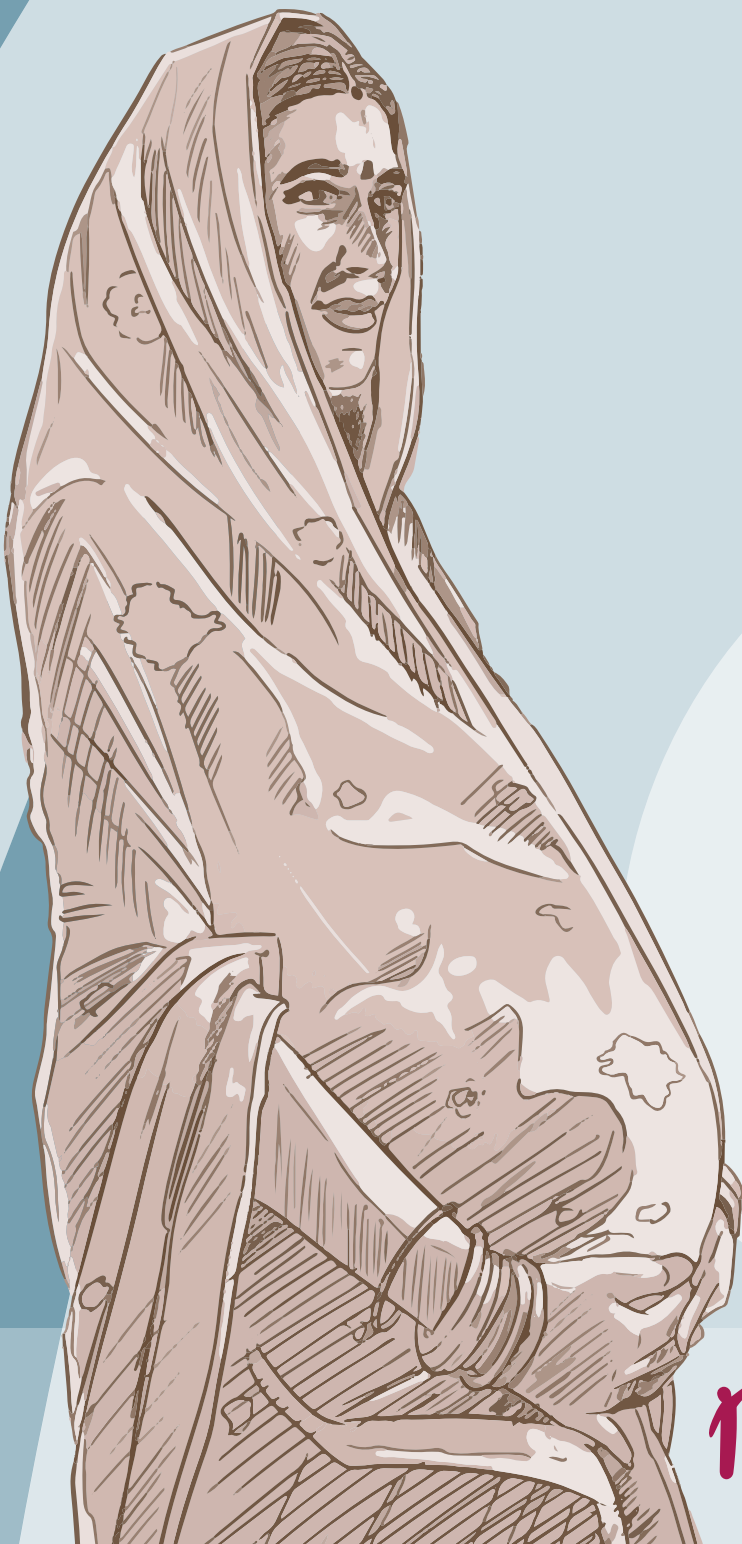


MATERNITY

Stream of

Sanctuary



**RESOURCE
PACK**



City of Sanctuary UK

Welcome to the Maternity of Sanctuary Resource Pack

The aim of this resource pack is to promote a culture of welcome within maternity services for people seeking sanctuary in the UK.

This pack aims to be useful to midwives, student midwives, obstetricians, GPs, health visitors and others within the community who support families seeking sanctuary during the journey from pregnancy to parenthood. We want to raise awareness of some of the issues facing families and help people access the information they need.

The first part of this pack focuses on the journey through pregnancy, labour and the early postnatal period for people seeking sanctuary who access maternity care. It addresses the challenges of accessing care, the impact of the asylum system on pregnancy experiences and highlights examples of good practice across the UK.

Please see the specific colour-coded sections which may be more relevant to different readers. These focus on:

- What can the local community do?

- What can the health professional do?

- What can NHS Trusts/Health Boards do?

- What can partners do?

- Mental Health

Part two of this pack concentrates on Sanctuary Awards. These are a great way to encourage, celebrate and share good practice within maternity services. We are further developing Sanctuary Awards for the Maternity Stream and are hoping to award more organisations from across the country.

Examples of organisations which could apply for awards include:

- **Maternity departments within NHS hospitals**
- **Doula organisations**
- **Antenatal education packages: i.e NCT or hypnobirthing groups**
- **Mother and baby groups**
- **GP surgeries**
- **Specific midwifery teams: i.e Continuity of Carer teams, perinatal mental health pathways**
- **Midwifery education programmes: i.e University societies or departments**

The Maternity Stream of Sanctuary Awards are part of a growing network of engagement across different sectors. Awards have been crucial in the development and growth of different Streams such as Schools of Sanctuary.

If you are interested in being part of a UK-wide steering group for the Maternity Stream, please email maternity@cityofsanctuary.org.uk.

We see this pack as an introduction which we will build on over time as the Maternity Stream grows. Please contact us if you'd like to be involved in the development of this Stream.



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INTRODUCTION

City of Sanctuary UK

City of Sanctuary UK is part of a movement to build a culture of welcome for people seeking sanctuary in the UK. We promote understanding, recognition and celebration of the ways in which people seeking sanctuary enrich society. Our goal is to create a network of places that are proud to offer safety to people seeking sanctuary and local communities which are inclusive and welcoming. City of Sanctuary began in October 2005 in Sheffield. Since then, over 100 City of Sanctuary initiatives have been established by local people in towns and cities across the UK. The network of local groups include people seeking sanctuary and bring refugee support and other organisations together. Local groups commonly work to gain support from organisations in their community, which can take the form of a support pledge and Sanctuary Awards. City of Sanctuary UK enjoys close partnerships with all the major refugee organisations and remains committed to working with them and the wider welcome movement to build a united voice to advocate for people fleeing violence and persecution in our nations and worldwide.

Streams of Sanctuary

We believe the sanctuary message of welcome and inclusion is vital in all spheres of society. As well as supporting the development of a network of groups, which includes towns, cities, regions and nations across the UK - City of Sanctuary brings together different communities of practice. This includes schools, universities, faith groups, art organisations, health services and the Maternity Stream. A key element of these streams of sanctuary is awareness raising; giving a platform to the voices of people seeking sanctuary, so that they can be heard by those who might otherwise never hear them.



The Maternity Stream

In 2011, the Maternity Stream was started by a group of women who volunteered as Health Befrienders for the Refugee Council in Leeds. They wanted to tackle issues within maternity services that they experienced themselves or came up against whilst volunteering as befrienders. They teamed up with health professionals, academics, voluntary sector workers and other volunteers to form the Maternity Stream of Sanctuary.

Maternity Stream groups meet regularly in Leeds and Bradford, providing a forum for people seeking sanctuary to share their experiences of maternity services. The groups find ways to direct these experiences and views into service development channels and awareness raising opportunities. This can include both national and international conferences.

As a result of the Maternity Stream, the Northern Maternity Stream research network has been established. This research network consists of women who are experts by experience, academics and practitioners. The network is not exclusively Northern and welcomes research initiatives from all over the UK. However it is set apart from previous research funding activities which have tended to be very London-centric.

More information about the Northern Maternity Stream research network:
<https://maternityresearch.cityofsanctuary.org/2021/06/25/official-launch-of-the-northern-maternity-stream-research-network>

More information about the Maternity Stream:
<https://maternity.cityofsanctuary.org>

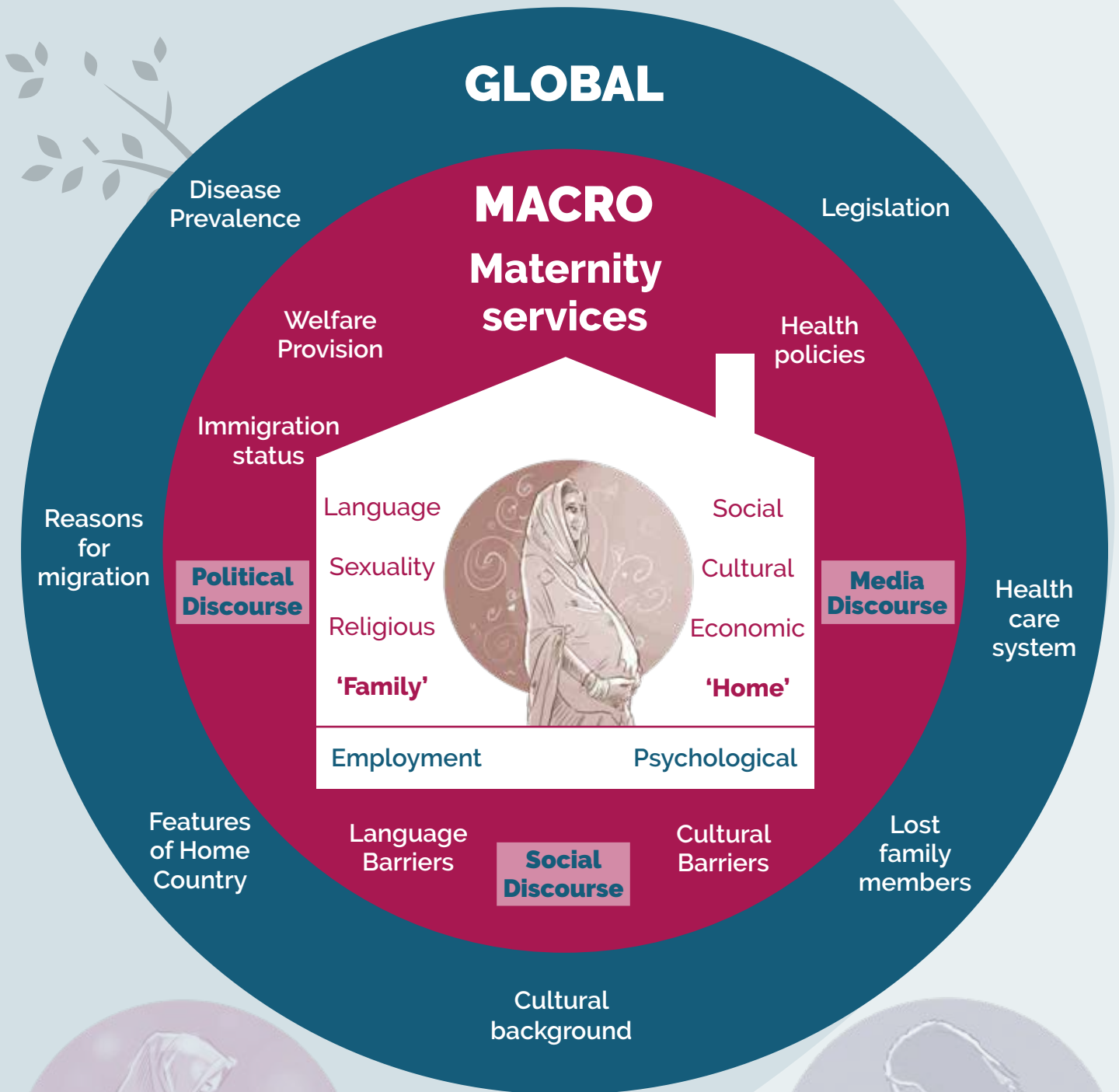
“Many of the women that I know will have experienced isolation when they first arrived and a lack of information about how services work. They will think that the only service available is the GP. It is a really big change, especially for women who come from a background where the community is very much involved when a woman is pregnant, so they’ve got a lot of support. When they come here and they don’t have any support, it can be really frustrating and difficult for them. I think the Maternity Stream gives the impression of a community and some of the women involved become really close and build up a community between themselves.”

