Migrant women and maternity care

Rayah Feldman
Maternity Action
https://www.maternityaction.org.uk/

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Charging and Maternity Care

- Emergency care – not charged
- Immediately necessary and urgent care that cannot be delayed
- All maternity care 'Immediately necessary'
- Exemptions: Mental health, sexual violence, FGM and other exempt medical conditions e.g. HIV and other sexually transmitted infections
- Charges at 150% of standard NHS tariff

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Entitlement to free NHS maternity care

No charges

- All asylum seeking women until *appeal rights exhausted*
- Refused *(failed)* asylum seekers receiving Section 4 support (normally after 36 weeks gestation)
- Women with refugee status
- Migrant who has paid visa health surcharge
- UK citizen – 'ordinarily resident'
- Migrant who is 'ordinarily resident' (with Indefinite Leave to Remain)
- EEA National with EHIC card or 'ordinarily resident'

Immediately necessary care - Chargeable but cannot be delayed

- Visitor < 6 months
- UK citizen - not 'ordinarily resident'
- Refused (failed) asylum seeker with no support
- Undocumented migrant

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Problems of charging for maternity care

- Confusion and complexity
- Misinformation from professionals
- Refusal or avoidance of treatment
- Large bills
- Health risks

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Women with high risk pregnancies

- Social risk factors
- Medical complications
- Mental health and stress
- Poorer pregnancy outcomes of migrant and BAMER women
- Extra care needs of women with high risk pregnancies

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Charging procedure

- Woman came to UK about 1.5 years ago on 6 month visitor visa
- Baby born June 2016. Baby is British because has British father
- Mother says she was never informed she might be charged. Received letter dated 9 Nov to say she owes £692 for maternity care and needs to take action by 16 Nov. Scared by clause that says if debt over £500 and she doesn't respond in 2 months after the date of invoice Home Office will be informed.
- Couple don't live together. Woman not working - reliant mainly on money from family abroad. Can't afford to make immigration application.

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Incorrect charging

A Latin American woman separated from ‘qualified’ Polish husband is now living with her ‘qualified’ Polish boyfriend. (Qualified = EEA national with a right of residence in the UK for >3 months).

She is in the UK on a visitor visa. Her previous residence permit expired.

She was incorrectly charged for maternity care. She is exempt from charging as she is still married to a ‘qualified’ EEA citizen even though they are separated.

Maternity Action adviser wrote to Overseas Visitor Manager who eventually withdrew invoice after lots of residence

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Late booking

Lucy came to the UK on a student visa, now expired. An agent took her money and passport without securing a new visa.

She didn't have a GP and had not received any antenatal care. She was afraid that they would turn her away or make her pay high fees because she overstayed her student visa.

At 3 months pregnant she had severe abdominal pain so went to Doctors of the World who helped her get a scan which showed all OK. They also helped her register with a GP practice and access antenatal care.

She was told of the fees at her first antenatal appointment. DOW referred her for debt advice. She is now receiving regular antenatal care. She has not received a bill, but this is a great stress for her as she fears having high bills and being unable to pay.

Lucy is not entitled to any welfare support, and her partner has struggled to find enough work

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Vulnerable migrant women

May 2015

advice briefing_

Housing and financial support for pregnant women who have been refused asylum

Who is this briefing for?

This briefing is for anyone who is providing support and advice to a pregnant woman who has been refused asylum and who is in need of accommodation and financial support. It is particularly relevant to midwives and other health professionals.

What is it about?

It provides information about pregnancy and birth risks associated with the pregnancies of refused asylum seeking women who are applying for housing and financial support (commonly known as section 4 support) from the Home Office. It outlines basic current medical understanding and best practice relating to pregnancy care, and highlights additional pregnancy risks facing refused asylum seekers.

How is it going to help me to help my client?

The information in this briefing will help you to complete stronger applications for section 4 support and/or to write letters to support section 4 applications by your patients or clients.

What is section 4 support?

