Royal College of Midwives

Position statement

caring

for migrant women

The Royal College of Midwives position

Migrant women are at higher risk of experiencing poor outcomes for themselves and their babies. Midwives have a duty of care to all women, regardless of their immigration status.

Recommendations

- The RCM advises that workforce and service planning should take into account the particular needs of migrant women for compassionate support, effective communication and continuity of care, which are essential to reduce inequality of outcome.
- Pregnant women must not be relocated during a protected time. The 'protected time' is currently set at 34 weeks pregnant by the Home Office and extends until mother and baby are deemed fit by a healthcare professional. The Home Office should audit and evaluate the implementation of this policy.
- The RCM would like to see this protected time extended to start at 20 weeks gestation, and for women to be settled into suitable accommodation as early as possible in pregnancy, to allow for care continuity and minimise disruption during this critical time.
- Charging regulations are negatively impacting on the health and wellbeing of vulnerable migrant women and their babies. They should be revoked with immediate effect.

Background and context

There is a four-fold difference in maternal mortality rates among women from Black backgrounds and an almost two-fold difference amongst women from Asian backgrounds compared to white women. Addressing this disparity is a major priority for policy makers and maternity services.

The RCM is committed to tackling health inequalities and agrees with other stakeholders that the lack of entitlement to NHS care due to migration status is a significant risk factor.

In recent years, Europe has seen unprecedented numbers of refugees, asylum seekers and other migrants. A new wave of migration has followed recent events in Afghanistan, and asylum seekers continue to try to make the perilous crossing of the Channel in search of freedom and safety.

Pregnant migrant women should receive responsive and compassionate care from maternity services. They are likely to be highly vulnerable, having escaped conflict in their home country, leaving family members – including children – behind, and may now live in the UK with no social support network. Migrant women are at high risk of having experienced sexual violence on their journey, with subsequent trauma.

Women can be at risk due to precarious and sometimes dangerous circumstances, which include violence, destitution, involvement in criminal activity and homelessness. Some will lack basic resources and be dependent on others in unequal and sometimes exploitative relationships for their own survival. The health system may be unfamiliar and some women will be afraid of the consequences of engaging with it.

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The policy of dispersal of those seeking asylum can see women sent at short notice to unfamiliar areas, disrupting their care and any trusting relationships they have been able to build with professionals and supportive networks within the community. It has also been found to delay access to early antenatal care[1], including early scans and screening. Late access to antenatal care is a risk factor associated with severe maternal and fetal morbidity and mortality.

There is currently a protected period from 34 weeks of pregnancy, during which relocation should not take place. The RCM believes that to receive appropriate and safe maternity care and to benefit from midwifery continuity of carer, women should be settled into suitable accommodation as soon as possible after 20 weeks gestation; the date from which the Maternity Certificate (MATB1) can be issued, confirming pregnancy and expected date of delivery. She should remain in one place until after the birth, and only moved once both mother and baby are deemed fit for relocation by their GP or health visitor. This allows time for any problems with the pregnancy to be identified and necessary referrals to be made for specialist care and support. When women are moved mid pregnancy, it is much more likely that problems are not followed up, referrals fall through gaps and appropriate treatment and observation plans are not carried through.

NHS charging can act as a deterrent against accessing maternity services. Fear of unaffordable bills is leading women to delay or avoid care, in an effort to minimise cost[2]. This is a contributory factor to the higher rates of maternal and neonatal death in this group of women.

The financial burden of NHS charging is onerous and exceeds the amount of money recovered. It also requires data sharing beyond the NHS, for immigration purposes, and this can undermine the essential trust and confidentiality that is needed between women and midwives.

Fear of unaffordable bills is leading women to delay or avoid care

Endnotes

1. When_Maternity_Doesn_t_Matter_-_Ref_Council__Maternity_Action_report_Feb2013.pdf (maternityaction.org.uk)

2. WhatPriceSafeMotherhoodFINAL.October-1.pdf (maternityaction.org.uk)

The regulations apply only in England. Accessing healthcare in Scotland, Wales and Northern Ireland could be different from England. For more information, visit the websites for health services in each country:

Healthcare for those coming from overseas - Health rights | NHS inform

European Union, Overseas and Visitors Policy
Department of Health (health-ni.gov.uk)

Health and social services | GOV.WALES