Diana
(Maternity Stream Volunteer)

Sanctuary in Maternity Care

Women seeking sanctuary have specific needs when accessing maternity care. This model, created by Dr Mel Cooper, "The Pregnant Woman within the Global Context" articulates this well. Please review this model throughout this pack to consider how each topic relates to the woman who is always at the centre of receiving care.

The Pregnant Woman within the Global Context



This evidence-based model provides a framework to use when considering the wider social structures within the macro and global levels which impact upon a woman's health and social care needs.

Across the UK, maternity services do a great job looking after families during pregnancy, birth and the postnatal period. Many families seeking sanctuary comment on the support offered by midwives and other health professionals.

“My midwife was my pregnancy friend”
(Maha, Y&H Maternity Stream Project Manager)

“[My doula] was like a sister – what do I need better than that? Very professional but very friendly”
(Client feedback to the Sheffield Doula Service)

When issues do occur, they are often due to misunderstandings, assumptions or a lack of information. Pregnancy and birth can be traumatic for a whole host of reasons which may be unrelated to maternity services.

“I was alone and I was more hurt from being alone than I was from my pains”
(Christina)

“I didn’t understand what they said [when I was in labour]”
(Diana)

Woman-centred care will be a familiar concept to health professionals but for a woman seeking sanctuary, there may be many different and complex factors that can impact upon her health and social care needs which must be considered.



Definitions

People Seeking Sanctuary

In this resource pack we mainly use the term 'people seeking sanctuary' to refer to anyone who has been forced to travel internationally to seek safety from the threat of violence or persecution, regardless of their stage in the legal process. This is to combat the dehumanising rhetoric which can occur when referring to people by their immigration status. Where there are differences in eligibility criteria based on legal definitions eg. relating to healthcare charging, we will use legal terms for clarity.

Asylum Seeker

A person who is in the UK legally, having requested asylum and is waiting for the Home Office to make a decision on that application. They may be waiting to receive an initial decision on their claim, or they may have had their claim refused but they are appealing the decision. There is no such thing as an illegal asylum seeker; everyone has the right to have their claim considered.

In the UK the application process is long and complicated, it can take years; many appeals against negative decisions are upheld. Most people in this situation are not allowed to work or claim mainstream benefits and instead, they must survive on Home Office support (less than £6 per day).

Refugee

The meaning of the term refugee in international law is someone who, 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of their country of nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country; or who, not having a nationality and being outside of the country of their former habitual residence is unable or, owing to such fear, unwilling to return to it.' In the UK, once someone is recognised as a refugee, they are granted "Leave to Remain," usually for a limited length of time, and can work and/or apply for benefits.

Refused asylum seeker

Someone whose application for asylum has been refused by the Home Office and who has exhausted all rights of appeal. Some people cannot be returned to their country of origin, regardless of this refusal. Someone whose application has been refused may go on to submit a "fresh claim". Many who cannot return home remain destitute until fresh evidence enables them to make a new claim, and then have access to asylum support.

NRPF Resources on what it means to have 'no recourse to public funds'

<https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements>

City of Sanctuary Local Authority Network Position Statement on NRPF: <https://la.cityof-sanctuary.org/2021/05/13/local-authority-network-position-statement-on-nrpf>

No Recourse to Public Funds

No recourse to public funds (NRPF) is a condition imposed on someone due to their immigration status. They are prohibited from accessing specified welfare benefits and public housing.

NRPF may be applied as a condition on a grant of Leave to Remain and will also apply if an asylum application is refused.

In pregnancy, NRPF can have significant implications regarding destitution and NHS charges.

Irregular migrant

"A person who does not have permission to reside in the UK, either because they have never had a legal residence permit or because they have overstayed a time-limited permit. Once someone claims asylum, they are legally allowed to remain in the UK until a decision is made on their claim."
(Definition from Migration Observatory)

Economic migration

An individual who moves country in order to earn a better living. It is sometimes difficult to determine whether this is truly voluntary or not. Where individuals have no opportunity to make money in their country of origin, they often do not feel they have a choice but to move in order to work.

Forced migration/ displacement

An individual is forced to leave their country of origin. This can be due to conflict, fear of persecution or natural disaster.

Voluntary migration

An individual moves country by making a decision using free will, free from coercion.

Modern Day Slavery

The severe exploitation of other people for personal or commercial gain. Can take the form of human trafficking, forced labour and forced marriage.

Human trafficking

The process of trapping people through the use of violence, deception or coercion and exploiting them for financial or personal gain.

Undocumented migrant

An individual who is born in a country outside the UK and has no legal documentation stating citizen/asylum status. This can occur when someone has entered the country lawfully but has overstayed the terms of their visa.

Resettlement

Refugees living outside their country of origin (in a refugee camp in a neighbouring country) can apply for resettlement and if successful, are brought to a new country and arrive with leave to remain. In the UK this is done through the **UNHCR** which identifies vulnerable refugees. Resettled refugees in the UK receive some specialised support with housing, employment etc. and there are several different resettlement schemes.

A note on definitions:

The media in the UK often uses these terms synonymously. This can confuse the audience as to who is an economic migrant and who is a person seeking sanctuary. It is important for people promoting inclusion and welcome to understand the difference between individuals seeking sanctuary and individuals moving across borders for other reasons.



Summary box:

KEY DEFINITIONS

Asylum-seeker: A person who has entered the UK legally, has requested asylum (due to fears for their safety in their home country) and is waiting for the Home Office to make a decision on their application.

Refugee: Someone whose application for asylum has been accepted by the Home Office or who has come to the UK through a resettlement programme.

People Seeking Sanctuary: Anyone who has been forced to travel internationally to seek safety from the threat of violence or persecution, regardless of their stage in the legal process.

Dispersal: Home Office enforced movement of families or individuals who are seeking sanctuary.

Detention: The deprivation of liberty or confinement of an asylum seeker in a closed place which can include purpose-built detention centres, holding centres or prisons.

Deportation: The return of people seeking sanctuary to their country of origin against their will.

INCLUSIVITY STATEMENT:

City of Sanctuary acknowledges that not all people accessing maternity services identify as women. When stating 'woman' or 'women' throughout this pack, please substitute 'birthing person' if this language is applicable to yourself or your client.



THE PREGNANCY JOURNEY

PRE-PREGNANCY

Some women may arrive in the UK already pregnant or become pregnant shortly after arrival into the UK. Pregnancy is not always a choice and some women become pregnant as a result of rape. There are significant psychological implications for women who are carrying a child who is the consequence of violence. It is important to consider how women's experiences of seeking sanctuary will affect their engagement with maternity services.



The COVID-19 pandemic

The COVID-19 pandemic has increased difficulties for people seeking sanctuary with border closures, slumping economies and increasingly the virus is being used as a reason to restrict access to asylum. In February 2021 it was estimated that nearly 50,000 cases of COVID-19 had been recorded within the population of refugees and displaced people. This is likely a huge underestimation due to lack of available testing.



The Global Picture

Over the past few years, images of men, women and children fleeing war zones and making dangerous and often fatal sea and land crossings have become tragically familiar.

It is estimated that at the mid-point of 2020, there were 82.4 million people displaced from their homes (UNHRC 2020). This equates to 1 in every 95 people in the world being forcibly displaced.

Between 2018 and 2020 an average of between 290,000 and 340,000 infants were born into refugee life every year around the world (UNHRC 2021).

The UK asylum system is intentionally hostile, with thousands of people waiting months, or even years, for a decision. The UK receives a relatively very small number of asylum applications. In 2020, the UK received 36,041 asylum applications. In the same time period, Germany received 122,015 applications and France received 93,475 applications. In the year ending March 2020, 54% of initial applications were granted. Most people whose initial asylum claim is refused appeal against the decision, and a high number of appeals are successful.

The number of forcibly displaced people is rising due to international conflict and threat of persecution. Additionally, the humanitarian consequences of climate change will see a rise in forcibly displaced people across the globe. At the time of publication, the 'Nationality and Borders Bill' was making its way through Parliament. This bill will fundamentally change the asylum system, introducing significant and harmful changes to the way people seeking asylum are treated in the UK.

The UK maternity system needs to be educated and prepared to support women and their families who are seeking sanctuary.



Journeys to the UK

There are different routes by which a person may come to the UK and be recognised as a refugee. Journeys to the UK often require a great deal of physical resilience; people may have been exposed to violence, sexual exploitation, malnutrition and extreme conditions eg. sleeping outdoors or in camps in poor weather conditions.

Claiming Asylum

There is no way of travelling legally to the UK with the specific purpose of claiming asylum. Many people travel overland through routes such as through Calais.

Once in the UK, people are expected to claim asylum at the earliest opportunity. Once an asylum claim is submitted, the applicant is legally allowed to stay in the UK until a decision is made on their application. If the application is refused, they are allowed to appeal this decision. Whilst they wait for a decision, they can apply for asylum support (accommodation and financial support).

Following Brexit, the UK is no longer part of the Dublin Regulation which prioritised reuniting families in Europe. As a result asylum seekers in Europe are losing a safe and legal means of reuniting with relatives at the end of the Brexit transition period.

New Plans under the Nationality and Borders Bill

At the time of writing, the following is subject to change. We recommend checking the latest information following the links below.

The New Plan for Immigration proposes changes to the asylum system:

- A two-tiered approach based on how the person arrived in the UK, differentiating between those coming through so-called safe and legal pathways versus irregular arrivals, as well as the ability to declare many applicants inadmissible.

- The introduction of temporary protection status for those found inadmissible who cannot be removed – up to 30 months Leave to Remain and no recourse to public funds.

UNHCR Information on the UK Nationality and Borders Bill and Rwanda policy

<https://www.unhcr.org/uk/uk-immigration-and-asylum-plans-some-questions-answered-by-unhcr.html>

There is a comprehensive and regularly updated guide to the asylum system available at Right to Remain

<https://righttoremain.org.uk/toolkit>

Trafficking

Human trafficking involves the movement of people within a country or across borders (legally or illegally) involving the use of force, coercion and/or deception in order to exploit the victims for purposes which may include sexual exploitation, forced labour or servitude.

See also the section on Trafficking on page 34 of this pack.

Resettlement

Refugees arriving in the UK through a resettlement programme arrive with Leave to Remain, having applied for resettlement through the UNHCR (usually whilst in a refugee camp outside their home country). Resettled refugees in the UK receive some specialised support with housing and employment. There are limited places on resettlement schemes and the focus is on specific nationalities.

City of Sanctuary resources on Resettlement - <https://cityofsanctuary.org/by-theme/resettlement/>

Other Routes

There are alternative ways that someone may arrive in the UK and claim asylum such as overstaying a student visa or other kind of visa. An individual may also enter the UK on a fiancé or spouse visa but face a change of circumstances that means their stay becomes irregular.



Gender Issues in Asylum Claims

Gender issues may play an important role in the reasons why someone has fled their country and may impact their experiences on their journey, their experience of the asylum system in the UK and the outcome of their application.

Gender and gender roles may affect forms of resistance as well as forms of persecution in a person's home country.

“Two-thirds of women refugees are the survivors of sexual assault as a direct result of forced migration, of which pregnancy can be a consequence.”

(Reproductive Health Matters, 2015)

Rights in Exile Special Issue on “Gender Issues in the Asylum Claim”

<https://www.refugeelaidinformation.org/gender-issues-asylum-claim>

Gender issues whilst en-route to safety:

Gender-based violence in refugee camps:

Some women report limiting hydration so they will not have to walk to the toilet facilities overnight in fear of attack or sexual harassment. This can result in renal and reproductive complications.

Sexual violence may result in sexually transmitted infections which may not be treated adequately due to lack of access to medication.

Malnutrition in refugee camps impacts women more than men. This may be due to gender roles with men taking responsibility for delegating food rations. Women may also be more likely to forfeit their own food for the sake of their child's nutrition. The resulting shortage in food impacts upon health, and in some circumstances may lead women to sexual bartering.

