ethnicity Recording Improvement Plan provides an opportunity for Integrated Care Boards and healthcare providers to improve the granularity of local recording practices and reduce reliance on residual 'Other' categories. Moving forward, we must work alongside community groups and organisations to ensure this ethnicity becomes a standard metric and enables the assessment of health needs, outcomes and experiences of Latin American population, including women and their babies, and co-produce targeted, community-driven solutions, including peer support and advocates, which have been shown to significantly

improve pregnancy outcomes and service engagement. Until Latin American ethnicity is routinely measured, disparities in maternal and child health will remain hidden and beyond the reach of effective policy action; visibility is the first step towards equity.

Contributors

CFT drafted the initial draft and all authors (MAG, LB, JB, BB, AH, RH, JL, RLF, DM, JR RRN, JScu, OW, JS) commented and approved the final manuscript.

Declaration of interests

JScu is an elected committee member of Lambeth Local Medical Committee. Other authors declare no competing interests.

Acknowledgements

We thank all the women and families who have shared their experiences and insights with us to inform action and future research. We also extend our gratitude to the wider staff, volunteers, and advocates across the UK's Latin American community organisations whose tireless campaigning continues to drive this work forward. CFT and JS acknowledge their support by UK's National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) South London, NIHR RIGHT (NIHR207046) and the Foreign, Commonwealth & Development Office (FCDO [400499-410]). JR is part-funded by the NIHR ARC North East North Cumbria. JScu is supported by a NIHR Doctoral Award (NIHR503451) and a NIHR In-Practice Fellowship (NIHR303520). The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

References

- Coalition of Latin Americans in the UK. 10th anniversary report: 10 years of collective action. Available at: <https://www.clauk.org.uk/>; 2023. Accessed November 12, 2025.
- Office for National Statistics (ONS). *Census 2021 (England and Wales) 2021*.
- Birmingham City Council. *Latin American community health profile report*. Birmingham: Birmingham City Council; 2024 [cited 2025 November 19]. Available from: https://www.birmingham.gov.uk/download/downloads/id/28601/latin_american_community_health_profile_report.pdf. Accessed November 16, 2025.
- Office for National Statistics (ONS). *Live births (England and Wales) 2021*.
- Sheikh J, Allotey J, Kew T, et al. Effects of race and ethnicity on perinatal outcomes in high-income and upper-middle-income countries: an individual participant data meta-analysis of 2,198,655 pregnancies. *Lancet*. 2022;400:2049–2062.
- Gallimore ID, Matthews RJ, Page GL, et al. MBRRACE-UK perinatal mortality surveillance: UK perinatal deaths of babies born in 2022 - state of the nation report. Leicester: The Infant Mortality and Morbidity Studies, University of Leicester; 2024. Available from: <https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/surveillance/files/MBRRACE-UK-perinatal-mortality%20surveillance-report-2022.pdf>. Accessed July 14, 2026.
- Southwark Council. *Latin American health: Southwark's joint strategic needs assessment*. London: Southwark Council; 2024. Available from: <https://www.southwark.gov.uk/sites/default/files/2024-11/Latin%20American%20Health%20Southwark's%20Joint%20Strategic%20Needs%20Assessment.pdf>. Accessed July 14, 2026.
- Featherstone K, Jones B, Shortall R, Friel K, Fowkes RM, Jones RL. *Experiences of pregnant migrant women receiving ante/perinatal care in the UK: a longitudinal follow-up study of Doctors of the World's London drop-in clinic attendees*. London: DOTW; 2015. Available from: https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Maternity_Study_2015_Final.pdf. Accessed July 14, 2026.
- Healthwatch Southwark. *Access to health and social care services for Latin American communities in Southwark report*; 2023. London: Available: https://nds.healthwatch.co.uk/sites/default/files/reports_library/20230825_Southwardk_Latin%20American%20Draft%20-%20Final%20Draft.pdf. Accessed July 14, 2026.

- 10 Scuffell J, Bailey J, Dodhia H, Durbaba S, Ashworth M. Incidence of long-term conditions in the Latin American community of London: a validation and retrospective cohort study of 890,922 primary care records, 2005–2022. *PLoS One*. 2024;19(11): e0312311.
- 11 Elkheir N, Zelaya LS, Penagos LV, et al. Community-based serological screening for Chagas disease in London: a cross-sectional, observational pilot study. *BMJ Public Health*. 2025;3(2).
- 12 Elkheir N, Dominic C, Price A, Carter J, Ahmed N, Moore DA. HIV in Latin American migrants in the UK: a neglected population in the 95-95-95 targets. *HIV Med*. 2025;26(5):748–757.
- 13 Jardine J, Walker K, Gurol-Urganci I, et al. Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England: a national cohort study. *Lancet*. 2021;398(10314):1905–1912.
- 14 Roura M, Domingo A, Leyva-Moral JM, Pool R. Hispano-Americans in Europe: what do we know about their health status and determinants? A scoping review. *BMC Public Health*. 2015;15:472.