



Maternity Experience of Asylum Seekers

About Healthwatch Ealing

Healthwatch Ealing (HWE) is an independent, statutory organisation representing people who use NHS and publicly funded health and care services in Ealing. We collect patient and public feedback and use these experiences as evidence to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all. Our vision is for Ealing to have high quality services, consistent levels of public engagement and an excellent service user experience that meets patient needs and preferences.

Acknowledgments

We would like to thank all of the participants for taking part in this study and taking time to share their experiences with us.

We want to especially thank Happy Baby Community and Asian Community Concern that helped us contact and interview these vulnerable groups.

We would also like to thank our committee members and stakeholder groups like maternity champions who shaped our questionnaire with their helpful insights.



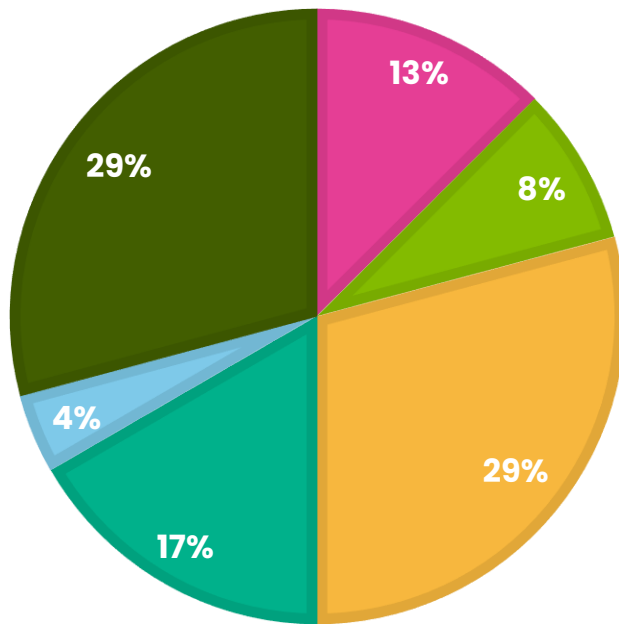
Preliminary Findings

Demographic Background

We talked to a total of 24 women. Majority (79%) of women were in age range of 25-49 years and almost all of these women were from ethnic minority groups

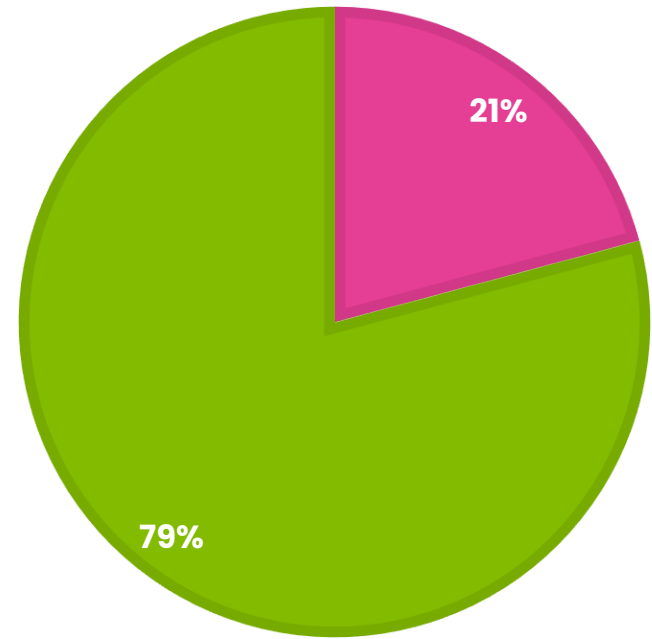
ETHNICITY

- Arabic
- Black/Black British
- White
- Asian/Asian British
- Mixed/Mixed Ethnic Groups
- Other