Accommodation and financial support can be granted by the Home Office under section 4 of the Immigration and Asylum Act 1999 to destitute asylum seekers whose application for asylum has been refused. Refused asylum seekers are eligible for section 4 support under certain conditions, including on the basis of their inability to travel back to their country of origin. At present this applies to pregnant women if they are 34 weeks+ gestation or if they are recognised to have a high risk pregnancy which makes long distance travel inadvisable. Section 4 support consists of no-choice accommodation, normally outside London, and weekly vouchers.

Can all pregnant women who have been refused asylum get section 4 support?

No. The Home Office guidelines specify that section 4 support should not normally be granted to a pregnant woman on medical grounds until the 34th week of pregnancy unless there are complications with the pregnancy that may put the mother and baby at risk.[1]

Section 4 support can be difficult to obtain if the woman is at less than 34 weeks gestation.

This is why it is important that applications for support contain as much information as possible about a woman's pregnancy risk. The information below sets out issues and information which you can submit to the Home Office on behalf of your patient or client to demonstrate that there are complications in her pregnancy which make it inadvisable for her to undertake a journey back to her country of origin.

maternity action ASAP ASYLUM SUPPORT APPEALS PROJECT

How midwives can help refused asylum seekers and other destitute women

- Maternity Action/ ASAP advice briefing
- Vulnerable Migrant Women's Network – Royal College of Midwives and Maternity Action

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Impact of charging – Case study collection - What midwives can do

- Tell us about cases where charging has impacted on
  - a woman's use of maternity services e.g.
    - Late booking or no antenatal care
    - Increased stress
    - Refusal of care
  - adverse emotional or physical pregnancy outcomes
  - Women inappropriately charged
- Contact Rayah Feldman on 020 7253 2288 or 07913 800893
  or email rayahfeldman@maternityaction.org.uk
- Respond online at https://www.maternityaction.org.uk/policy/projects/research-into-charging-for-nhs-maternity-care/

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Maternity Care Access Advice Service

Maternity Care Access Advice Service

- Advice phone line

  0808 800 0041 (Freephone) Thursdays 10am-12noon only

- Email advice maternitycareaccess@maternityaction.org.uk

- Online information sheets

www.maternityaction.org.uk/maternitycareaccess

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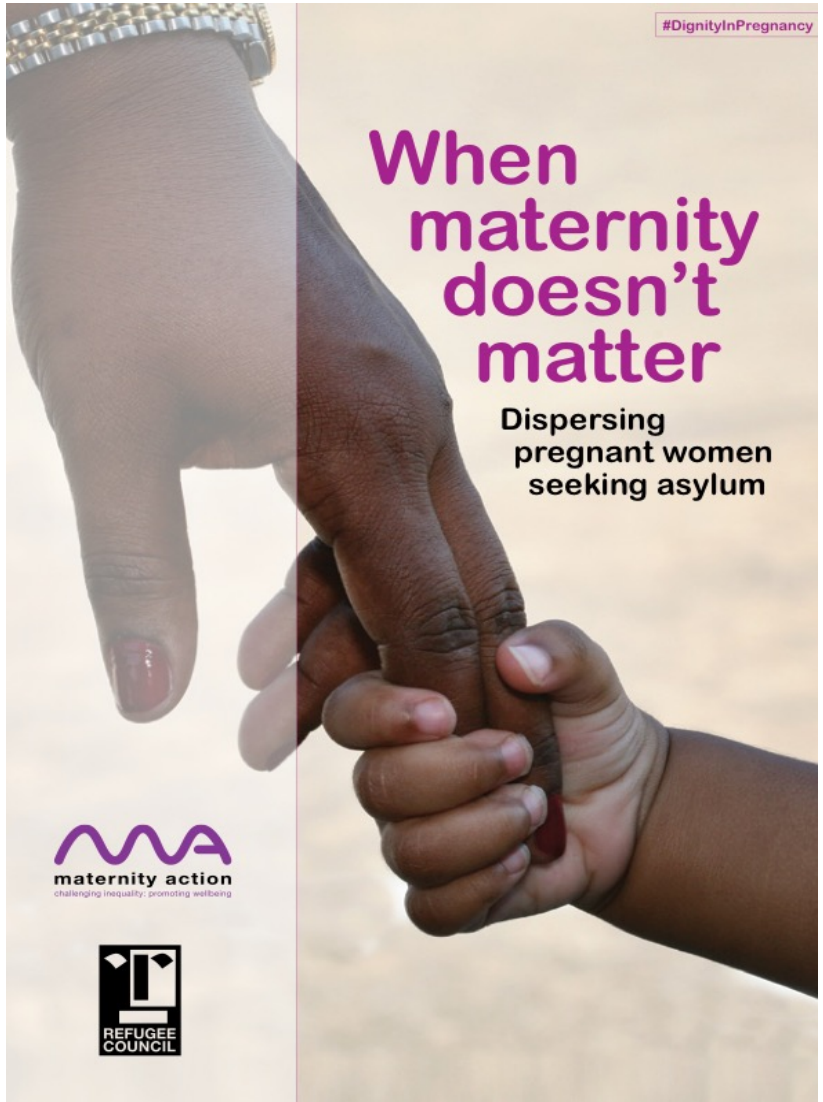
Find out more



