Maternity care for asylum-seeking and migrant women in south east London

healthwatch Greenwich

Contents

Executive Summary

This research project used a peer research model to understand the maternity care experiences of migrant and asylum-seeking women and birthing people living and using services in south east London. We found the experiences of migrant and asylum-seeking women and birthing people often marked by variations in care and barriers to access. This group of women and birthing people encounter challenges related to language and communication, limited understanding of the healthcare system and entitlements, inconsistent access to antenatal and postnatal care, and a general lack of culturally sensitive and linguistically appropriate services. The impact of these barriers can lead to delays in seeking care, incomplete care, and the potential for increased health risks for both mothers and their newborns.

Our co-researchers all lived in the six boroughs of south east London, and had both recent experience of using maternity care services and recent experience of migrating to the U.K. Co-researchers were important partners in this research study, contributing to the design and development of the project, reaching out to their peers, and conducting 24 interviews to explore maternity care experiences among migrant and asylum-seeking women.

Key Findings:

- Quality of care: The research identified a mixed experience regarding the quality of care provided by services. While some praised the compassion and support of health and social care staff, particularly midwives, others experienced what they felt were discriminatory differences in treatment based on their ethnic backgrounds and migration status.
- Perceptions of maternity services: Before migrating to the U.K., women had high expectations of NHS maternity services and the health system more broadly. Many found these expectations unmet, with care and treatment falling well below expectations and anticipated levels of care and support.
- Access to care: Access to maternity care for migrant and asylum-seeking women was shaped by ambiguity regarding healthcare costs and entitlements. Immigration status affected

eligibility for welfare benefits and the ability to work, leading to financial insecurity.

- Postnatal experiences: Caring for newborns was demanding and overwhelming, particularly for migrant and asylum-seeking women who lacked traditional support systems to help manage these new responsibilities.
- Support networks: The networks of support found in partners, friends, and family are crucial as a source of pregnancy/baby advice and information in addition to providing emotional and physical support for migrant and asylum-seeking women and birthing people. In the absence of these networks, women found themselves isolated and struggling to manage the demands of pregnancy and young children.

About

Healthwatch Greenwich (HWG) is an independent, statutory organisation representing people and communities who use NHS and publicly funded health and care services in Greenwich. We carry out qualitative and quantitative engagement and research on a wide variety of health and social care topics. Our mission is to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all.

Acknowledgements

A huge thanks goes to our incredible group of co-researchers who worked on this project, including Covenant Odigadafu and Kehinde Ojo[1]. They drew on their own experiences and knowledge to shape the direction of this project in important ways, navigating the demands of the project as well as existing priorities and responsibilities to support the aims of this project. We would also like to thank the Refugee Council and Midwifery & Neonatal services

[1] The remaining three co-researchers chose to remain anonymous.

at LGT for their support with this project, and to the SEL LMNS for commissioning this important piece of work. Particular thanks to Jacqui Kempen, Head of Maternity at SEL LMNS, for recognising the need for this research to gain deeper understanding of the maternity experiences of the most marginalised in our communities.

Aim

To understand the experiences of those experiencing or at risk of poor maternity outcomes, with a focus on:

- Pregnant/newly birthed migrant women/birthing people
- Pregnant/newly birthed asylum seekers
- Pregnant/newly birthed women/birthing people from Black, Asian, and Ethnic Minority groups

Methodology

Co-production

This project drew upon the principles and features of participatory methods, in particular **co-production.** Co-production is an approach that allows researchers, practitioners, people, and communities to share power and decision-making processes to develop more effective services[2].

There is no set or fixed process for co-production. It is guided by a set of principles which, together, support people and communities to be meaningfully included, and involved in a decision or service.[3] These principles include sharing power, awareness and inclusion of

[2] Co-production: what it is and how to do it | SCIE

[3] Resources for co-producing research - ARC West (nihr.ac.uk)

all perspectives and skills, respecting, and valuing the expertise and knowledge of participants, reciprocity and the building and maintaining of relationships.

Those that joined us as "co-researchers" in this project supported and added value to the work in so many ways, including contributing to the design and development of the project, reaching out to other pregnant/newly birthed/birthing people, and conducting interviews with their peers about their maternity experiences.

We believe that co-production can lead to more responsive, person-centered and effective services and policies.