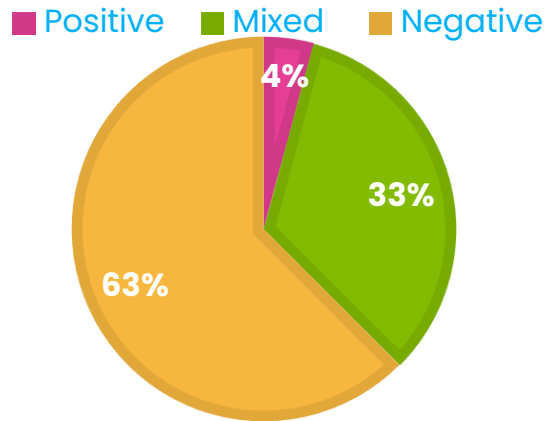
AGE

- 18-24
- 25-49



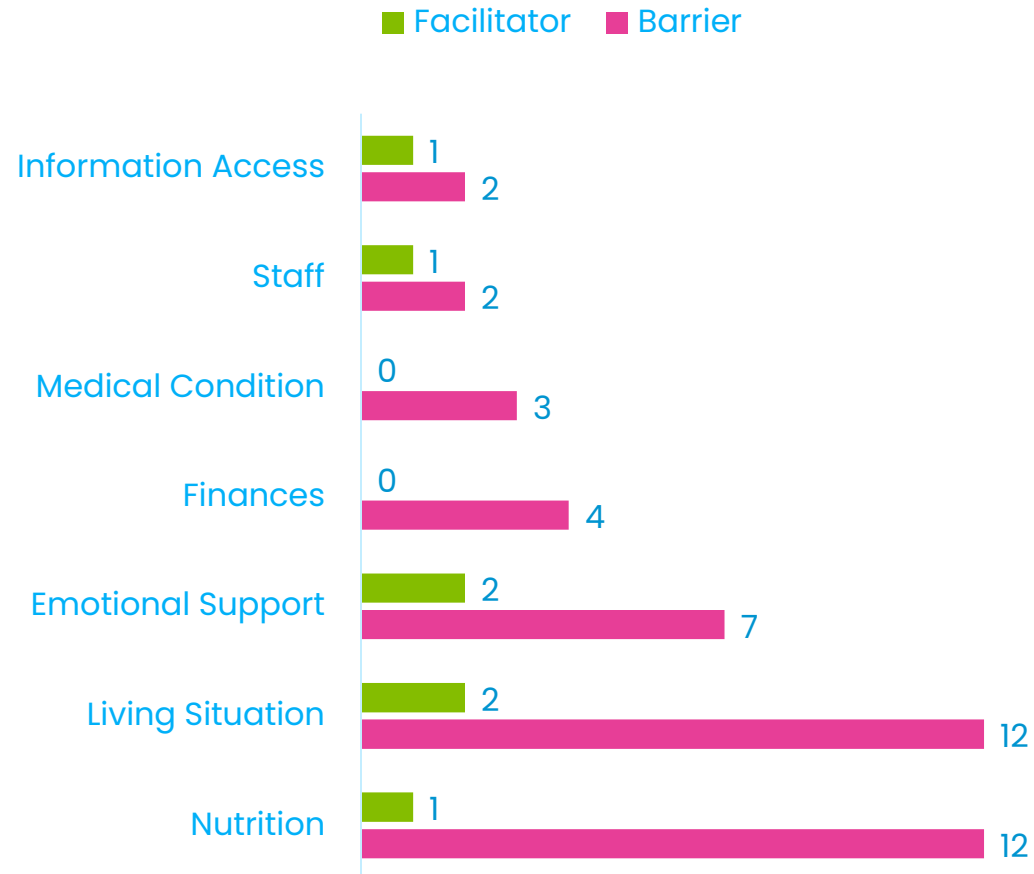
Factors affecting health during pregnancy

OVERALL EXPERIENCE DURING PREGNANCY



'Poor nutrition and unstable living situations were the most frequently cited barriers to maintaining health. Many women expressed that a **lack of emotional support** made it challenging to stay healthy. Furthermore, **financial difficulties, medical issues** such as diabetes, **unsupportive staff**, and **limited access to information** increased challenges during pregnancy.