Research

- When Maternity doesn't matter
- Maternity care for undocumented migrant women: The impact of charging for care (Brit. J. Midwifery Jan 2016)

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References

- Maternity Care Access Advice Service https://www.maternityaction.org.uk/advice-2/maternity-care-access-advice-service/
- Maternity Action/ ASAP advice briefing http://www.maternityaction.org.uk/wp-content/uploads/ma-asap-briefing_v4.pdf
- Vulnerable Migrant Women's Network https://www.vmw.org.uk/
- When Maternity doesn't matter http://www.maternityaction.org.uk/wp-content/uploads/2013/09/When_Maternity_Doesn_t_Matter_-_Ref_Council__Maternity_Action_report_Feb2013.pdf
- R. Feldman, 2016, Maternity care for undocumented migrant women: The impact of charging for care, *Brit. J. Midwifery* http://www.magonlinelibrary.com/doi/10.12968/bjom.2016.24.1.52

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Caring to make a difference with vulnerable women: the impact of targeted support on birth-related outcomes and experiences

Dr Gill Thomson & Marie-Clare Balaam - University of Central Lancashire

Collaborators: Logan van Lessen (Consultant Midwife), Heather Jenkins and Jo Austin (VABS midwives) – Whittington Hospital

Aim/Objectives

- To explore birth outcomes and experiences between vulnerable women who had and had not received targeted support (Birth Companions and/or specialist midwifery service)
  - To compare socio-demographic and birth-related/outcomes between vulnerable and non-vulnerable women AND between vulnerable women who had/had not received targeted support
  - To explore the experiences of perinatal support between vulnerable who had/had not received additional support

Study context

- Whittington Hospital, North London - Vulnerable Adults and Babies Midwifery service (VABS)
  - Support midwives to create needs-based care plans
  - Meet and greet service
  - One-stop service
  - Case-load (~6-10 women per midwife per year)
  - Referrals into Birth Companions