Profile of co-researchers

We recruited 5 co-researchers for this project. Our co-researchers were residents of Greenwich, Lewisham, and Bexley. 4 out of 5 co-researchers had migrated to the U.K. from Nigeria, and one co-researcher had arrived as an asylum-seeker from Afghanistan. Our co-researchers spoke several languages, including: Yoruba, Pashto, Dari, Urdu, and Igbo. Two of our co-researchers were currently pregnant at the time of taking part in this project, and the remaining three co-researchers had given birth within the last year. Our co-researchers drew on their personal and social networks to speak to other migrant and asylum-seeking women and birthing people who had recent experience of pregnancy or giving birth in south east London.

Training

Co-researchers received extensive training in preparation for their role in this project. This training took place in-person and online over the course of one week, with co-researchers able and encouraged to bring babies and young children. Training modules for co-researchers included[4]: lone working and managing your time, listening skills and building rapport, identifying research participants, safeguarding others and awareness of signs of abuse, health and safety and keeping themselves safe, data protection, data storage and confidentiality, and equality and diversity. Co-researchers also took part in specific research skills training, which included:

[4] List is not exhaustive - training and support was provided on a wider range of areas.

- Understanding co-produced research, it's purpose and the reasons for their involvement in this project.
- Research aims and purpose of the project: this included designing the interview topic guide
- Research methods and how to collect data for this project, with a focus on how to conduct in-depth interviews
- Research ethics, anonymity, and confidentiality.

Data collection

Interviews

Co-researchers completed a total of 24 in-depth interviews, drawing on their personal and social networks to recruit their interview participants. Each co-researcher completed 4-5 interviews each. Interviews were conducted both in-person and remotely. Length of in-depth interviews were up to 1 hour. Interview participants received a £30 shopping voucher as a thank you for taking part.

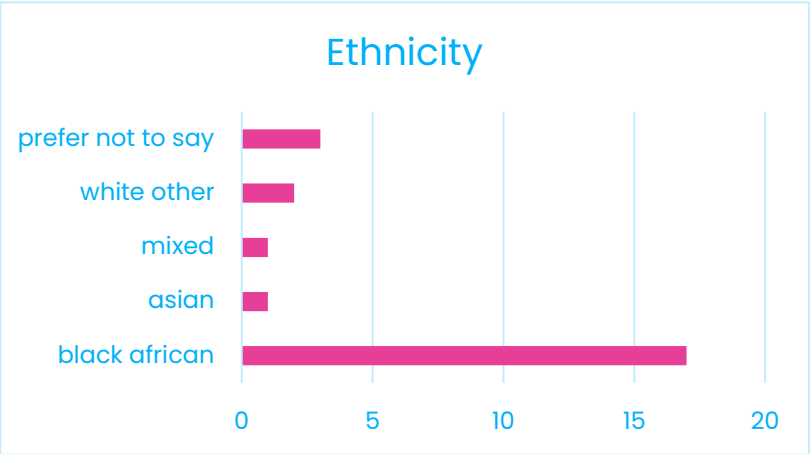
Profile of interview participants

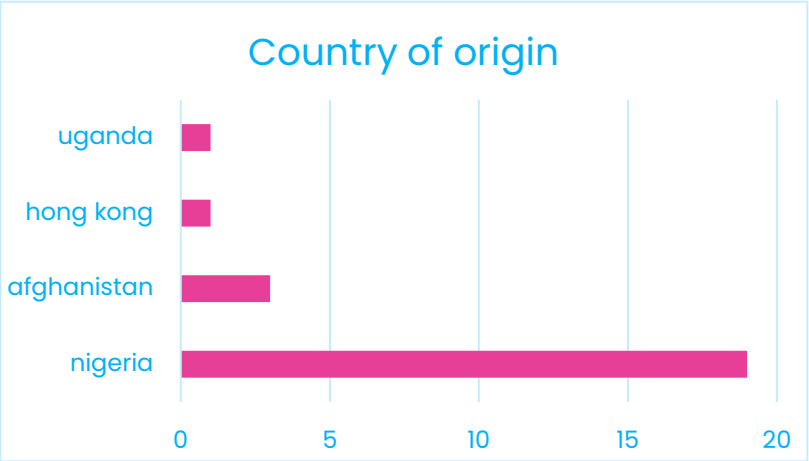
To be eligible to take part in an interview, all participants had to be:

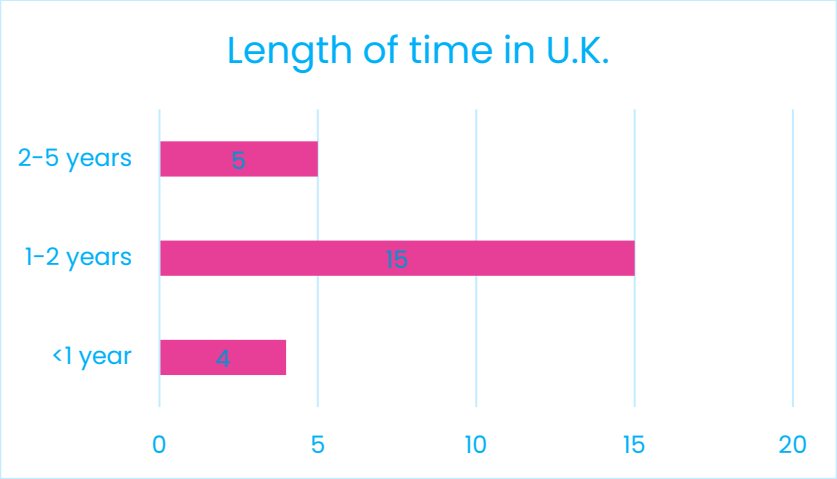
- A resident of south east London or had used/were using maternity services in south east London.
- Pregnant now or had a baby up to 1 year old that was born in the U.K.
- Recently migrated to the U.K. – within the last 5 years

Demographics of interview participants

Most interview participants identified as from Black/Black African backgrounds, with most stating their country of origin as Nigeria and their religious background as Christian. A few had recently arrived in the U.K. as asylum-seekers from Afghanistan. Participants were asked what languages they speak at home, with English, Yoruba, Igbo, Cantonese, Dari and Uzbek most commonly identified. Below is a breakdown of key demographics of the 24 interview participants.







BOROUGH	Greenwich	Lewisham	Bexley	Lambeth
	15	4	4	1

PREGNANCY STATUS	Currently pregnant	Given birth within last 26 weeks
	4	20

HOSPITAL	Queen Elizabeth	Lewisham	Kings
	18	4	2

Findings

Quality of care

The quality of care that interview participants experienced during their maternity care journey emerged as an important factor. Several participants expressed their appreciation for the compassionate and supportive care provided by healthcare professionals, particularly their midwives. The kindness and patience that they experienced were important factors in fostering trust and an overall positive maternity experience, as the participants below describe:

The midwives were so good. They were patient and they carried out their job with so much care. They were really good at what they do. I did not really have issues with them and they call me when I have appointments, they call me ahead of time to remind me, send me text messages, find out about my well-being.

Erinma

The care was very good, they came to my house several times, they saw me and the baby.

Layla

This feeling of trust and being treated with dignity and respect during the pregnancy journey makes clear the significance of empathetic care, particularly for those navigating a complex and unfamiliar healthcare system. In this respect, participants often mentioned the importance of their midwives and their desire for more staff like this within the maternity care system. They felt that

this could address some of the challenges they faced when dealing with the consequences of late appointments or delays to appointments.

However, although the quality of care provided by midwives was mentioned by many as a positive aspect of their maternity experience, this was not consistent, and not all midwives were compassionate. Other health and social care professionals, particularly nurses and reception staff were frequently referred to as not providing good levels of care or communication. This lack of consistency made it difficult for women to know what level of maternity and post-natal treatment, care, and communication they should expect.

During the time when I was still in labour, I wanted them to at least let me know what is going on and give me words like, everything is going to be okay. But instead, they will leave you without communication, sometimes they make me feel like I'm not even there...When you talk to them it will be like you are stressing them.

Nkwachi

The attitude I got from the nurses were more them saying, you are not the first to be pregnant and you won't be the last.

Kesandu

Several participants also discussed the unequal and what they felt was discriminatory treatment they received based on their ethnic backgrounds and their migration status by nurses and healthcare professionals in institutional settings, such as hospitals. Several women explicitly stated that they felt they were treated differently in terms of their care compared to other women and that racism and anti-migrant sentiments were factors. This inequity of care was clearest when participants felt they weren't being listened to, that

their needs were being ignored or that they were getting a poorer service compared to white women and birthing people.

I would say there is a little bit of racism there at the Hospital... I wasn't treated like 100% the way they would treat a white-coloured person.

Chetachi

[I think] maybe they treat other people with other migration status...maybe they treat them better.