Barriers & Facilitators



Childbirth Experience

Overall experience during childbirth



Most of the women reportedly had either '**very positive**' or '**positive**' experience during childbirth.

"It was good I felt supported" ID 691

"Staff- Doctors and midwives were amazing" ID 332

Among the women who had less favorable experiences, most encountered a **staff member** who was **rude or unsupportive**. Some also identified a **lack of information** regarding potential pregnancy complications and the use of epidurals.

"Had to have a C-section and Epidural, felt like [I] had no choice" ID 912

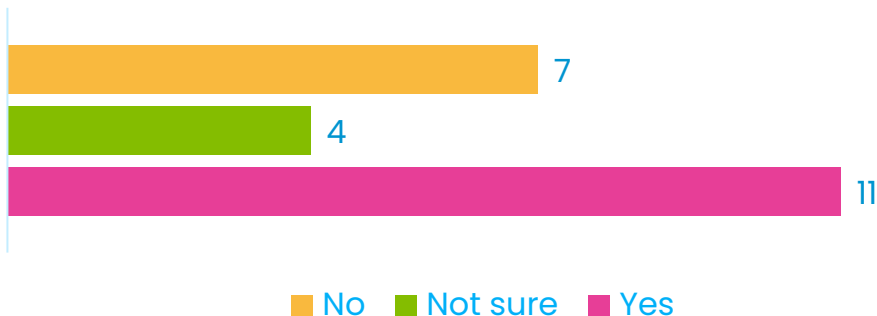
"The woman who came to help me wasn't supportive until the very end. She even apologized to me" ID 332

Post birth Experience

Quality of care since giving birth



Physical/Mental Health services offered after birth



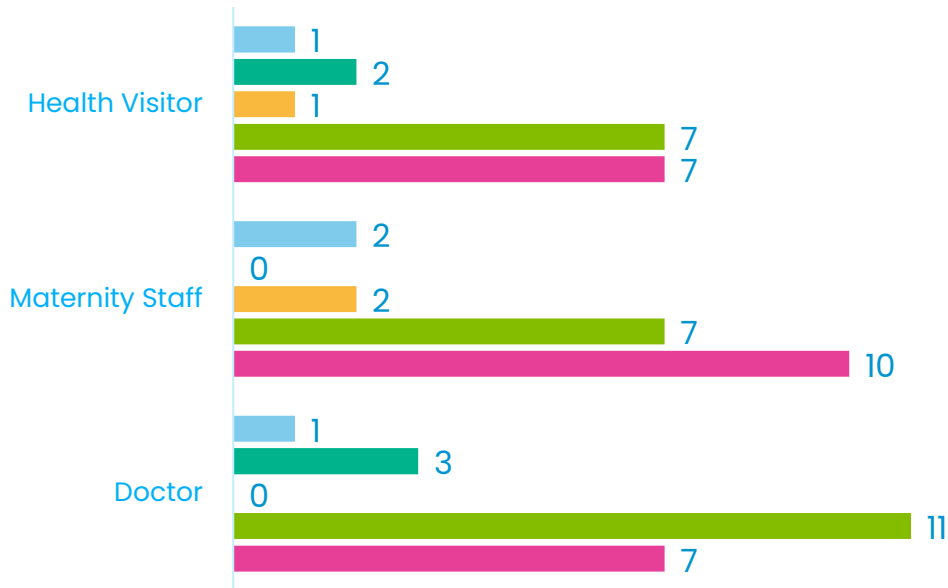
Most women who had a mixed or negative postnatal experience felt there wasn't sufficient support after giving birth. Mothers expressed a desire for additional support, including **more appointments, financial assistance, increased information/communication,** and **greater emotional support.**

"It was good when [I] gave birth but there was no support after birth. They should provide more appointments after birth for both mother & baby" ID 387