Levels of complexity and adversity

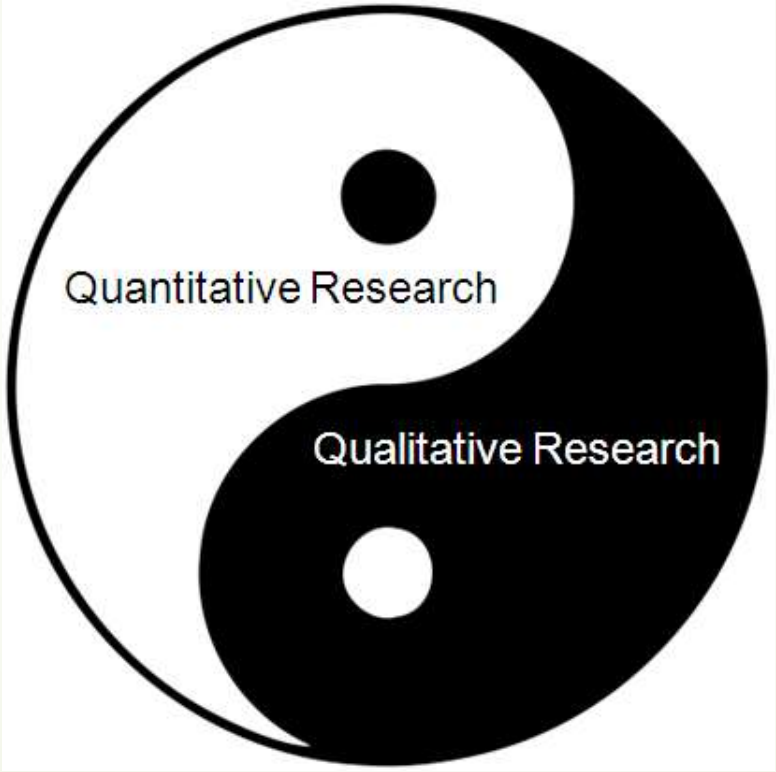
- *'Because about for three months I go into my friends in X to have a bath. I've been so sad, I spend all day outside, I sleep in the church with my one, my little one, three years and a half. I've been scared, I'm going to lose my kids……I can't get the door open because the people taking drugs and sleeping in front of the door. I sleep on the floor, on the floor, can you imagine it?* (Gina)

- *'I never had a mum or dad, they were always in and out of my life, so I was always put in care. They didn't look after me properly and my dad was very fisty with his fists towards my mum. So they put me into long term care, which I got out of when I was fifteen. And then had my first child who got, obviously, taken off me because I didn't have the skills, I didn't go to parenting classes, because I was still a child myself.'* (Lynne)

Data collection

One year birth cohort (1st July, 2014 – 30th June, 2015)

Referred into VABS/support received



Semi-structured interviews

Socio-demographic/birth-related outcome data

- Age,
- Ethnicity,
- Parity,
- Number of previous pregnancies,
- Gestational age at booking
- Smoking history.

- Type of labour onset
- Anaesthesia / medication use
- Episiotomy
- Perineal tear
- Route of delivery
- Outcome of delivery
- Gestational age at delivery,
- Birth weight
- Length of hospital stay
- Apgar scores
- Infant feeding method post-birth

Findings

3,511 women - 315 (8.9%) referred into VABS

24 (7.6%) received targeted support from:

- Birth Companions (n=5)
- VABS (n=14)
- Birth Companions and VABS (n=5)

Key findings – vulnerable v's non-vulnerable

- *Inferential statistics – vulnerable* (n=3,196) *v's non-vulnerable* (n=315) *populations*
- vulnerable women were significantly more likely:
  - to be younger (p<.01)
  - from a BME ethnic group p<0.01)
  - attend a later booking appointment (p<0.01)
  - current/previous smoker (p<0.01)
  - baby born at an earlier gestational age (p<0.01) - lower birth weight (p<0.01)
  - longer postnatal stay (p<0.01)
  - less likely to have initiated breastfeeding (p<0.01)

Key findings – vulnerable only population

- Descriptive analyses between those who did (n=24) and did not (n=291) receive targeted support.
- Higher percentage who received targeted support:
  - spontaneous delivery (62.5% v. 50.9%),
  - vaginal presentation at birth (79.2% v. 66.7%),
  - a longer (4+ days) postnatal stay (66.7% v. 37.6%).
- Less likely to have used anaesthesia during delivery (54.2% v. 64.6%) and to have had a perineal tear (68.4% v. 51.0%).
- Higher rates of breastfeeding when supported by Birth Companions (70% v. 42.8%).