Bolade

This feeling of being invisible, of not being listened to, or feeling like their insight wasn't acknowledged shaped maternity care experiences in various ways. One woman described speaking about her birthing plan preferences with her doctors and nurses but that her wishes were ultimately ignored. Compounding this feeling of invisibility was also a concern amongst many women that questioning the decisions of healthcare professionals would mean retribution - they would get a poorer service, or at worse, no service at all. For some, this fear was heightened by the insecurity and uncertainty of their migration status, and the lack of information they had about what they were entitled to, meaning that many women avoided asking questions or raising issues so that they didn't draw attention to themselves.

You can't ask too many questions so that you're not in their bad books, and they don't neglect you.

Kesandu

The experiences of differential treatment by women in this project shaped maternity care experiences in important ways, leading many to experience feelings of marginalisation and isolation. The lack of agency that some experienced, particularly when it came to

being involved in decisions made about their own bodies, also created barriers for women to fully engage with services during their pregnancy. Ultimately, these negative experiences shaped future preferences for maternity care and for some participants, this led to a reluctance to return to the same hospital for future pregnancies. Indeed, women disclosed how information was widely shared within communities about which hospitals were considered to be more or less supportive to migrant and asylum seeking women – which were less or more likely to ask for documentation – and this was a strong driver of choice.

Perception of maternity services

It was clear from interview discussions that before using services themselves women had high expectations of maternity care in the UK and the NHS more broadly. Women discussed how they thought that the system in the U.K. would be at least as good as, if not better, than their home countries, yet for many, these expectations were not met. Women and birthing people anticipated more comprehensive pre and postnatal assessments, and more specific and practical advice on aspects of their pregnancy journey. When services fell short of what they had imagined, women felt that, unlike in their home countries, they could not demand a better service or advocate for better care, leading to dissatisfaction and distrust towards services.

Unlike my home country, during the antenatal, they will sit you down, organise talks, maybe every 2 weeks, teach songs to welcome the baby, teach how contractions looks like, what to expect. But it is funny, here in the U.K. I had my antenatal class of how contraction looks like online.

Lynda

Perceptions of the healthcare system can have a profound influence on the overall well-being of women and birthing people. Positive experiences can lead to a sense of trust and confidence in the system, while negative experiences can result in disillusionment and a lack of faith in the quality of care provided. Word of mouth and information shared within social networks also played an important role in either countering or reinforcing expectations. One woman discussed the maternity care she would have received in Afghanistan, where the healthcare system is privatised, and the fears she had about the services in the U.K. because of what she had heard from friends.

Afghanistan's hospitals are very different from England's. Until we saw the hospital, we were very worried.

Layla

Access and information

Barriers to access to maternity care for migrant and asylum-seeking women in south east London shaped the experiences of participants in various ways. Women highlighted a lack of clarity regarding the costs of using the NHS as a citizen of another country and expressed uncertainty about their entitlements to care or their eligibility for certain benefits and allowances. Others spoke of how their immigration status meant they did not have access to public funds but were unclear what support they could access. Confusion surrounding healthcare costs, or what documents (such as passports, visas, or biometric residence permits) were needed to access care led some women to avoid going to certain hospitals that were considered more hostile towards migrant groups. Women travelled long distances to hospitals which they had heard were more open, and less likely to ask for documents or payments.

[B]ecause of my immigration status…I was told that I do not have recourse for public funds.

Chetachi

I felt like everything was just so uncertain. I didn't know what to expect, and nobody really explained things to me.

Chika

The intersection of immigration status with maternity care, and the lack of understanding and information about entitlements to services and support, highlights the need for a maternity care approach that considers the unique vulnerabilities of migrant and asylum-seeking women. A lack of understanding about entitlements and services was also shaped by women's language capabilities. Although most participants described themselves as able to communicate day-to-day in English, there were nonetheless barriers to communication. Women discussed how they spoke either the language of their origin countries, or a mixture of English and their mother tongue, when at home. Although most were able to hold conversations in English, some women described difficulties understanding specific medical or pregnancy related terms, leading to ineffective communication with services and healthcare professionals. Some resorted to seeking information online or through friends and family, including in their home countries, to bridge this gap. The inability to ask questions and seek clarifications about their pregnancies and in the post-natal period led to a feeling of powerlessness and isolation and the sense that they couldn't – or shouldn't – ask questions.

I was being rushed; I feel like I'm just being brushed off…I didn't have much time to ask questions or sit down.

Idara

Given the emphasis on digital provision, such as translation apps and digital interpreting services, across health and social care settings, it is important to consider what gaps might emerge in understanding when using such resources. Effective communication is an important factor in ensuring that women and birthing people can fully understand their care needs, make informed decisions, and feel heard and respected throughout their maternity journey. For those with insecure migration status or restrictions on their conditions of stay, this is even more important. When such information and communication is provided, women spoke about the benefits it provided in reassurance and wellbeing.