Women are likely to have inadequate access to birth control and studies have found that 'botched abortions' contribute to 20-25% of maternal deaths amongst refugees.

Refugee girls are at particular risk given their level of dependence and limited ability to protect themselves and participate in decision-making processes. Specific forms of violence affecting girls may include: trafficking, child prostitution, sexual violence within the family and abuse by persons having unhindered access to children (Donnelly and Muthiah 2019).

Protecting Women and Girls in Refugee Camps.

http://eprints.lse.ac.uk/110299/1/Muthiah_protecting_women_and_girls_published.pdf

On arrival

Once in the UK, gender-specific or gender-related persecution may be difficult to disclose to a Home Office caseworker.

Decision makers would need to consider factors such as whether a woman could live alone without family support in her country of origin, if she has fled due to persecution by her own family.

Gender-based violence continues to be a significant problem in all areas of the world, and women often do not escape these issues once they arrive in the UK.

Gender issues which may specifically impact a woman's experience of claiming asylum in the UK include:

- **Gender roles within the family.**
- **Forced marriage.**
- **Forced sterilisation.**
- **Domestic violence.**
- **Honour crimes.**
- **Lack of literacy due to gender: potentially limited schooling in country of origin.**
- **Lack of literacy in first language will make learning English more difficult.**
- **Practical problems which may inhibit learning: need for childcare, lack of time and energy after house hold work.**

Home Office guidance on gender issues in asylum claims - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699703/gender-issues-in-the-asylum-claim-v3.pdf

CASE STUDY

Constance grew up in Zimbabwe, where her father worked on a farm. One night her family were attacked and all the women were raped, including Constance who was only 13 at the time. She became pregnant as a result and later gave birth to a son. Constance's father was kidnapped and she fled with her mother to South Africa to live with her uncle. Her uncle was a political activist and Constance became involved. When he was murdered because of his political activities, Constance's mother arranged false documents for her so that she could escape. She came to the UK alone in 2002. She didn't know she could claim asylum and worked illegally. She was eventually arrested and the police informed her that she could claim asylum which she did. Her application was then refused and she was detained three times. She became destitute as she was not allowed to work but was also not eligible for any financial support from the Home Office. She often slept in a church.

Through her church she met and married a British man. She lived with him and was financially dependent on him but became involved in volunteering which helped to build her confidence and develop friendships. In 2014, Constance was granted Limited Leave to Remain but with no recourse to public funds. She was allowed to work and she also got a scholarship to study at university. Her husband had been abusive and controlling throughout their relationship but things got worse when she started working and studying. When he filed for divorce and forced her to leave the house, it was a very difficult and stressful time for her.

Mental Health

The impact of the asylum system on the health and wellbeing of people seeking sanctuary is explored in more depth in the City of Sanctuary Mental Health pack and via resources on our website.

City of Sanctuary Mental Health Resource Pack

<https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2017/12/CoS-Mental-Health-Resource-Pack-digital.pdf>

City of Sanctuary Health Stream website:

<https://health.cityofsanctuary.org/resources>





THE PREGNANCY JOURNEY

PREGNANCY

Maternal outcomes in the UK

The top five countries of nationality for asylum applications in the UK in 2021 were Iran, Eritrea, Albania, Iraq and Syria (UNHCR). Around 7000 Afghan refugees were also evacuated to the UK under the ARAP scheme in 2021. The ethnic groups most highly represented in these countries are Persian, Azerbaijani, Albanian, Arab, Kurdish, Tigrinya, Tigre, as well as the many ethnic groups found in Afghanistan. Some of these ethnic identities would be classified by many in the UK as 'BAME'. The term BAME is problematic as it is used to collectively describe a large group of different ethnic identities which are all individual from one another.

In the UK being Black, Asian or of another ethnic minority group is an additional risk factor for poor outcomes in pregnancy including maternal and neonatal death. Of the 217 women who died between 2016-18 from causes associated with their pregnancy, 5 were asylum-seekers or refugees. This equates to 2.3%. In the UK, asylum-seekers and refugees make up only 0.26% of the population (UNHCR 2020). Therefore it is clear that women seeking sanctuary are at a higher risk of maternal death than women who are UK citizens.



The following resources provide greater insight into the current efforts and campaigns to improve racial disparities in maternal outcomes in the UK:

Race Equality Task Force, Royal College of Obstetricians and Gynaecologists <https://www.rcog.org.uk/en/news/campaigns-and-opinions/race-equality-taskforce/>

Race Matters, Royal College of Midwives <https://www.rcm.org.uk/media/4128/race-matters-a-statement-by-the-rcm.pdf>

Five X More Campaign <https://www.fivexmore.com>

What are the barriers facing women seeking sanctuary in accessing maternity care?



• Fear of authority figures.

• Worry about NHS charging.

• Lack of information about entitlements to care.

• Concern it will affect her immigration status and that the Home Office will be informed.

• Lack of information about how to access care and which services are suitable.

• Avoidance of appointments due to fear around birth (in some cases related to previous trauma regarding sexual violence, pain of labour, physical torture or FGM).

• Women may not understand the concept of preventative healthcare.

• Worry about the baby being taken away.

• Concern about being alone with no female relatives to support them.

• Location of care provider may be an unsuitable distance without appropriate transport and women may not have the funding to pay for this transportation when living on less than £6/day.

• GP receptionists may demand paperwork for registration which the woman does not have.

• Poor attitudes from staff.

• Women may experience a sense of hostility from staff who do not understand their specific circumstances.

• Language barriers and lack of effective translation services.

What can NHS Trusts or Health Boards do?

Supervision and support for staff is important. Professionals working with people seeking sanctuary risk burnout due to the stress of complex issues and added complication of unfamiliar cultural issues.

Poor communication between staff and patients is a pervasive threat to patient safety. It impacts informed consent, clinical decisions and safeguarding issues. Trusts/Health Boards must ensure interpreters are used for all women who are unable to speak or understand English. Ensure staff are trained in how to effectively utilise translation services.

Allocate midwives additional time for appointments with women seeking sanctuary. This will allow for a much improved midwife-mother relationship, will reduce stress for the midwife and perceived resentment felt towards the mother for taking up additional time.

Ensure all staff are educated on entitlements to care.

Provide cultural competency training for all staff.

Ensure careful explanations of confidentiality are made to women, particularly regarding sharing information with the Home Office.

Take an active role in educating the local community about access to care and challenging negative attitudes.

All of these activities can add towards achieving the criteria for a Maternity Stream of Sanctuary Award. Consider applying for an award for your unit to help promote the message of inclusion and welcome within maternity services.

Provide training about sanctuary seeking, definitions of types of migrants and entitlements to care.

What can communities do?

Provide information regarding NHS care, GP registration, entitlements to care and facilitate conversations regarding pregnancy, birth and the care system within the NHS.

Local sanctuary groups could organise information sessions about entitlements to care, promoting healthy lifestyles and signpost women to mother and baby groups. Groups could consider making a resource pack with photographs of the outside of buildings, bus timetables etc to help families identify these services.

What can the health professional do?

Educate yourself about women's financial entitlements so you can ensure women are receiving all that they are entitled too.

Encourage your Trust or Health Board to apply for a Maternity Stream Award, consider taking the lead for this.

Feed back to your Trust, Health Board, or RCM representative if you feel unsupported and unable to provide an adequate service for women seeking sanctuary.

Educate yourself and others about sanctuary seekers.

Challenge and report a lack of interpretation services.

Challenge poor attitudes and behaviours.

Lobby your local MP to enact change.

"In Sudan, you would see a doctor for a first visit and then every month. There are no midwives or health visitors. The baby would be born at the hospital, although you have to travel far to get there, or at home. You can pay for a scan."

"I didn't know what a midwife was... back home we don't have a proper midwife like here."



Barriers to accessing good maternity care

How does a woman's experience of the asylum system change when she is pregnant?

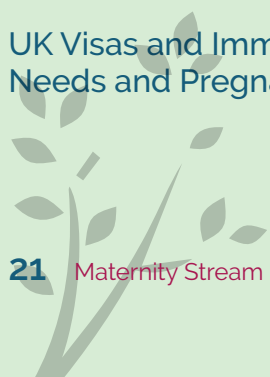
Dispersal

Although Home Office policy states that the stress and disruption caused by moving a woman during her pregnancy should be avoided or minimised, many women are moved late on in their pregnancy. This can move them away from maternity services that they have received care from and support networks they may have established. A sudden loss of contact with maternity care providers means women can seem to 'disappear' and be unsure of how to access care in the new area.

“Every effort should be made to protect the health of pregnant women, new mothers and their babies. Caseworkers who are responsible for dispersing pregnant applicants should seek to minimise stress to the woman during her pregnancy.”

The aim, wherever possible, will be to settle them into accommodation where they will be able to access services throughout their pregnancy and into new motherhood.”

UK Visas and Immigration Healthcare Needs and Pregnancy Dispersal Policy



Will accommodation be suitable for sanctuary seekers during pregnancy?

The short answer is - not always.

Initial accommodation

In 2020 the media highlighted significant issues in regard to asylum-seekers being housed in ex-military barracks in Kent. Being housed in dormitory style accommodation meant that COVID-19 recommendations regarding social distancing were almost impossible. Reports were made that there was only one shower for 100 people to use, no hot water or electricity. There were accounts of several suicide attempts and self harm from individuals housed in the barracks.

Pregnant women are more likely to be housed in hotels which can sometimes be used to accommodate people initially. Hotel accommodation is considered to be 'full board' so no additional financial support is given to those staying in hotels. Therefore, families have no access to money for public transport, phone credit, toiletries and sanitary products. Because hotels may be used in areas where there is not a well-established refugee support system there may be limited arrangements to support women with things like clothing.

Meals are at a set time and without choice. A lack of control over one's diet is suboptimal for women who are pregnant, breastfeeding or even overcome by first trimester nausea. The ability to alter one's diet due to pregnancy, particularly following advice regarding iron intake is important for a woman's autonomy and ability to control her own health.

In addition, where meals are at set times, women may face difficult decisions where they either attend an antenatal appointment or miss a scheduled meal. This may not just affect her, where she also has no access to childcare, she may be choosing between attending an appointment with children in-tow, or attending a scheduled meal time for her other children.

" I cry every day because I want to leave. This is not a suitable place to bring twins to"

(A woman pregnant with twins, staying in a hotel during lockdown).



Dispersal accommodation

This is longer-term, temporary accommodation managed by accommodation providers who are contracted by the Home Office.

This can include houses in multiple occupation where women have to share rooms. These houses are shared by single people, couples or single parents. These houses must have at least one bathroom and kitchen per 5 people. There are multiple reports of such accommodation being of very poor standard. This has a direct impact on physical health where damp conditions persist and vermin are a chronic problem. A single woman living in such accommodation may face many barriers to maintaining a good standard of health. Standards of cleanliness may be below par and houses often overcrowded.

Some women can be moved into such accommodation very late during their pregnancy, or even whilst they are still recovering in hospital. This can be in a new area where women lack a social support system and do not have appropriate furniture and equipment to care for a newborn.

During the pandemic, the helpline used for occupants to report faults with the accommodation was overwhelmed and 'non-urgent' repairs were paused.

As a result, housing continues to deteriorate. One example given is that a ceiling collapsed in an asylum house onto a toddler who as a result needed stitches to fix a wound in her head (Hale CEO of Refugee Action).



Independent article 'Pregnant and disabled people among hundreds of asylum seekers placed in hotels for months during lockdown' (July 2020)

<https://www.independent.co.uk/news/uk/home-news/asylum-seekers-uk-hotel-lockdown-pregnant-disabled-home-office-a9594426.html>

What can NHS Trusts/ Health Boards and health professionals do?

NHS Trusts/Health Boards could ensure appointments are provided in a local area to where the woman is living. If there is no suitable centre for care, Trusts/Health Boards should provide women with antenatal care at home.

Professionals can help by writing letters explaining to housing officials and the Home Office about unsuitability of dispersal and accommodation for specific women. Giving clear examples of how it is hampering the woman's health is beneficial.