Qualitative insights

- 17 interviews – 11 received targeted support:
  - Birth Companions (n=5)
  - Birth Companions & VABS (n=4)
  - VABS (n=2)
- Sarafino's (1998) five category support schema

- **'Informational' and 'instrumental' support**
  - *'She's* (Birth Companions volunteer) *staying with me and doing massage to me every day and asking me how you feel, do you like me to bring anything? It's so amazing, I can't find a word in my heart to say how happy it made me.'* (Gina_BC+VABs)
  - *'She brought pushchair, this, that, clothes, you know, everything.* […] *They* [Birth Companions] *understand when you have nothing, it's very hard.'* (Mandy_BC)

Qualitative insights (cont)

- **Emotional and esteem support**
  - *'And they* [midwives] *spend all their time just talking and winding you up and not actually doing anything to improve your wellbeing or trying to understand you'.* (Fiona_referred only)
  - *'She* [BC] *was constantly telling me how good I was doing. She made me feel positive and not like stressed. I wouldn't have been able to do it without her'* (Louise_BC)

- **Network support**
  - *'I really appreciated it* [hospital visits by a Birth Companion] *actually because it's quite lonely. Sometimes I got a bit sad, I'd sort of look around and see these other women had given birth, and just two or three days later they'd have all their family and friends.* […]…. *they* [Birth Companions] *just would come in for like, I think maybe an hour, and I really appreciated it at the time because there was some days, I mean I had lots of friends visiting, but it was just some days were a bit lonely.'* (Karla_BC)

Summary

- Women who face multiple complexities face poorer outcomes
- Targeted support linked to positive/salutary outcomes
- Complimentary partnership between Birth Companions and VABS
- Level of need v. resources
- Universal sensitive and non-judgemental care – trauma informed approach
- Limitations
- Implications for further research


THANK YOU FOR LISTENING

“They are the family that I don’t have”

Birth Companions’ approach to supporting women: Findings from the Community Link project evaluation

Naomi Clewett

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Community Link Project

Perinatal support to women in the community

- Delivered mostly by trained volunteers
- From pregnancy – 12 weeks following birth
- Continuous support during labour
- Emotional and practical support

Methods

1. Review of existing literature
2. Interviews with women (20 women, 7 interviewed twice)
3. Interviews with professionals (15) and Birth Companions' staff and volunteers (5).

Research Advisory Group with 4 women advised on:

- Recruitment methods and materials
- Interview schedules for women and professionals
- Overcoming barriers to participation

Literature

- Very little available about what works to support vulnerable mothers in the perinatal period

- Integrated care centred on the individual had the strongest evidence base.

- Evidence also supports agencies building relationships based upon trust, especially when working with women with perinatal mental health problems and other vulnerabilities.

Context

Issue	No. women who spoke about impact of the issue
Social services involvement	9
Domestic violence	4
Asylum and immigration	14
Housing	18
Money problems	16
Isolation	20
Mental health problems	19
Having a new baby	17
Addiction problems	1
Physical illness	3

Findings – Birth Companions' approach

Focus on mothers

"They never pried about anything either, and it was only if I wanted to talk about something" *Mother*

"So for some midwives, it can be a really, really tricky process to go through when you have to prioritise the needs of the child […] Having the birth companion on board, having that relationship with them, is a bit kind of, allays our anxieties of OK, well who's actually looking out for mum in this scenario" *Midwife*

"This is so good because if you have somebody that you can tell for what you are worried and then they can help you, it's amazing you know" *Mother*

Person centred

- Responding to individual's needs
- Flexible support
- Language/ cultural needs

Findings – Birth Companions' approach cont.

Relationships

- Informal and caring style of interaction
- Time to spend getting to know women as individuals
- Listening and responding to individual's needs
- Understanding that Birth Companions were not paid to support women

"I remember when I gave my birth, all my bra was getting small for me, so it's the birth companion provide a bra for me and the day they bring it I was crying, I felt like, I wasn't seeing them only as a helper, but like a mum I think"
Mother

Fit in service landscape

- Continuous support in labour
- Emotional and practical support that other services cannot provide
- Service provided in an accessible way
- Limits to BCs role – length and type of support

"But this is so unique because it's saying to them, look, there's going to be someone who is going to help you through that transition of being a mother[…] of course there are a lot of other services available, but it's that kind of specific help to do with that moment in time of birth delivery and afterwards" *Therapist*