I didn't understand what they were saying very well...

Deewhy

The necessity of providing clear and accurate communication in delivering comprehensive maternity care, and culturally appropriate communication or interpreters when needed is critical. This provision would ensure that migrant and asylum-seeking women are aware of and understand their rights and entitlements when it comes to accessing maternity care and using NHS services.

Post natal experience

The demanding nature of maternity experiences, particularly in the context of caring for a newborn, was an important issue for many women. While many of the challenges and demands of caring for newborns are of course true for all new mothers, the added challenges faced by migrant and asylum-seeking women are important to consider. The lack of traditional support systems and uncertainty around entitlements to NHS services and financial support is an additional vulnerability for this group. The overwhelming nature of new motherhood, compounded by potential isolation and the absence of extended family, can have a significant impact on the emotional and psychological well-being of these women.

You can't even be yourself. If a baby wants you to babysit for the whole day, you can't tell them....I had no time for myself, and it felt like my needs didn't matter anymore.

Lynda

Since giving birth, I feel like I'm alone. They are never really supporting you, they do not care about you. It's like a vicious circle.

Kesandu

In this post-natal period, women described the importance of the emotional and practice support and advice they received from health visitors and midwives, who offered guidance on caring for newborns, breastfeeding, and postpartum health. The approachability and availability of health visitors was also particularly valued, providing a sense of comfort and trust during the postpartum period.

I received support from health visitors, they actually enlightened me about mental health and everything.

Erinma

They [health visitors] look around whether the house is okay, whether where the baby is sleeping is okay and check, and they give advice as well.

Deewhy

However, while many women highlighted the strengths of their post-natal care, others felt there was a lack of detailed information, with contraception highlighted as a particular concern. Women wanted more extensive education on contraceptive methods and preparing

for pregnancy to help them make informed choices in the period leading up to conception.

I think enough information wasn't provided about contraceptives after giving birth. I think there should be like a class, there should be like a session that will educate new mothers about it.

Adaku

Support networks

The role of support networks, primarily comprising partners, friends, and family, was an important factor in the maternity experiences of those that took part in this research. While some women were able to draw on support from networks both in the UK and overseas, others faced challenges in accessing support. For these women, without extended family networks available 'back home', the challenges of adjusting to motherhood and life with a newborn were much harder.

Although I have support it's not like what you would have when you are back home with every member of your family, everyone is around.

Erinma

[B]ack home, at least with my other two children, I had help. But here everything...you just have to do it yourself.

Mary

In the absence of local support networks, some women still relied on their friends and family ‘back home’, pointing to the significance and indeed necessity of such support.

My major support is from my husband, but then friends and family, even though they're not here, they were a very great support, they call to give advice.

Ijioke

For those participants that were able to draw on social support networks, it was clear that these were crucial for the emotional well-being of women during their pregnancy and in the post-natal period. These networks tended to be made up of friends and extended family members, and were found in spaces such as churches and community centres. They provided not only practical assistance but also a sense of belonging and community that helped to reduce or alleviate the isolation often associated with migration.

I had friends who have had experiences here, so they now guided me on what to do as soon as I came...And I have sisters here as well and they help me with a lot of things. Yeah, it's good to have family around.

Oby

I've had a lot of support from friends, from the church, members of the family.

Chetachi

Cultural sensitivity

Cultural practices often carry deep significance and led to misunderstandings and challenges for women and birthing people when not acknowledged or discussed within context of their maternity care. For example, some women were from backgrounds and cultures where male circumcision is traditionally performed early on after childbirth. However, after giving birth in the U.K., these women encountered challenges getting their children circumcised due to the delay in the procedure, being told it wasn't available at the hospital, or a lack of information about where to access the procedure. In the absence of this information or being signposted by services, women were dependant on information shared in personal and social networks to meet these cultural needs. Women, from Christian backgrounds, spoke of going to mosques and meeting with imams to get their child circumcised after not being able to access this as part of NHS services.

He was almost two months when he had his circumcision. They [the hospital] told me they didn't do it.

Ijioke

Other participants spoke of the differences in their birthing options between their home countries and the U.K., with some women wanting more people with them in the delivery room, but not being sure if they were allowed or being told there was a limit on the numbers. This contrasted with their experiences 'back home'.

I wanted more people, I wish I had more people because my husband had to go to work and during that period, I want somebody that will just stay.