Experience with Healthcare Staff

Overall experience of support from

Very Bad Bad Neither Good or Bad Good Very Good



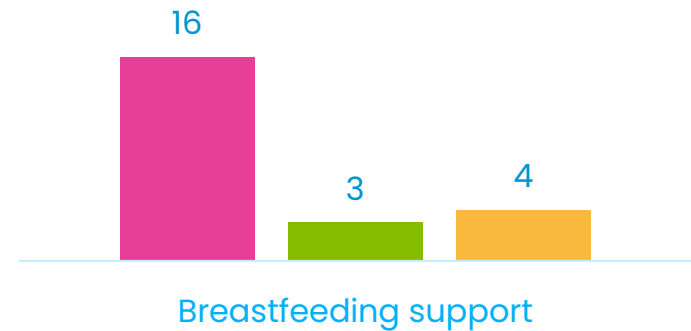
Did you receive enough support from staff during childbirth?

Yes No



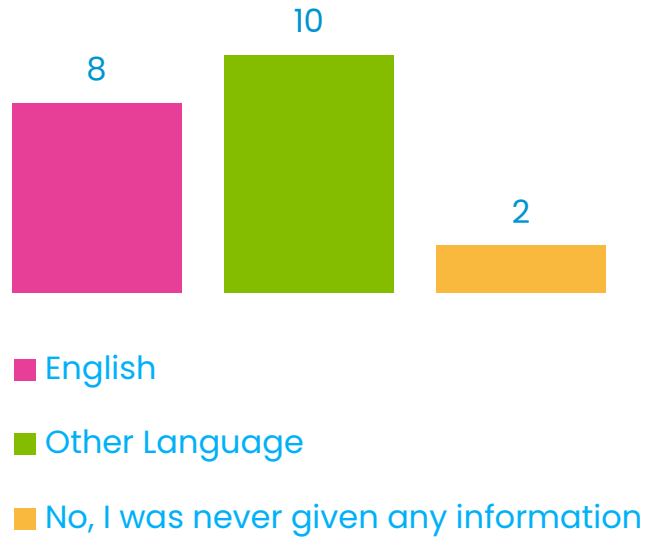
Did you receive enough support during breastfeeding?