Theory of Change

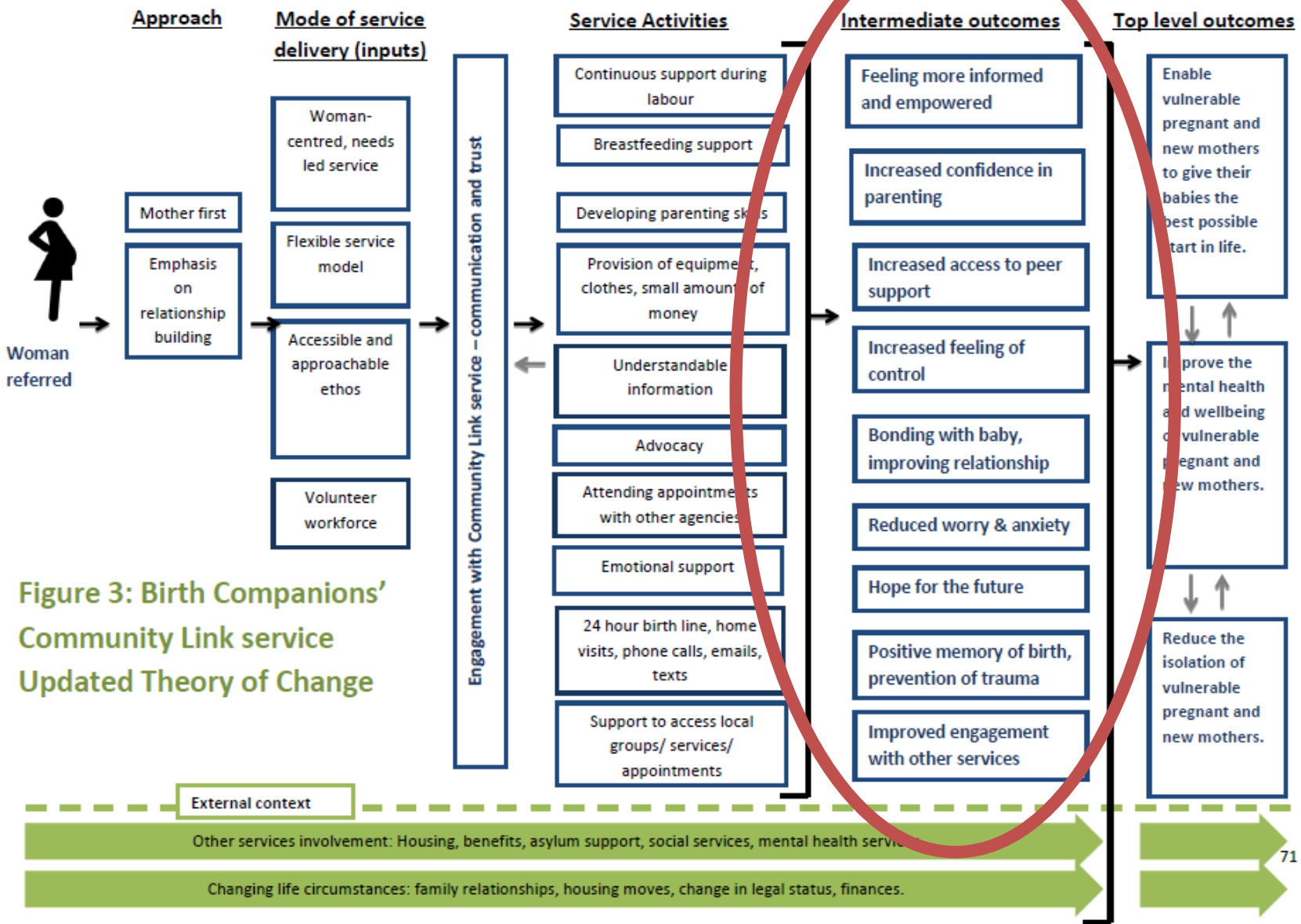

Figure 3: Birth Companions' Community Link service Updated Theory of Change

Theory of Change

Intermediate outcomes

- Bonding with baby, improving relationship
- Reduced worry & anxiety
- Hope for the future
- Positive memory of birth, prevention of trauma
- Improved engagement with other services
- Feeling more informed and empowered
- Increased confidence in parenting
- Increased access to peer support
- Increased feeling of control

Personal reflections

Thank you

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Mcpinfoundation

A personal perspective on Birth Companions work

My mother died in 2004, when I was 22 years old. I was already living quite independently in London and I had always had financial help from both my parents. My mother had left me money, but not told me she was dying. I never really got over this... I went in a spiral of addiction. I think I became 'mad' sort of looking in the mirror after using and drinking and kind of talking to 'her.'