Professionals should be aware of charities locally whom they can signpost women to for support.

Women should not be discharged postnatally until there is an assurance that they are going to suitable accommodation. If this requires a maternity support worker, health visitor or community midwife to assess the accommodation before hand then this should be facilitated.

Where possible, antenatal appointments should be taking into account women's scheduled mealtimes to ensure nutrition is not hampered by women attending for antenatal care.

Detention

The UK has the largest Immigration Detention Estate in Europe. UK policy results in asylum seekers facing detention at any time during the asylum process. There is no time limit on how long individuals can be detained. Many people are detained for months or even years. There are no safeguards in place to prevent the detention of vulnerable persons, including those who have faced imprisonment, torture and /or sexual violence in the countries from which they have fled.

There are a few immigration detention centres in the UK which house women. Yarl's Wood in Bedfordshire is the most established detention centre for women. Concerns have been raised about conditions there. An unannounced inspection of the detention centre by HM Chief Inspector of Prisons found that 45% of the women surveyed did not feel safe and levels of self harm were high. The impact of detention can be felt long after someone has been detained and may cause longer-term mental health issues and fear of being detained again may affect access to services.

A government commissioned review into detention in 2016 recommended that pregnant women should not be held in detention, citing the Royal College of Midwives assertion that "appropriate maternity care could not be given to women in detention".

Home Office guidance states that pregnant women can be detained under exceptional circumstances or where removal will take place shortly and for no more than 72 hours (this can be extended by a Minister). There is a duty to regard the welfare of the pregnant woman in determining whether to authorise detention.

Pregnant women in detention centres report a lack of good quality food to maintain a balanced diet, lack of continuity of care and lack of access to a midwife. Women also report not being believed by staff in detention centres when reporting concerning symptoms. Detention has been found to exacerbate mental health issues in pregnancy (Arshad et al 2018).

The government officially ended the detention of children in 2010 but has opened a 'Family Unit' at Tinsley House near Gatwick airport where families can be detained for 72 hours prior to deportation. Usually, families are detained for no more than one night at this centre.



City of Sanctuary resource page on Detention
<https://cityofsanctuary.org/by-theme/detention/>

"We are still here. The continued detention of women seeking asylum in Yarl's Wood"
<https://hubble-live-assets.s3.amazonaws.com/birth-companions/attachment/file/251/women-for-refugee-women-reports-we-are-still-here.pdf>

"I am human - Refugee women's experiences of detention in the UK"
<https://www.refugeewomen.co.uk/wp-content/uploads/2019/01/women-for-refugee-women-reports-i-am-human.pdf>

CASE STUDY

Agnesa was trafficked to the UK from Albania. After she escaped her traffickers, she collapsed and was taken to hospital by a member of the public, where she found out she was pregnant. After this, she claimed asylum and was detained.

In detention, she was asked to take off her clothes and was searched with a scanner. She said,

“When they sent me in detention, from the way they check you, it was horrible, like a prison, with no chance to go outside... I was crying, screaming, I didn't want to eat anything.”

At multiple points after she found out she was pregnant, Agnesa was asked if she wanted an abortion. She repeatedly said no and became stressed at this repeated question. She was eventually released from detention, applied for Home Office accommodation and support and later gave birth to a baby girl.

Deportation

The threat of deportation can cause a huge amount of stress. The Home Office can remove a woman who is pregnant up until 32 weeks, unless there is medical evidence that she is not able to fly.

The role of the partner:

Another factor which can cause distress is that fathers and partners can be removed, separating families. For some women there is no partner to provide a support system where pregnancy is the result of rape. Evidence shows that a father or male partner who is involved in the pregnancy reduces maternal stress and encourages positive maternal behaviours (Alio et al 2013). Evidence suggests that increased paternal involvement improves both mother and child health (Martin et al 2007).



Healthcare charges

Maternity care is classed as 'immediately necessary' and therefore, a woman who is chargeable under healthcare charging regulations will receive the treatment even if she has not paid for it in advance and will then be charged later.

Uncertainty and fear around whether maternity care will be charged for can cause a lot of stress before birth and may impact when a woman accesses healthcare. Healthcare debts are ad hoc and not regulated in the same way as credit card debts.

Please note, charging regulations are different in the different nations of the UK. Please see Maternity Action guidance on the next page.

"If I'd known about the charges, I would have tried to give birth at home alone"
(a woman interviewed by Maternity Action for the report 'What Price Safe Motherhood?')

"She had been avoiding health services, because of her worry about being charged. And that is the situation we don't want for women, we always put the care first. And that is difficult when people have money in their minds first."
(Community midwife quoted in Maternity Action report 'Duty of Care' The Impact on midwives of NHS charging for maternity care')

"I am not here to enforce immigration rules, I am not here to enforce people's entitlement, I have a duty of care as a midwife and I need to fulfil that duty of care. Part of my duty of care as a midwife is to gain the trust of people who are giving me medical history, who are entrusting me to guide them through the booking process which is the first step they are taking in pregnancy care. I need them to trust me and to trust the service."
(Midwife quoted in Maternity Action report 'Duty of Care? The Impact on midwives of NHS charging for maternity care')

CASE STUDY

Beatrice came to the UK on a student visa. Her parents paid for her accommodation. When she found out she was pregnant, her father stopped sending money and she had to leave her course and her rented room. Her partner denied his paternity of the child, changed his number and disappeared.

She lived with a woman in exchange for childcare but was thrown out when this woman discovered she was pregnant. She moved in with a second man who was violent and abusive but she was scared to leave him because she had nowhere else to go. She was afraid to approach any authorities because **"I was scared of being deported."** She told her story to some "church people" who eventually paid a deposit for a room and she managed to leave her violent partner, three weeks before her due date.

After the birth of her baby boy, she was sent two bills, one for £1300 and one for £5000. She received phone calls nearly every week for several months after the birth offering £100/month payments when she started working. As she had no financial support and was not allowed to work, she was not able to pay this and did not know where to go to get help. The bills and requests for payment caused a lot of stress and distress for her. She said:

"It's just me alone with my child... I almost went mad. I almost went crazy. It's my first child. I've got no experience. And so the guy's calling me, you have to pay, you have to do this... And I'm like, so you don't know what I'm going through! ... And I told him, stop calling me! There's no way I'm going to get the money. It's not just that I'm alone with a child. The Home office is on my back [Crying] I can't deal with it. It's just crazy actually. It's just really crazy... because I'm still trying to get over the nightmare that this is happening and I have to deal with it all alone..."

(Case study from Maternity Action report 'What Price Safe Motherhood?')

What can the health professional do?

Communicate with compassion. Ask the woman 'safe', open questions such as **'Tell me about yourself'**. Give the woman space to share her experiences with you when she is ready and explain about confidentiality.

Whether women have to pay for care is incredibly complex and depends upon nationality, immigration and residence status.

Be aware of the immigration consequences of NHS debt. Unpaid NHS charges of at least £500 can be used as a ground for refusing any future applications for leave to enter or remain in the UK. It does not affect current applications to leave to enter or remain in the UK.

Never refuse a woman access to maternity care. Determining access to care is the responsibility of the NHS Trusts Overseas Visitors team.

Consider the language used within the booking appointment.

What questions are asked about migration and citizenship?

Are they well constructed and sensitively worded or could they be improved?

Consider having a dedicated staff member within the maternity department who acts as a liaison between the Overseas Visitor Department and as advocates for women receiving maternity care.

Utilise Maternity Action as a resource and signpost women to it if required.

Discuss with Professional Midwifery Advocates how caring for women who are not exempt from NHS charges impacts upon you emotionally. Acknowledge how uncomfortable NHS charging can make you feel. There is a clear conflict between professional responsibility and charging regulations.

Maternity Action - NHS Maternity Care for Women from Abroad (in England) <https://maternityaction.org.uk/advice/nhs-maternity-care-for-women-from-abroad-in-england/>

Residence rules and entitlement to NHS maternity care in England. <https://maternityaction.org.uk/advice/residence-rules-and-entitlement-to-nhs-maternity-care-in-england/>

Duty of Care? The impact on midwives of NHS charging for maternity care. <https://www.maternityaction.org.uk/wp-content/uploads/DUTY-OF-CARE-with-cover-for-upload.pdf>

What is the impact of destitution on health?

Destitution could occur during pregnancy if a woman has exhausted her appeal rights and has no further claim. In this instance, her support would be terminated. Women in this situation can apply for Section 4 support on the basis of pregnancy if they are not entitled to any other form of financial support. The application can be made six weeks before her due date.

Destitution can also occur due to delays in processing applications and receiving support, or once someone is granted Leave to Remain - as only 28 days notice to leave Home Office accommodation is given. This is not enough time to set up mainstream benefits and apply for housing.

Where women are on very stringent budgets they may be physically unable to access care. If the appointment is a bus journey away, women may be unable to afford a ticket and hence choose not to attend in order to supply her family with other necessities such as soap or clothing. The consequences of destitution can therefore mean physical health and access to health services suffers. In addition, women can be unable to access food and rely upon the voluntary sector and friends for basic nutrition (Ellul et al 2020). Midwives may feel that there is a limit to how much they can help with destitution, which adds to stress of caring for this demographic.

In a report in 2020, Women for Refugee Women found that 87% of destitute women had to turn to charities for food and that the majority struggled to keep themselves physically clean. 65% couldn't obtain period pads or tampons.

In regards to mental health, 80% of women who were destitute felt lonely, and almost a third had tried to kill themselves whilst destitute.

Will I ever be safe? Asylum-seeking women made destitute in the UK <https://www.refugee-women.co.uk/wp-content/uploads/2020/02/WRW-Will-I-ever-be-safe-web.pdf>

“Margaret was not granted asylum support for several months during the course of her first pregnancy. At the time, Margaret was therefore destitute, surviving on free food from foodbanks and sleeping on other people's floors or on bug-infested beds. She attempted suicide, and is still suffering from poor mental health. She was brought to the attention of the British Red Cross' Mums Project who helped her out of destitution and to access asylum support. The support she receives is from the Home Office is far from ideal, but at least she has a safe place for herself and her children and enough food on the table.”

'A Healthy Start?: Experiences of pregnant refugee and asylum seeking women in Scotland' report from the British Red Cross (2016)'

Entitlements to support:

Women seeking asylum can claim asylum support and apply for a one-off £300 maternity payment 8 weeks before the baby's due date or until the baby is 6 weeks old. If a woman has been refused asylum, she can apply for a £250 one-off payment. Pregnant women can also claim an extra £3 a week on top of their asylum support and babies under 1 receive an extra £5 a week.

Women seeking asylum are not entitled to receive Healthy Start vouchers (Best Start Foods in Scotland). However, health care professionals can prescribe vitamin supplements.

In England, Wales and Northern Ireland, the Sure Start Maternity Grant is available if one is awarded a qualifying benefit. This includes Universal Credit, Child Tax Credit, Working Tax Credit, Pension Credit and income-related JSA-ESA or income support (these benefits are not available for people seeking asylum).

In Scotland, the Best Start Grant is available to young asylum seekers under 18.

Free Prescriptions:

People who receive asylum support will be issued with a HC2 certificate. This provides access to free NHS prescriptions, dental treatment, sight tests and helps with the cost of glasses and travelling to receive NHS treatment. Others who can apply for a HC2 certificate under the NHS Low Income scheme are: people whose asylum claim has been refused, anyone with Leave to Remain or who is subject to a 'No Recourse to Public Funds' condition and anyone without Leave to Remain.



What is the impact of destitution / poor accommodation on mental health in pregnancy?

Living in destitution can be incredibly stressful. In pregnancy, this is exacerbated even further. Important psychological processes such as 'nesting' and antenatal bonding with the baby will suffer, as women may feel increasingly helpless about their living situation.

The Refugee Council Guide on Maternity Care in the UK for women on asylum support
https://media.refugeecouncil.org.uk/wp-content/uploads/2021/10/29174133/Maternity-care-in-the-UK-for-women-on-asylum-support-read-version_July_2021.pdf

What can communities do?