Lynda

These instances highlight the importance of cultural sensitivity within healthcare settings and the need for services to understand and accommodate cultural practices, beliefs and backgrounds.

Conclusion

The research findings presented point to the unique maternity care experiences of migrant and asylum-seeking women and birthing people. The research has highlighted the significance of healthcare professionals' attitudes and behaviours on the quality of maternity care provided, with positive interactions leading to a greater sense of trust and satisfaction with services. However, it also identified disparities in treatment experienced by migrant and asylum-seeking women based on their ethnic backgrounds and migration status, and the sense of marginalisation and isolation this creates.

Women's perception of maternity care prior to migrating to the U.K. was an equally important finding, with women often entering the healthcare system with high expectations and then finding their needs unmet. Effective communication to address language barriers is essential to ensure that women with complex or precarious migration status fully understand what services and support they can access.

The postnatal period presents challenges. The absence of traditional support systems can lead to feelings of isolation and emotional strain. While health visitors and midwives play a critical role in providing medical and health information more could be done to support women and birthing people to build community and access local sources of support.

Limitations

1. While one of the benefits of the peer research approach is that women draw on their personal and social networks to speak with other women, the sample of women spoken with as part of this research will not represent the diversity of maternity care experiences across south east London.
2. Most women taking part were able to communicate in English in their day to day lives. Therefore, the research does not capture the experiences of women with no English language skills.

Recommendations

1. Equitable treatment

Maternity services should proactively seek to build trust and a culture of listening with women and birthing people from migrant and asylum-seeking backgrounds.

Trust is a fundamental aspect of maternity services, and especially important for marginalised women who may have experienced discrimination or mistrust in the past and may not always seek maternity care at the earliest possible point in their pregnancy or follow through with recommended information and advice.

Proactively seeking to build trust and a culture of listening would demonstrate a commitment to understanding the unique cultural, linguistic, and social factors that impact on the maternity experiences of migrant and asylum-seeking individuals. This cultural competence would help maternity care providers to offer more person-centered and sensitive care.

This can be achieved by working with community organisations that support migrant groups and with trusted members of the community such as the co-researchers for this project to develop a model of community maternity advocates to support and enable

the most marginalised women across south east London. Such organisations and representatives have deep understanding of the needs and challenges faced by such communities and can bridge the gap between maternity services and the communities they serve.

2. Access to information and services

Maternity services should provide equitable access to information.

Providing clear and comprehensive information about the maternity care process can empower asylum seeking and migrant women and birthing people to make informed decisions and navigate the healthcare system effectively, for example - resources that explain the maternity care process in simple English or in a language that women can understand. Culturally sensitive materials should cover topics such as prenatal care, childbirth, postnatal care, available support services. Materials and information should be considerate of the unique needs and beliefs of communities, such as information about childbirth practices and traditions that align with cultural backgrounds.

There are opportunities for maternity services to collaborate with community organisations to deliver engagement to address common myths and misconceptions about UK maternity care and provide information on how to access available services.

3. Postnatal Support:

Maternity services should recognise the specific challenges faced by migrant and asylum-seeking women and birthing people after delivery and discharge from hospital.

Recognising and addressing the specific challenges faced by migrant and asylum-seeking women in the post-natal period is essential for ensuring equitable post-natal care and giving babies the best start in life. Limited access to, and awareness of, available services and language barriers create challenges that impact both the well-being of women and the health of their baby.

Migrant and asylum-seeking women and birthing people often lack local support networks, which can contribute to feelings of isolation and loneliness. Social isolation can have adverse effects on maternal mental health and infant development. Connecting migrant and asylum seeking women with culturally relevant parent

groups and community organisations that are able to meet their cultural and linguistic needs, aligning with their values and practices, can foster a sense of belonging and comfort during a vulnerable time.

4. Cultural Sensitivity:

Maternity services should promote cultural sensitivity by accommodating cultural practices and beliefs.

Maternity services should encourage open discussions with women and birthing people about cultural practices, such as use of traditional medicines, cultural dietary regimes during pregnancy, religious practices and observances, birthing rituals, and postpartum traditions. Where possible, maternity care should align with women's values and traditions - where it does not compromise patient safety.

Incorporating cultural sensitivity into maternity settings respects the cultural backgrounds of women and birthing people and enhances the quality of care by fostering trust and communication. Open discussions about cultural practices and beliefs promotes a more positive maternity experience and can contribute towards improved maternity outcomes.

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