I fell for a man who was only after the money to pay for the addiction. Like you hear all the time from women who are victims of domestic violence, I really thought I could change this man, 20 years my elder who already had 5 other children (2 in foster care). He always blamed the system and his mum and the courts not his drug habits or selling.

I fell pregnant in 2012/2013...the midwives thought I was in earlier stages than I actually was...these initial midwives referred me to a specialist midwife. I think she was very worried about me and recommended some help from Birth Companions; reassuring me that everything and anything I wished to confide would remain confidential and would not harm my unborn baby.

I met someone from Birth Companions who was lovely, I know she had a daughter in her early 20's at the time and I would talk to her about how I lost my mum at the same age and would do anything to have her next to me and help me with my pregnancy. She was so warm and unintimidating. So polite, and would ask if it were ok to text/give me a ring to see how my pregnancy was going It was uplifting when I was at very low points mentally during my pregnancy. We went to a couple of nice cafes just like friends would...It did take a couple of times of meeting to realise that she was not trying to take my baby or report to the social services.

The father of my baby was arrested many times and there were many calls to the police - when I was 8 months pregnant he threw me out of the back door and locked it. I think the neighbour must have heard and saw me heavily pregnant crying. The police came and he just looked at me and said 'here we go again...see you soon babe.' I was taken with a few belongings and immediately put into emergency accommodation.

All throughout this, Birth Companions, phoned texted and met up with me, I was scared of what would happen. However, they remained consistent in their contact with me, not giving up...I was brought fruit, breast pads, vouchers and books whilst being weaned off methadone in the hospital for 2 weeks. Not only was I successfully following my recovery from addiction, I was also ' recovering' during the entire pregnancy from verbal, physical and therefore mental abuse and brainwashing.

Eventually I moved down to West Sussex, with my daughter, as my 84 year old father was willing to help me as much as he could. He was diagnosed with Dementia in 2014 and had 3 strokes and I became his carer.

I think however, so many years of addiction, suffering emotionally and mentally after the domestic abuse, has taken its toll on me.
It’s been a couple of years since I had had direct contact with Birth Companions, I wished I could have kept in constant in communication with the ladies who helped and guided at the most difficult life changing time.

The incarcerated pregnancy: listening to women's experiences of being pregnant in an English prison

Laura Abbott
Senior Lecturer & Doctorate student
University of Hertfordshire
Birth Companions Volunteer

The Incarcerated pregnancy: Why research was needed?

600 pregnant women in prison each year
100 babies born to women in prison
50% stay with their baby
80% have mental health problems
50% victims of domestic abuse
70% substance abusers
30% sexual abuse in childhood
20% have no permanent address

18,000 children are affected by their mothers being in prison each year

The incarcerated pregnancy research:

3 prisons
58 interviews
260 hours of field work
Involved me spending many hours in prison

Positive experiences: women and staff

“They're supporting you, they want you to go home and see your family, they want you to do well, they want you to be happy. I'm at that part of my sentence where I can make plans, I'm going home. The staff here are amazing!”

Post-natal woman on MBU

“Building women’s confidence, them feeling valued, and being nurtured and being told, 'You're a good mum, aren't you? Look at how he responds to you, look at that and you've just done that, that's brilliant!”