Yes Got some support No support at all

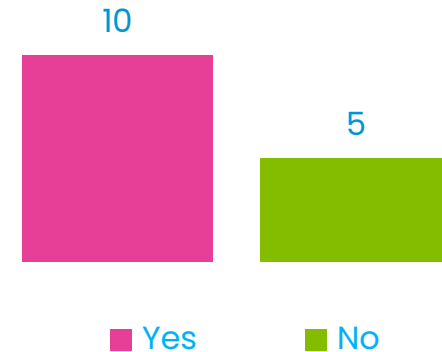


Access to Information

Information access- Language



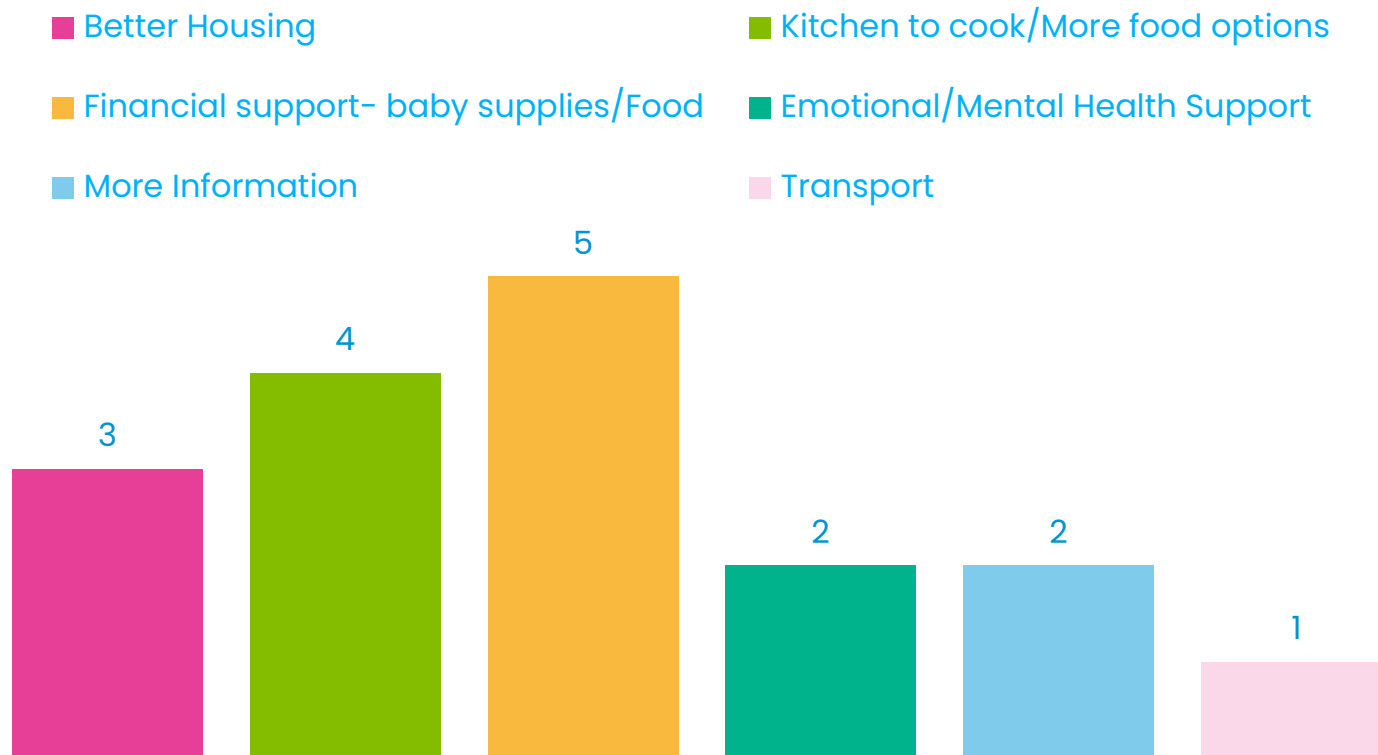
Information- Accessible format



Most women we spoke to either had no or limited English language skills. Translation assistance was provided by staff, volunteers, and the women themselves.

Improving Maternity Support- Perspectives of Asylum seekers/Migrants

What additional support could organisations providing maternity services for asylum seekers offer to help women have a healthy pregnancy?



Improving Maternity Support- Perspectives of Asylum seekers/Migrants

"They should give better housing opportunities with kitchens. They should give opportunities to cook better food or give money to mothers to buy food. I was worried that I was going to be sick because I was not eating enough" ID 511

"The organisations should be more upfront about the care they provide." ID 088

"It would be good if they could help with some items after birth like a stroller, baby formula, etcetera. They should ask us what we need as we don't have enough money to buy stuff for the baby." ID 419

Maternity experiences– Perspective of Doulas

As most women, we spoke to had limited language skills, we additionally interviewed doulas, who closely work with this demographic, to better understand the barriers migrant women face in accessing maternity health services.

Happy Baby community offers doula services to asylum seekers, providing advice, information, language support (wherever possible), emotional support, and physical comfort before, during, and after childbirth.

We conducted an online focus group discussion with 6 doulas primarily working in North–West London, recorded the session, and identified emerging themes. These themes were then considered alongside women’s perspectives to develop final recommendations.

Maternity experiences- Perspective of Doulas: Key Themes

Poor Nutrition

" I have only come across one lady who was satisfied with the food"

Language Barrier

" It's very unlikely that [the women] will be provided translation interpretation."

Lack of emotional support

"Just listen to the women, It doesn't cost anything"

Maternity experiences- Perspective of Doulas: Key Themes

Lack of specialist Care

“ There should be someone dedicated in [hospital] midwifery teams that is an expert on asylum”

Variable Transport

“ I met one woman at a maternity unit who was in labour, and no one was available on the phone from her hotel to organise transport”

Lack of cooperation

“We have to prove ourselves [to the hospital staff] each time and it often starts at a point of suspicion and defensiveness”

Recommendations

Nutrition: Most women did not have space to cook. The hotel food did not cater to their likes/dislikes or any specific medical requirements like diabetes.