Local City of Sanctuary groups can signpost to organisations that can support women in applying for additional funding, helping women with transport to and from appointments and services such as food banks and baby banks.

Set up peer support groups to help combat isolation and loneliness in pregnancy, either face-to-face or via WhatsApp. Use these as a platform to signpost for additional services such as mother and baby groups, and to allow for community sharing of resources: spare baby clothes, Moses baskets etc.

Helping with childcare so women can attend for antenatal appointments and providing food / toiletry parcels suitable for pregnant and breastfeeding women.



Maternity Action report "What Price Safe Motherhood?: Charging for NHS Maternity Care in England and its Impact on Migrant Women" <https://maternityaction.org.uk/wp-content/uploads/WhatPriceSafeMotherhoodFINAL.October.pdf>

British Red Cross report "A Healthy Start: Experiences of Pregnant Refugee and Asylum Seeking Women in Scotland" <https://www.redcross.org.uk/-/media/documents/about-us/research-publications/refugee-support/a-healthy-start-report.pdf>

City of Sanctuary resource pages on Destitution <https://cityofsanctuary.org/by-theme/destitution/>

Asylum Help helpline – a free helpline open 24 hours a day, 7 days a week for advice on the asylum process and asylum support - 0808 8010 503 (different languages available)

Project 17 guide to Section 17 support (for families who have no access to other benefits): https://www.project17.org.uk/media/71895/guide_to_section_17.pdf

Baby Basics national charity of baby banks in the UK. <https://baby-basics.org.uk>

Do women seeking sanctuary have additional physical health needs in pregnancy?



All women should receive individualised care, and the following additional health needs are not universal to all, and this is not an exclusive list.

Women seeking sanctuary may not have accessed general health services in some time. Vaccinations may have been missed, dental problems and certain communicable diseases such as TB, Hepatitis and Malaria may be more prevalent.

There is often a lot of stigma regarding HIV in countries that women have come from which may lead to fear of being tested (as is routine in pregnancy). Many fear that diagnosis with HIV means one will die and education for these women is important. Treatment for HIV can be complicated by poverty and poor diet as well as safe storage of medicines.

FGM: Female genital mutilation is a procedure where the female genitals are deliberately cut, injured or changed with no medical indication. FGM is illegal in the UK and causes no health benefits. FGM can cause obstructed childbirth, frequent urinary infections during pregnancy and significant psychological difficulties for women. FGM is mainly carried out in Western, Eastern and North-Eastern regions of Africa, in some countries in the Middle East and Asia.

NHS pages on FGM

<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

E-learning for Healthcare module on FGM

<https://www.e-lfh.org.uk/programmes/female-genital-mutilation/>

Directory of support groups for women who have experienced FGM across the UK.

<https://www.fgmnetwork.org.uk/services/fgm-support-services/>

Additional mental health needs in pregnancy

All women should have their mental health assessed throughout pregnancy and postnatally. Women seeking sanctuary may have experienced torture and sexual violence which may trigger PTSD in pregnancy.

Signs and symptoms of PTSD:

- Flashbacks
- Nightmares
- Physical sensations such as pain, sweating, nausea or trembling.
- Avoiding certain topics, people or places which remind you of the trauma.
- Some people try to become emotionally numb rather than cope with their feelings. This can lead to an individual becoming isolated and withdrawn.
- Some may also have difficult feelings such as being untrustworthy of anyone, feeling that nowhere is safe and feeling like nobody understands.
- Hyper-arousal: Some people may be very anxious and find it hard to relax. This can lead to: irritability, angry outbursts, sleeping problems and difficulty concentrating.

In pregnancy, women could be more forgetful about appointments and present as untrusting, angry or irritable. The midwife must assess each woman as an individual, and where concerned could refer the woman to a clinical psychologist or voluntary sector services with her consent.

Freedom from Torture pages on "Help for Survivors"

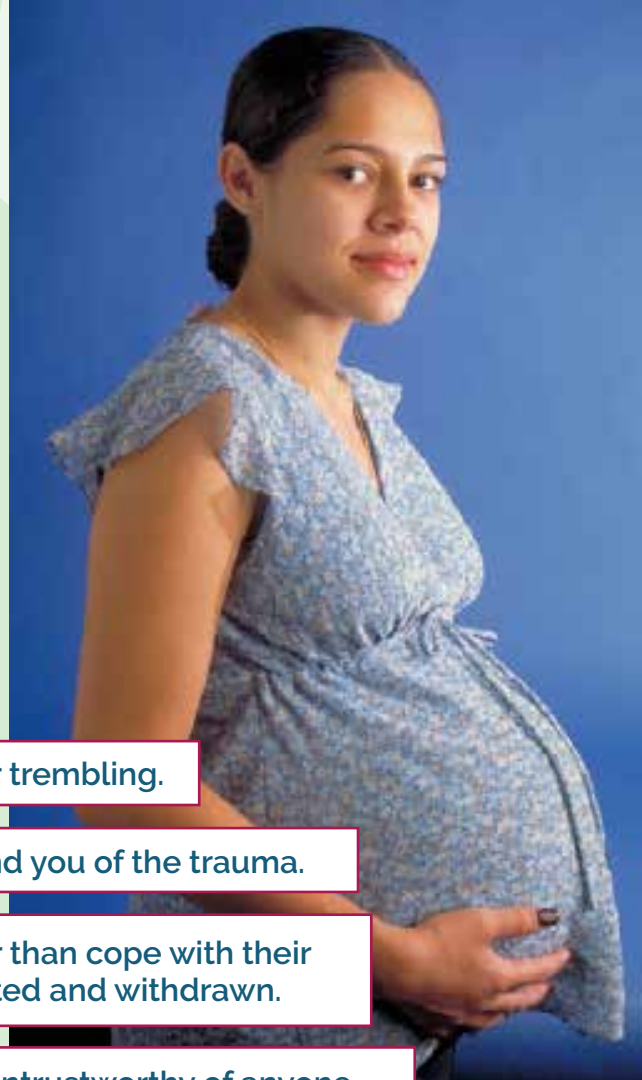
<https://www.freedomfromtorture.org/help-for-survivors>

Translations of mental health guides

<https://www.rcpsych.ac.uk/mental-health/translations>

City of Sanctuary mental health resource pack <https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2017/12/CoS-Mental-Health-Resource-Pack-digital.pdf>

World Health Organisation Mental Health Protection and Mental Health Care in Refugees and Migrants. https://www.euro.who.int/_data/assets/pdf_file/0004/386563/mental-health-eng.pdf

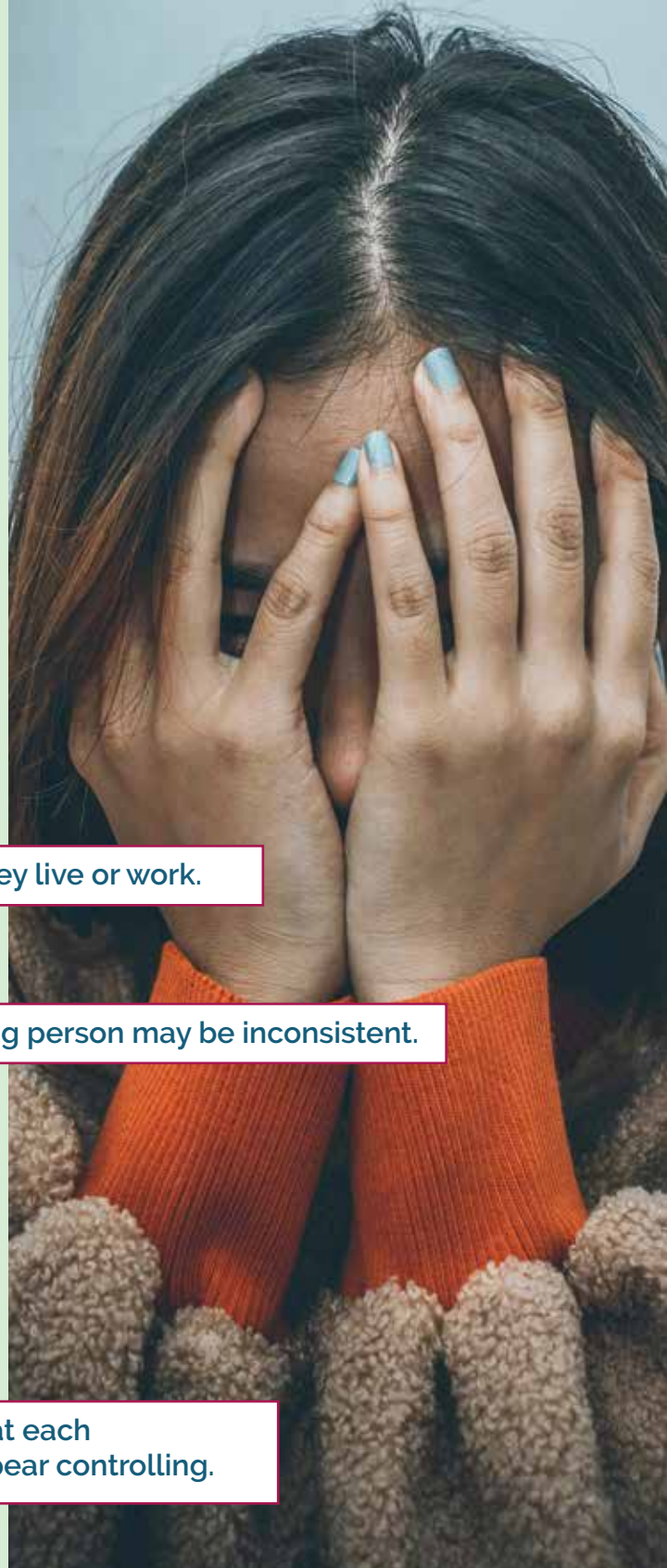


Trafficking

Human trafficking involves harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and being forced to work against their will. Professionals should adhere to safeguarding guidelines to report a concern if there is a suspicion that someone has been trafficked. This may be a suspicion in pregnancy, or where women present unbooked in labour.

Signs:

- Women may appear withdrawn.
- Women may give vague information of where they live or work.
- Have general signs of physical neglect.
- The story given by the woman and accompanying person may be inconsistent.
- Late booker - after 24 weeks gestation.
- Signs of PTSD.
- Poor nutrition.
- Evidence of untreated, long term injuries.
- Women may also present with different people at each appointment, the accompanying person may appear controlling.



Modern Slavery and Trafficking Guidance for nurses and midwives:

<https://www.rcn.org.uk/professional-development/publications/rcn-modern-slavery-and-trafficking-uk-pub-009300>

UN Human Trafficking Indicators:

https://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf



What can NHS Trusts/ Health Boards do?

NICE guidelines state the importance of antenatal screening. Information about antenatal screening should be made available in all languages so women can give informed consent. Midwives should be educated on the impact of offering HIV screening to women from countries where there is a high level of stigma. Staff should be supported to discuss screening in a non-judgmental way which provides fact based information.

In the UK all babies born at risk of TB infection are offered vaccination. This should extend to women seeking sanctuary.

Provide midwives with support and information so they know how to manage disclosures of torture or sexual violence. Provide robust compulsory training on these issues for staff so that they feel competent and confident addressing these issues with women.

Ask women if they have a preference for a female care provider and be able to facilitate female consultants, interpreters and midwives for women seeking sanctuary.

Women receive free dental care in pregnancy and midwives should encourage them to register with a dentist for a checkup during their pregnancy.

FGM:
As is routine, all women should be asked at their first appointment if there have been any changes made to their genitalia. It may be that this will not be disclosed until the midwife has built a rapport with the woman. The midwife should revisit the issue on subsequent visits. Women who disclose FGM should be referred for obstetric-led care and ideally to an FGM specific clinic. Women should be offered psychological support, and safeguarding teams should be informed if the baby is female.



THE PREGNANCY JOURNEY

LABOUR

Having a baby can be physically, emotionally and psychologically difficult for any woman. For women seeking sanctuary this can be even more challenging.

Mode of birth

Every pregnancy is different and women should be counselled on an individual basis about whether a vaginal birth or caesarean section birth is safer for them.