MBU Prison Officer

Findings

The perinatal pains of imprisonment

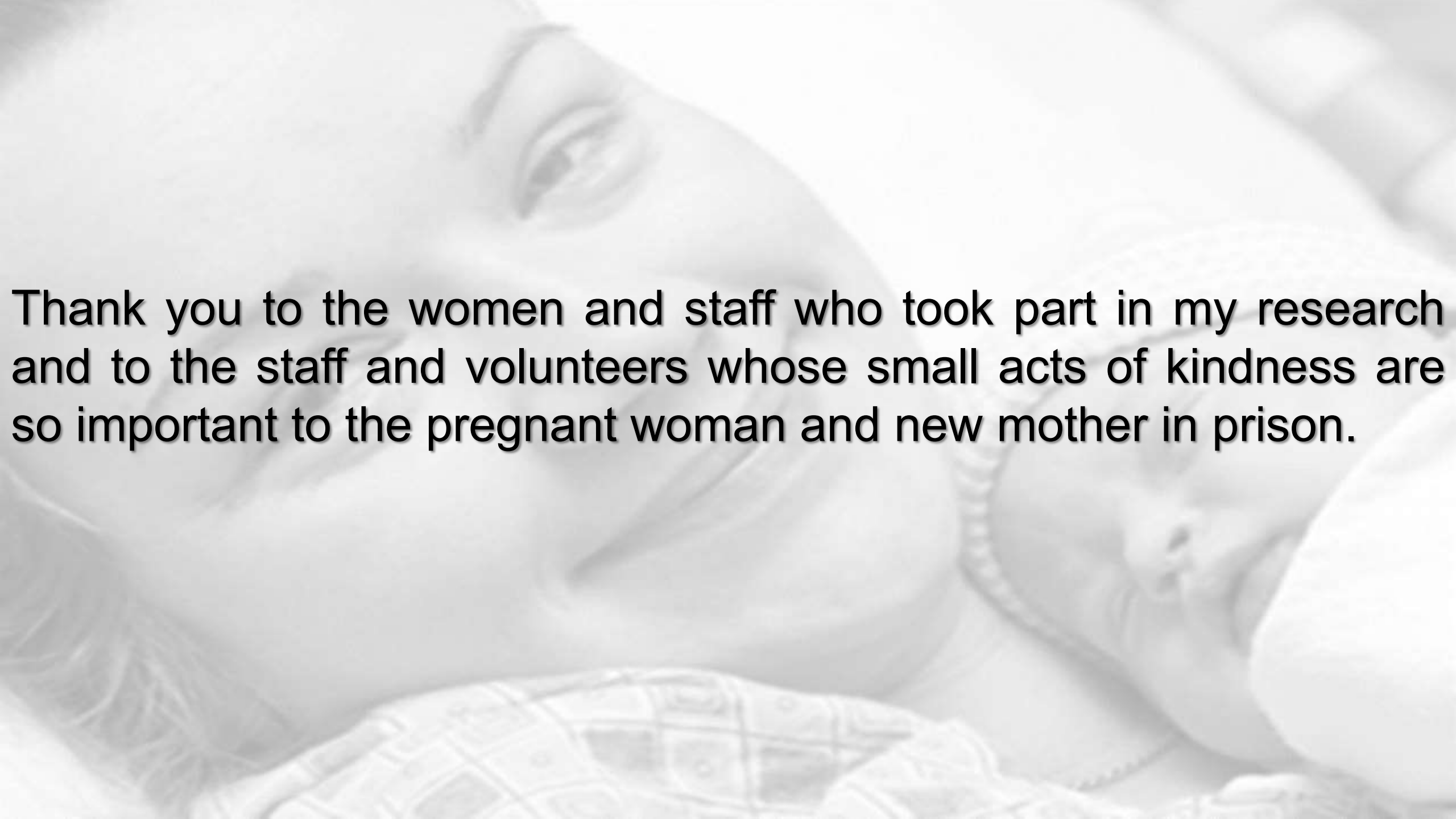
- Stress due to environment
- Biological needs not met
- Hypersensitivity to smell and taste
- Anticipating separation
- Post-natal experiences

An opportunity for change

- Being given a chance
- Changing behaviour
- Supportive MBU staff

Next steps

- Writing up thesis
- Dissemination
- Volunteering with Birth Companions
- Raising awareness and promoting the Birth Charter
- Working with health staff and students supporting greater awareness and best practice



Thank you to the women and staff who took part in my research and to the staff and volunteers whose small acts of kindness are so important to the pregnant woman and new mother in prison.