“Not easy, I was living in a hotel without a kitchen, so I was unable to cook. The food was terrible.” ID 501

“I developed diabetes 8 months into my pregnancy which went away after my pregnancy. It was difficult to eat healthy during the pregnancy because I did not have a kitchen.” ID 584

Recommendation 1: We recommend that more meal choices be offered in the set menus, especially to cater to specific medical requirements such as diabetes or hypertension. Additionally, allowing women access to a communal kitchen may help them personalise their meals.

Recommendations

Emotional Support: Many women experience loneliness and isolation during pregnancy, lacking a partner or family for support, which is particularly challenging for first-time mothers. Some find comfort when maternity staff or support workers are available. Emotional and mental support before, during, and after birth is crucial.

“Being alone in this period was so hard, especially because it was my first child. The nurses taught me everything about how to look after my baby.” ID 359

Recommendation 2: We recommend offering women emotional well-being check-ins before and after giving birth. We suggest referring them earlier in their pregnancy to social gatherings, support groups, or charities helping pregnant asylum seekers. Additionally, hotels where these women stay can offer shared spaces like kitchens and dining areas to cook and eat together.

Recommendations

Financial Support : Considering their circumstances, asylum-seeking women struggle to afford essential expenses, particularly supplies for newborns. Some feel that the provided allowance is inadequate and suggest that offering items such as strollers and baby clothes, rather than cash, would be more beneficial.

“Help with baby clothes & supplies during the pregnancy.” ID 590

“Got allowance but it was not enough money.” ID 204

Recommendation 3: We recommend offering asylum seekers a combination of financial support—such as allowances—and essential items like nappies for newborn care. These items could be provided directly to them or through a charity dedicated to assisting this demographic.

Recommendations

Language support : Most women we spoke with had limited or no English language skills, highlighting the need for adequate language support to engage with this demographic. According to doulas, there is a serious lack of translation services in hospitals, leading to women undergoing procedures without fully understanding or consenting to them. Doulas have also observed instances where staff were rude to women who couldn't understand English.

“I think [the staff at one hospital trust] treat the refugees differently and they get irritated and annoyed...if there isn't much understanding of English.”

Recommendation 4: We recommend that hospitals always provide Language Line translation services to women, ensuring they understand their circumstances. In cases where the hospital cannot offer translation services, women could have doulas, family, or friends accompany them to translate, thus avoiding confusion.

Recommendations

Specialist Training for Staff: The doulas agree that midwifery teams should have a dedicated lead knowledgeable about asylum seekers and the support they can access. Providing this support early in pregnancy is crucial for women to access available assistance effectively.

Recommendation 5: We suggest having someone on the hospital midwifery team who can either maintain an up to date directory of all available assistance for asylum seekers or promptly direct women to a charity or service that can support them during pregnancy.

Recommendations

Communication and information provision: An effective communication pathway between healthcare professionals and asylum seekers is essential. Women express the need for more discussions on pregnancy outcomes, possible complications during childbirth, and postnatal care.

Recommendation 6: We suggest that women receive clear and timely information about potential childbirth complications. Procedures such as c-sections, induction or epidural use should be thoroughly explained early in the pregnancy, to address any language barriers and allow women ample time to mentally prepare for any eventuality. Moreover, this information should be easily accessible to avoid confusion.

Recommendations

Cooperation/Advocacy: All the Doulas felt that there is a lack of cooperation between NHS and the charities/voluntary sector organisations that offer support to women seeking asylum.

“We have to prove our (presence to the hospital staff) each time and it often starts at a point of suspicion and defensiveness”

Recommendation 7: We suggest that hospital midwifery units establish closer relationships with organisations supporting asylum seekers. These organisations have strong connections with this demographic and often possess valuable insights into their experiences. This information can aid healthcare professionals in understanding the complex needs of these women. Furthermore, these organisations can serve as a communication bridge, assisting women in understanding the rationale behind specific treatments.

For more information

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