The individual should be given fully informed choice about mode of birth. This includes when decisions have to be made during labour.

Some women will want a Caesarean section due to concerns that labour will be psychologically triggering for them.

In the UK, unless there is medical contraindication, most women are advised to have a vaginal birth.

Caesarean section is not presented as an 'option' for all women, rather it is advised in particular medical circumstances.

Benefits of caesarean section: Reduces the chance of injury to the vagina and if performed before labour, means the woman will not feel the pain of labour.

Risks of caesarean section: risk of infection, damage to bladder and bowel and has a longer recovery time.

"I didn't think I would have to give birth naturally. In my country, you can choose to have a caesarean. I didn't think I could go through natural birth; there was no strength in me at all. I went back and forth between the midwife and the doctors and they said I couldn't have a caesarean. I felt tired and depressed. I was worried and lost sleep."



Considering a caesarean birth

<https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/considering-a-caesarean-birth-patient-information-leaflet/>

What can NHS Trusts / Health Boards do?

Ensure there are robust guidelines in place to guide health practitioners when women request a Caesarean section. This could include referral to a clinical psychologist as well as an obstetric consultant. Elective Caesarean section should be available as an informed choice, following the correct psychological and obstetric counselling pathways.



FGM

Ideally FGM should be identified and managed in the antenatal period. However, there are occasions where it is not disclosed and only becomes apparent when delivery of the baby is imminent.

Where FGM is made aware of antenatally, the woman will have been counselled regarding the process of birth and the potential need for deinfibulation (anterior episiotomy) which can be done under anaesthetic.

Deinfibulation can be performed in labour if necessary.

Women should be aware that deinfibulation can also be performed after caesarean section.

Reinfibulation after delivery (returning the genitalia to its original state prior to delivery) is illegal and will not be performed by a health care practitioner in the UK.

Female genital mutilation information
<https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/female-genital-mutilation-fgm/>

Birth Place

In the UK women can choose to give birth in an obstetric unit, a midwife-led unit or at home. Some women seeking sanctuary present late for care, and for these women an obstetric unit may be more suitable.

Birth centres differ from obstetric units as they are designed to optimise physiological birth. They often have birthing pools and beds are tucked away to encourage women to mobilise during their labour.

Birth centres may be culturally different to what women seeking sanctuary are expecting for their place of birth. Where one expects to give birth on a bed, with legs in stirrups the idea of a birth pool might be very unusual.

Women will labour most effectively and quicker in an environment where they feel safe. This causes hormonal responses such as release of oxytocin and endorphins to aid the progress of labour and inhibits stress related hormones such as cortisol and adrenaline which can slow labour down.

For some women seeking sanctuary, they may feel safer on the obstetric unit or midwife-led unit than at home due to accommodation difficulties. Cultural perceptions may also mean that the idea of birthing at home is associated with being too poor to birth at the hospital.



NHS information on deciding on birth place: <https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/where-to-give-birth-the-options/>

UNICEF Meeting baby for the first time video: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/meeting-baby-for-the-first-time-video/>

Birth Plans

It is common practice for a midwife to discuss the birth plan antenatally. This includes pain relief options, methods of delivering the placenta and infant feeding.

Where women have specific cultural requests, this a suitable time to mention them. For example, the Islamic practice of the father reciting the Adhaan to the baby as soon as they are born.

Some women may not want their partner there and that is fine.

Women may want to use particular herbal remedies, dance or stay active during labour. All of this can be discussed and written on a birth plan.



What can practitioners and NHS Trusts/Health Boards do?

- When triaging women in early labour over the phone, midwives should consider the woman's housing and support at home. It may be that some women seeking sanctuary need to come into the unit earlier, in order to feel that they are in a safe place for labour to establish.
- Ensure women think about how they will get to the hospital antenatally. Refer to community based charities which may be able to offer transport to the hospital.
- Where women's accommodation is private and the woman feels holistically 'safe' at home - there is no medical reason a sanctuary seeking woman cannot have a home birth. All requests for home birth should be risk assessed in the usual way according to local protocols.
- Offer women seeking sanctuary tours of the obstetric and midwife-led unit. Where Covid-19 restrictions remain in place, video tours could be used. Midwives should consider whether women have access to the internet when discussing online resources. Printed copies in the woman's first language should be available, and the midwife can book longer appointments to show women videos if required.
- Midwives could refer women to local library services to access the internet, particularly in areas where libraries have got sanctuary awards.

Birth support

In the UK women can usually have up to two birth partners in an obstetric-unit setting. At home or in a midwife-led settings this is usually more flexible. At the time of writing, Covid-19 restrictions may be in place regarding numbers of birth partners.

Birth partners should under no circumstances be used as translators. This is a breach of confidentiality and translation may not be accurate.

For some women they will miss having female relatives and large groups of women with them during labour. Midwives should be aware of this, and discuss openly what support during birth could look like.

Some women choose to have a doula. A doula is a supportive presence who is on call for the woman to support her during her labour. Doulas do not have medical training, and provide more emotional and holistic support.

In the UK, it is common for partners to be present at the birth but this may not be the case in the country the woman has come from. A woman may also want her partner to stay at home to look after any other children.

Good practice: Sheffield Volunteer Doula Service

The Sheffield Volunteer Doula Service is designed to support vulnerable women from the last trimester of pregnancy through to the first six weeks post-partum to improve pregnancy and birth outcomes. The project recruits and trains local women to work alongside midwifery and health services in Sheffield to support women from disadvantaged and isolated backgrounds.

The role of the doula at Sheffield Volunteer Doula Service

- provides practical and emotional support
- accompanies the referred woman to antenatal classes and clinics and hospital appointments if she wishes
- discusses her birth plan with her and any practicalities around transport to the hospital and care for other children
- helps her find information about pregnancy, birth and breastfeeding
- signposts to other agencies if advice is needed
- is on call from week 38 to be with the woman at the birth and support her with the labour
- will visit weekly for six weeks after the baby is born to offer emotional support and other support around breastfeeding, local groups, registering the birth and signposting to other agencies if advice is needed

Trauma-informed care: Protecting mental health during labour

• Women with previous history of abuse may find that the sensation of labour triggers flashbacks. Sexual abuse and torture may not have been disclosed to a healthcare professional because disclosure itself can be very hard. Professionals should be mindful of this when caring for all women.

• The feeling of losing control and phrases such as “just relax” may be triggering, as well as any touch without consent.

• The operating theatre may resemble a torture chamber and people wearing white coats or scrubs may resemble torturers. Women should have access to video tours which include the operating theatre to manage expectations, but also compassionate and trauma-informed care to minimise risks of triggering a PTSD response.

• Women with a history of trauma benefit greatly from continuity of carer, this should be facilitated where possible.

• Vaginal examinations may be incredibly difficult for women seeking sanctuary, particularly if they have experienced sexual violence in the past.



**“I would rather die than
have a vaginal examination”**

(a woman quoted at the Trauma in
Childbearing conference in Edinburgh,
May 2019)

A good practice guide to support implementation of trauma-informed care
<https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf>

What can practitioners and NHS organisations do?

Gain informed consent for ALL procedures, including simple care acts such as taking a woman's pulse.

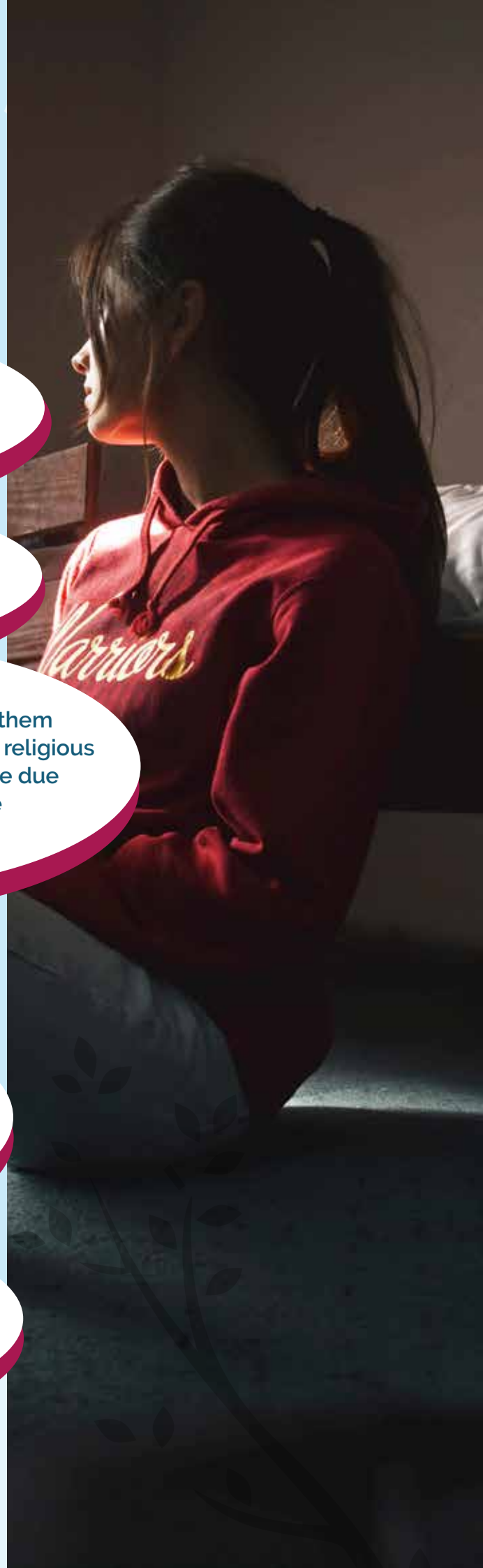
Ensure women know that they can decline any procedure, including vaginal examinations.

Ask women if they have a preference for a woman to care for them rather than a man. This could be due to religious or cultural reasons, but could also be due to a history of abuse. Facilitate women's preferences.

Develop birth reflection services to be effective through use of professional interpreters.

Ensure staff have regular trauma-informed care training and are aware of the triggering and psychologically traumatic influence they can have on women in this vulnerable state.

Ensure supervision and support for staff to debrief their experiences of providing labour care for these women.



Womens' hopes for birth

City of Sanctuary held a focus group in Leeds for migrant women involved with the Y&H Maternity Stream group and asked them about what their hopes for birth were or had been and what they would want to say to midwives.

These are their responses:

"My child is mine and no one can take him / her away from me."

"Hope for being looked after in good hands and by someone who gives excitement at the birth, even though they see it everyday."

"Midwife to give the energy to find the confidence yourself."

"To be with you, and hold your hand."

Hope you are not alone and have either a doula or midwife.

Hope for a healthy mum and baby.

Not to feel sick during the birth

Hoping for family support during and after

Having a doula

Hoping to have more help

Hoping the staff would do what you are asking for

Hoping to have a safe delivery

For people to tell you the good and bad

Healthy baby and healthy pregnancy

Someone to look after the first child / family to come when you have second child

Scared about pain

I got my knowledge of birth from my mother – I expected a few hours but it lasted 3 days!

What do you want to say to midwives?

“Listen to me”

“Respect me”

“Be kind, loving and caring – smile”

“Use encouraging language”

“Be supportive”

“Support me to have the birth I want”

“Help me know my choices”

“Explain your role”

“Know about the benefits for asylum seekers”

“Respect my culture and my understanding of birth”

“Encourage women to go to groups”

“Link to support groups”

“Think about problem of other kids during labour”

“Talk to dads about what will happen”

“Be good at listening”

“Be kind!”



What can partners do?

- It may be very difficult for partners to take the role of supporter if they come from a country where childbirth is 'womens' business'.
- Discuss the birth with your partner- does she want you there? Do you want to be there?
- Think about how you might support your partner in labour. General care such as encouraging her to drink, rubbing her back and supporting her through contractions may be helpful, but ask her - what does she expect of you?
- Think about whether you would like to cut the umbilical cord as this may be offered.
- Consider whether you would like to have your baby skin-to-skin to help bonding. Read up on skin-to-skin, nappy changes and feeding.
- Help your partner pack her bag so that you know where things are and can grab things quickly when needed.
- Reflect on what challenges might arise for you, watching your partner in labour. It may be that this experience is triggering if you have witnessed torture.
- Reflect on what support you need as a birth partner. Ensure you have plenty of snacks for yourself as well as for your partner.

What can communities do?

- Local groups can help out with practicalities such as offering to be on call for families to drive them to and from the hospital.
- Local support groups could be set up to provide peer support.
- Provide help with packing hospital bags and encouraging social networking groups.
- Support local doula organisations, NCT groups and hospitals to apply for a Sanctuary Award.

NCT Top Ten Tips for birth partners:

<https://www.nct.org.uk/labour-birth/dads-and-partners/ten-tips-for-birth-partners>

The benefits of peer support:

Muna and Samiya's Story

Muna comes from Sudan and volunteered with the Refugee Council Health Befriending project in Leeds. She has three children. She met another Sudanese woman Samiya who lived close to her. Samiya had arrived in the UK when she was 8 months pregnant. They became friends.

The day before Samiya's baby was born, she visited Muna and told her she was having pains. She went to the hospital but they said everything was ok and she came home. Samiya had pains all night and for part of the next day but was reluctant to go back to the hospital in case they sent her home again. Muna managed to persuade her to go back to the hospital. When Samiya got there, the staff said that she needed to have a caesarean. Muna said, **"she was scared and she refused to listen to the doctor."** Samiya told the hospital staff that she wanted a normal delivery and not a caesarean.

Samiya's husband rang Muna very upset as the staff warned him that both Samiya and the baby were at risk if the caesarean did not go ahead. Muna had never attended a birth with another woman before but she said to herself, **"I will try my best... I'm going to go and see what I can do"** and she ran to the hospital.

When she got there, she asked Samiya why she didn't want to have a caesarean. Samiya said that, **"everyone back home says that if you have a caesarean then you will die. I don't want to die."** Muna said to her, **"I will go with you."** Later, Muna said, **"I made myself strong. Inside I was very scared but in my face, no, I look stronger."** Muna told Samiya about what would happen and that she would be able to speak to her while the caesarean was happening. She said, **"nothing is going to happen to you"** and **"listen to the doctors, they can help you and help your baby."**

Samiya agreed to have the caesarean and Muna went with her into the operating theatre and was with her during the caesarean. She said, **"when the baby came out, I just cried."** Samiya gave birth to a baby boy and Muna said, **"now every time I see her, she says that I saved her life."**





THE PREGNANCY JOURNEY

POSTNATAL

Infant Feeding

All women who choose to breastfeed should be given support with establishing feeding by the midwife and health visitor. This should include providing translated information.

Women should be supported to make an informed decision about how they feed their baby. On the whole, breastfeeding is the best option for women and babies' health. However, not all women will be able to breastfeed, or will choose to breastfeed. Women will be supported and respected however they decide to feed their baby.

"In Zimbabwe, there are no support groups or anything but you would get support from family and learn breast feeding from family too. Breastfeeding is expected and there is stigma if you don't breastfeed because people think you are HIV+."

Some women choose to give formula milk and they are supported with this decision. Some women may not have adequate equipment for formula feeding and sterilising equipment.

UNICEF Breastfeeding leaflet: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/off-to-the-best-start/>

UNICEF breastfeeding and relationships video: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/breastfeeding-relationships-early-days-video/>

UNICEF infant feeding information in other languages: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/foreign-language-resources/>

UNICEF formula feeding leaflet: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/guide-to-bottle-feeding/>

Safe sleeping for baby

In the UK it is recommended that baby sleeps in the same room as her/his mother for the first six months, but not in the same bed. Co-sleeping is more common in different cultures.

Co-sleeping is associated with an increased risk of sudden infant death. However, if women choose to co-sleep they can make adjustments to make it as safe as possible.

UNICEF caring for your baby at night leaflet: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf>

Lullaby Trust Safe Sleeping leaflet: <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>

Staying in the hospital

Sometimes there are medical reasons why women may need to stay in the hospital for a few nights after giving birth.

This is not always the case and if everything is straight forward sometimes women can be discharged home as soon as 6 hours postnatally.

Women seeking sanctuary may need help translating the food menu whilst staying in hospital.

Women seeking sanctuary may be culturally accustomed to co-sleeping with their baby which is against hospital policy.

Where women are accustomed to being looked after for 40 days by female family members, they may not fully understand what is expected of them in hospital. Women may be unaware what their role is: caring for baby / resting in bed.



Whilst staying in the hospital, women may be in shared hospital bays with other people's partners and family members also staying in quite close proximity. Although privacy curtains are always provided, awareness should be given to the cultural significance of unknown men being close by to women who are breastfeeding. Women following the Muslim faith may be particularly concerned by this. Women who have had caesarean sections are unable to get up and close curtains for themselves.

What can the health professional do?

Support all women to have access to menus in different languages or help translating a menu if necessary.

Ask women when leaving their bed space whether they would like the curtains closed for privacy, do not just leave them open.

Educate women on why co-sleeping is against hospital policy and associated with increased risks. If she continues to choose co-sleeping, advise her on how to maximise safety when co-sleeping with her baby, and document in the hospital notes that she has made an informed choice.

Discuss with women what their expectations are of the postnatal period and role in caring for baby. Do not assume women are 'demanding' or 'lazy' for staying in bed and asking for assistance with simple baby cares.

Engage with the local community. Engage with existing support networks such as City of Sanctuary groups and NCT charitable groups to build connections so that women can be referred for additional support on discharge from the hospital.

"The nurse came to me and asked me if I wanted to have a shower. I said to her I want to have a shower but I don't have any clothes with me. An English woman in front of me heard this and when she left the hospital, she bought me trousers, t shirt, toothbrush, comb, everything that a woman needs to be in hospital. She gave them to the nurse who had been checking me and she gave them to me and she said **"this is a present from a woman who was here"** but she never gave me her name or her contact information for me to say thank you. I was really happy because before, I was wishing to die; I was in a strange country, alone, abandoned by everyone and because of this kind little thing, I was feeling better."

How can the partner help?

Take an active interest in infant feeding. Read the same leaflets as your partner and accompany her to feeding classes.

Help with changing the baby.

Help out around the house with general chores.

Encourage your partner to rest and sleep as much as she can.

Accept offers of help from others around you.

Being a new dad <https://www.nct.org.uk/life-parent/bonding-and-caring-for-your-baby/being-new-dad-early-days>

What can the local community do?

Local sanctuary networks can help by encouraging befrienders to take families food, snacks and toiletries in the first few weeks.

Befrienders could also offer to provide childcare for other children in the family or to drive the family to appointments.

Educate local mother and baby groups about how to better welcome and support women. For example, raising awareness about women's lack of disposable income meaning they may be unable to contribute financially for refreshments.

Support families to access equipment such as sterilisers, cots and prams through baby banks.

Signpost families to local mother and baby groups, set up peer support social networks for families to interact with other new parents.



Mental Health:

Postnatally, it is very common for women to experience changes in mood. 3-5 days after the baby is born there is a significant hormonal shift associated with the production of breastmilk. It is at this point that lots of women report **'baby blues'**.

Sometimes **'baby blues'** lasts longer than a few days and can develop into significant **postnatal depression**.

Stigma still exists around mental health, and the more peer groups and health professionals talk about these changes the better.

Women who have experienced trauma or mental health difficulties in the past have an increased chance of experiencing postnatal depression, anxiety and puerperal psychosis.

The midwife and health visitor will ask about mood changes. It is important that women feel comfortable to report changes in mental health.

Due to cultural reasons, some women may have a heightened sense of stigma around mental health conditions. Some women may not even have the language to discuss poor mental health and to articulate how they are feeling.

What can the health professional do?

Continue to ask women at all points of contact about their mental health. Check in with your own personal bias against certain groups. Some people assume that women seeking sanctuary are strong due to traumatic life experiences and can handle anything. Conversely, others may victimise women seeking sanctuary by assuming they are highly vulnerable. Be sure to individualise care and be mindful of how stereotypes might influence the care you give.

Risk assess women as individuals and where women have experienced significant trauma or mental health difficulty in the past, consider visiting the family more often and ensure continuity of care so a trusting relationship can be formed.

Utilise interpreting services appropriately at every contact.

Male circumcision:

In Islamic and Jewish religions some choose for baby boys to be circumcised soon after birth.

In the UK, circumcision not for medical reasons is not routinely offered.

If parents wish for their son to be circumcised for religious reasons they should be advised to discuss it with their GP who may be able to refer them for a private consultation. Some NHS organisations will perform this service due to the risks associated with some private and unregulated practitioners.

Postnatal confinement

In some cultures women and babies undertake a period of confinement for 4-6 weeks after the birth.

The details of confinement vary greatly. For some women they do not leave the house at all, do not bathe, eat particular foods and have continuous bed rest. The aim is for the mother and baby to focus on healing and recovery postnatally.

Midwives should be aware of the cultural significance of confinement but also give advice regarding reducing the risk of wound infection (in regards to personal hygiene) and risk of blood clots (from staying in the same position for a prolonged period of time).

SANCTUARY AWARDS IN MATERNITY

What are the awards?

Sanctuary awards are provided by a network of local groups and City of Sanctuary UK to organisations that offer a positive culture of welcome and hospitality to all and to celebrate mainstream organisations' commitment to our values and vision. It is an opportunity to celebrate and share good practice, as well as reflect upon how practice can be improved.

There are already multiple examples of outstanding maternity care for sanctuary seekers in the UK. The Maternity Stream awards are an opportunity for units/ organisations to reflect on their provision of care for this demographic and to further develop services to encourage a culture of welcome.

Currently, maternity organisations are focused on improving care outcomes for BAME women and developing a trauma-informed care ethos. This award provides a timely opportunity to develop both aspects of care, as well as to celebrate and share an organisation's effort to improve service provision.

The UK maternity system is moving towards a model of Continuity of Carer. As part of this, some Trusts/Health Boards may have specific 'teams' for caring for women with additional social needs such as women seeking sanctuary. These individual teams are welcome to apply for an award independently from the broader maternity department.

Why apply for an award?

Award accreditation is an excellent way to demonstrate that your organisation, group or service is committed to the values of inclusion and welcome. More broadly, award accreditation is an example of a service which is consistently developing and improving to meet the needs of vulnerable populations.

The awarded certificate is a wonderful way to demonstrate this and we encourage organisations to share their achievement and service development via social media.



The philosophy of the award:

To receive an award, organisations must show how they have met the three criteria of:

'Learn', 'Embed' and 'Share'.

Learn:

Promote understanding of asylum and refugee issues, especially by enabling the voices of people seeking sanctuary to be heard directly.

Embed:

Take positive action to make welcome and inclusion part of the values of your organisation / department / service. Support people seeking sanctuary and include them in your activities: MVPs, mother and baby groups, NCT classes etc.

Share:

Let others know about the positive contribution refugees and sanctuary seekers make to our society and the benefits of a welcoming culture for everyone by sharing your successes with local media. Celebrate and promote your organisations achievements across the Maternity Stream network and display your support for inclusivity on your website / service user social media platforms.

Applying for an award:

Before applying for an award, [sign an organisation pledge of support](#), committing your organisation to acknowledge and support the CoS Charter and organisational values.

Connect with the Maternity Stream of Sanctuary via maternity@cityofsanctuary.org and we'll put you in touch with your local City of Sanctuary group and can help with resources and support. You may also want to [sign up for the Maternity Stream newsletter](#).

An application form can be [downloaded from the City of Sanctuary website](#) and submitted by email or via the online submission page. You may wish to create a portfolio to evidence your progress as you work towards the award which can be submitted as part of the application.

Once the form is submitted, there will be an acknowledgment that it has been received and there will be a discussion about arrangements for assessment.

The assessment panel should ideally consist of at least one person seeking sanctuary, one person from the local City of Sanctuary group and one person with expertise in the field. The assessment panel may approve the application or provide recommendations for improvement.

A framed award certificate may be provided on request.

Maternity Award Criteria:

The criteria for the award is flexible and under development. The development of the Maternity Stream Award is an ongoing process and although we have already welcomed input from professionals within the field, we encourage feedback from those working through the criteria in application for an award.

The criteria on the following pages outline the three main elements: Learn, Embed, Share and suggests activities which could be used to prove that an organisation is meeting the criteria. Organisations do not have to complete all the suggested ideas and are welcome to creatively find other ways to demonstrate that the criteria have been met.

General Criteria:

Make a public commitment to the City of Sanctuary vision through endorsing the charter, becoming a supporting organisation and signing the local group pledge where relevant.

A dedicated member of staff should be assigned the contact point for sanctuary queries/people seeking sanctuary. This should be clearly communicated, easily accessible and the individual must be appropriately trained. This could be existing safeguarding midwives, therapeutic midwives, cultural liaison midwives or a member of staff with particular interest.

www.cityofsanctuary.org



Learn:

Principle:

Promote understanding of asylum and refugee issues, especially by enabling the voices of people seeking sanctuary to be heard directly.

Minimum criteria:

Demonstrate a whole organisation approach to staff awareness including involving people seeking sanctuary in training and wider awareness raising.

Ideas:

An e-learning package as part of Mandatory Training - see Royal College of Midwives resources.

Embed a refugee information session into mandatory training, consider inviting a speaker to come and deliver a talk.

Maternity Departments could consider developing a guideline specifically for working with people seeking sanctuary.

Provide leaflets, posters and written material for staff to review at their leisure in the staff room / break areas.

An information package could be provided for all new staff members, students or trainees starting at an organisation.

Maternity Departments could ensure the Safeguarding / Vulnerable women guidelines have a specific, up to date section on working with people seeking sanctuary.

Organise regular collections for items needed by a local refugee organisation.

Organisations could connect with local refugee support organisations to understand the needs and characteristics of the client base better.

Develop resources staff can access on rights and entitlement to healthcare and sanctuary issues.

Could staff develop and facilitate training sessions within the community and local refugee organisations on issues such as "How do maternity services work in the UK?" or "How to prepare for labour in the UK?"



CASE STUDY

Improving Me organised a study day in Liverpool entitled 'Migrant Mothers: "Improving Their Care"' which included speakers on immigration law, healthcare charging regulations, improving midwifery care, 'honour' based violence, FGM and trafficking. Women with lived experience shared their experiences and perspectives throughout the day and the Refugee Council provided an exhibition which was on display over lunch. The day was attended by health professionals from throughout the region and beyond

For links to definitions and statistics

<https://cityofsanctuary.org/resources/facts-and-figures/>

Other resources related to raising awareness

<https://cityofsanctuary.org/resources-for-groups/awareness-raising/>

About the asylum process <https://righttoremain.org.uk/toolkit>

Have a look at the publications listed on the Maternity Stream Research Network website <https://maternityresearch.cityofsanctuary.org/publications> and ensure the right people in your organisation have read the articles that are appropriate to their roles.

Maternity Action Report: When Maternity Doesn't Matter

https://www.nhivna.org/file/vfMoKzXtauHZS/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf

Asylum seekers: Maternity rights and benefits

<https://maternityaction.org.uk/advice/asylum-seekers-maternity-rights-and-benefits/>

Further resources for vulnerable womens' health in pregnancy:

<http://whiteribbonalliance.org.uk>



Embed:**Principle:**

People seeking sanctuary should be engaged in decision making processes at all levels and in all activities

Principle:

Create opportunities for relationships of friendship and solidarity between local people and those seeking sanctuary

Principle:

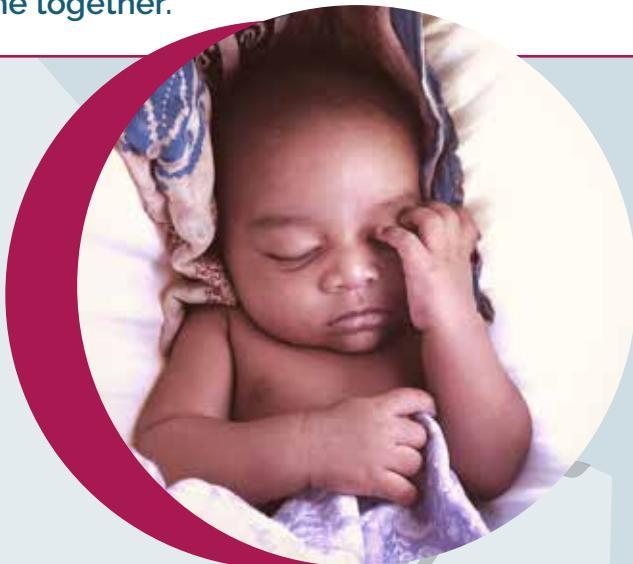
Identify opportunities for practical action and working on common cause issues to effect change within and across communities

Minimum criteria:

Wherever possible ensure that people seeking sanctuary are involved in the development of your plans and on relevant committees and that the needs of people seeking sanctuary are recognised and included within service development plans.

Minimum criteria:

Demonstrate active engagement with refugee support networks and others in the local community, create opportunities for people to come together.



In Leeds, the NCT and Bankside Children's Centre have been running a weekly antenatal and post-natal drop-in support group. It is mainly attended by women seeking sanctuary. The groups provide a safe and supportive environment where women can share their hopes, expectations and fears about pregnancy and birth and support each other. They can also raise issues related to housing, financial support and other practical issues and receive one-to-one support or signposting.

“I have made a lot of friends... I found family here because I am alone here. Now I don't feel alone.”

“I feel more confident. I have made friends and I have learnt so much in both groups that I can now help people in my community.”

An evaluation report about this group can be found here: <https://maternityresearch.cityofsanctuary.org/publications>

More information about running specific antenatal education for women seeking sanctuary: https://www.cityofsanctuary.org/files/asylum_seekers_guide.pdf

Ideas:

Invite people seeking sanctuary to the MVP (Maternity Voices Partnership) or other service user groups, providing interpreters where appropriate.

Ask for feedback specifically from women seeking sanctuary about their needs and experiences.

Build formal partnerships with local community groups and refer women to these groups in order to build peer support networks.

Create a welcoming environment with materials in different languages on display.

Having wall displays which celebrate the diversity of your client group.

Be aware of the impact letters of support can have: a letter of support from a midwife can ensure a pregnant woman is not dispersed away from the area where she has been receiving antenatal care. **Allow midwives adequate time to write letters of support.**

Receptionist staff should offer a friendly welcome and have training on what to do if someone does not speak English. GP receptionists should be aware that anyone can be registered with the GP even if they do not have documentation showing their ID or address.

Guidelines and resources should be kept up to date through regular communication with specialist groups such as by joining the Migrant Women's Rights mailing list.

Providing interpreters where appropriate - a basic need which must be addressed by the Trust/Health Board in order to achieve award status.

Depending on local demographics, consider setting up an advisory group of experts by experience (including people seeking sanctuary) to inform, advise and consult on individual initiatives, guidelines and long-term planning. This could be in the form of a specific MVP group, or a group of local parents, midwives or health visitors with specialist interests, people who work in child care or infant feeding support. This could run as often as can be facilitated, monthly or even every six months but enough to show commitment to ongoing projects and service development.

Information about registering with a GP

<https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf>

Embed:

Minimum criteria:

Where appropriate support relevant campaigns and work to minimise barriers to people seeking sanctuary accessing your services.

Ideas:

Be on mailing lists such as Maternity Action / Doctors of the World to respond to calls for action, petitions etc. Share these campaigns with your team to raise awareness.

Community outreach programmes.

Offering open days to refugee community groups.

Monitor to what extent your staff and volunteers, including managers, reflect the diversity of the community.

Consider offering your spaces for meetings or conversation classes when not being used.

Include sanctuary initiatives in the long term or strategic plans.

Promote and celebrate the contributions of people seeking sanctuary within your localities and spheres of influence.

Support people seeking sanctuary who may have an active interest in maternity services to understand the sector better: facilitating work experience, or open days to help further their career plans.

Share:

How can we inspire, engage or further awareness and celebration around sanctuary in maternity services?

Principle:

Celebrate and promote the welcome and contribution of people seeking sanctuary.

Principle:

Recognise and encourage partnership working and network development across localities.

Minimum criteria:

Use your website, social media or other channels to celebrate sanctuary initiatives and commitment to a culture of welcome.

Minimum criteria:

Demonstrate a commitment to sharing learning with other similar organisations in your area and around the UK.



Ideas:

Share good practice via the City of Sanctuary UK network, attend conferences, regional summits or contribute case studies to the website.

Utilise maternity service user social media groups to celebrate sanctuary initiatives and make explicit the organisational commitment to a culture of welcome.

Support other organisations interested in developing this area of work by sharing your experiences and encouraging others to take positive actions. This could be via social media, email threads and national meetings.

Create a display outlining your work in waiting areas, your certificate can be added when you receive your award!

Attend your local university or college as a guest speaker for midwifery students to inform them about Maternity Stream of Sanctuary.

Commit to ongoing review of the award criteria. Delegate an individual staff member responsibility for ensuring criteria continues to be met.

If you are in the North of England you can join the Northern Maternity Stream Research Network.

Check health.cityofsanctuary.org/resources and maternity.cityofsanctuary.org/resources

The City of Sanctuary pages on Awareness Raising include a section on 'Supporting a sanctuary seeker to take part in a talk' <https://cityofsanctuary.org/resources-for-groups/awareness-raising/>

IMIX also has a section of resources on sharing stories <https://imix.org.uk/resources/>



RESOURCES

People Seeking Sanctuary

Facts and figures <https://cityofsanctuary.org/resources/facts-and-figures/>

Fact files and statistics from Refugee Council

<https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/>

The asylum process <https://righttoremain.org.uk/toolkit/>

Maternity Services

MBRACCE reports <https://www.npeu.ox.ac.uk/mbrace-uk/>

reports including 'Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015–17' (published Dec 2019) – this report provides statistics and information relating to inequalities in maternal mortality.

Maternity Action reports including 'What Price Safe Motherhood?: Charging for NHS Maternity Care in England and its Impact on Migrant Women' (2018), 'Duty of Care?: The impact on midwives of NHS charging for maternity care' (2019) and 'A Vicious Circle: The relationship between NHS charges for maternity care, destitution, and Violence Against Women and Girls' (2019)

<https://maternityaction.org.uk/what-we-do/our-research/>

Birthrights and Birth Companions joint report 'Holding it all together: Understanding how far the human rights of women facing disadvantage are respected during pregnancy, birth and postnatal care' 2019) <https://www.birthrights.org.uk/2019/06/18/holding-it-all-together-human-rights-and-disadvantage>

Where to get advice

Migrant Help online information pages and numbers for Asylum Help helpline

<https://www.migranthelpuk.org/advice-and-guidance>

Maternity Action Advice Services <https://maternityaction.org.uk/get-free-advice/>

Birthrights Fact Sheets <https://www.birthrights.org.uk/factsheets/> and request advice form <https://www.birthrights.org.uk/advice-factsheets/request-advice/>

Doctors of the World <https://www.doctorsoftheworld.org.uk/contact-us/>

Sanctuary Awards and Best Practice

Sanctuary Awards <https://cityofsanctuary.org/awards/>

Doctors of the World Safe Surgeries Initiative <https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/>

Campaigns

MedAct Patients Not Passports briefing paper

<https://www.medact.org/2019/resources/briefings/patients-not-passports/>

Other useful resources

Publications listed on the Maternity Stream Research Network website

<https://maternityresearch.cityofsanctuary.org/publications>

NHS Lancashire Care Trust resource

'Working with people seeking asylum and refuge' <https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2019/12/Working-with-people-seeking-asylum-refuge.pdf>

NHS Midlands and Lancashire Commissioning Support Unit resource 'Guidance for considering the needs of asylum seekers and refugees in commissioning health services'

https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

eLearning for Health Cultural Competency Programme

<https://www.e-lfh.org.uk/programmes/cultural-competence/>

RCM iLearn package

<https://www.ilearn.rcm.org.uk/mod/glossary/showentry.php?eid=664>



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More information about
the Maternity Stream
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