

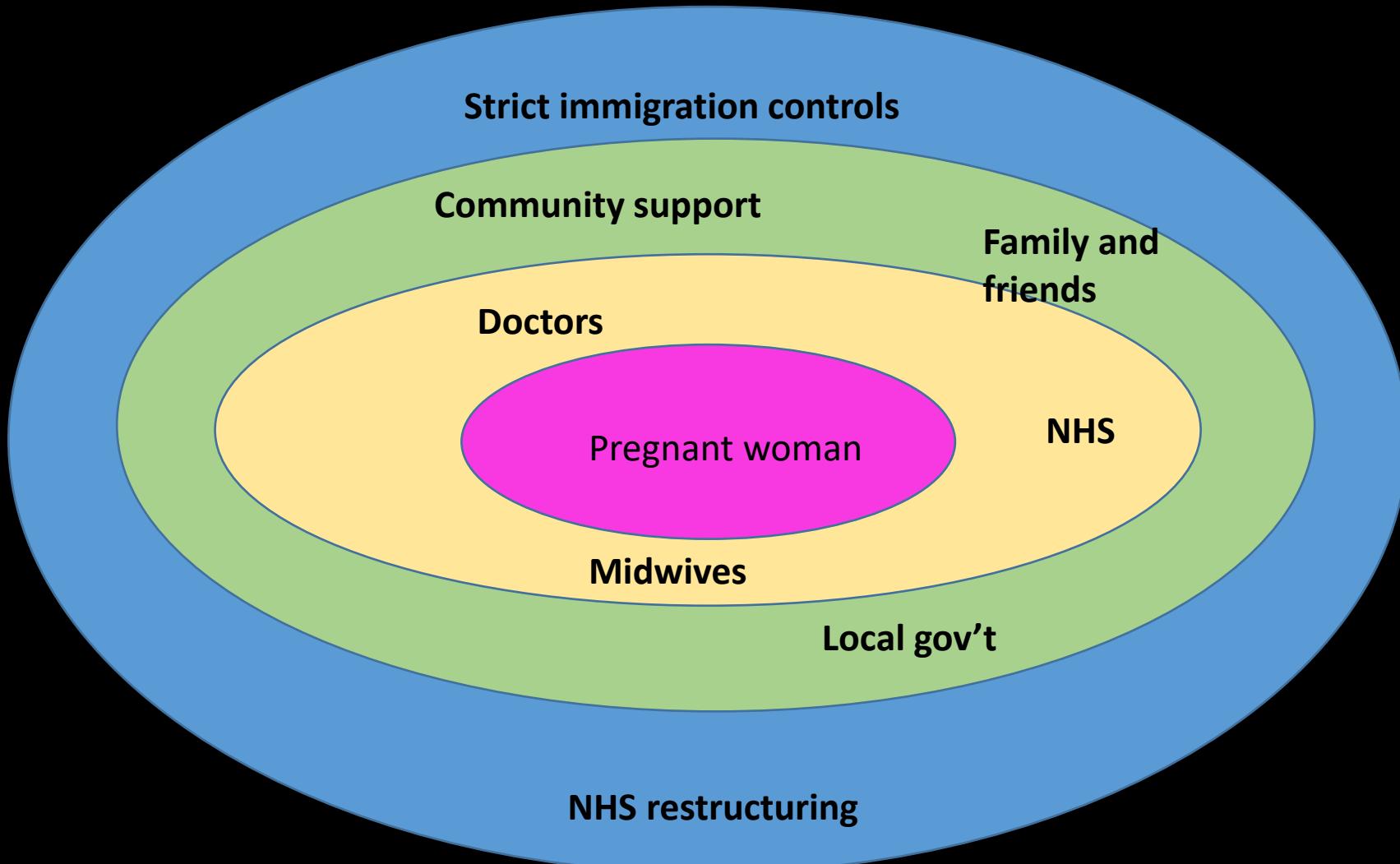
A painting of a woman in a blue dress standing in a doorway, looking down.

MIGRANT WOMEN AND MATERNITY CARE

Exploring migrant women's experiences of maternity care in the north of England

Project background

Purpose: To better understand migrant women's experiences of maternity care in Leeds, Kirklees, and Manchester



Research Questions

- How do migrant women experience maternity care on the NHS?
- How are their experiences shaped by the wider context of the funding cuts and strict immigration controls?
- Are some migrant women more likely to have bad experiences than others? Why?
- How do midwives and other NHS staff support and care for pregnant migrants? How is this affected by the wider context of funding cuts and immigration controls?
- How do local charities and organisations affect migrant women's experiences of maternity care?

Methodology

- Policy Review
 - Immigration Policy
 - Health Policy
 - Maternity Policy
- Interviews and focus groups with migrant women in Leeds, Manchester, and Kirklees
- Interviews and focus groups with NHS Staff and other people who support pregnant migrants in Leeds, Manchester, and Kirklees



Reproductive justice and the
ubiquitous border

The Ubiquitous Border

- Most of the women I have interviewed to date have had an encounter with a bordering process that has impacted their experience of pregnancy and/or new motherhood
- The nature of this experience, and particularly its violence, differs depending on a range of factors, including immigration status, education, income, country of origin, and fluency in English; but the presence of the border is nonetheless a constant

Bordering and access to healthcare

- Sana reported being dispersed 6 days before she was due to give birth.
“It was about six days left in delivery, I didn’t had any midwives, I didn’t knew any hospitals in Leeds, so it was just... it was a nightmare, I would say. But I was - I was struggling to get note from people that could guide me where to go” (Sana, asylum-seeker)
 - She also reported that, in her previous city, people seeking asylum in temporary accommodation were expected to attend a particular GP practice, and it was hard to get appointments; it’s not clear she was offered the full number of midwifery appointments
- Jade (refugee) wrongly received a letter from her hospital, when she was eight months pregnant, suggesting she would need to pay for care
- Asra (dependent on husband’s work visa) also reported considerable confusion from her GP office regarding her entitlement to free secondary care

“Actually, because, I mean I was pretty confident that I was eligible for it, but you know, when you are told like this, so I was like, I was little scared for some time that if I do not, I have to end up paying for it, I mean that would be a huge amount probably so I had this thought in my mind that, oh, should I go back to India then?”

Bordering and family separation

- Separation from partner/family due to immigration controls meant less support, even at the point of endangering the mother's health
 - *Several* women reported that they wished their mother could have visited after the baby was born, but that visa restrictions made this impossible.
 - In two cases, women had become separated from their partner because of bordering processes, and made the choice to check out of the hospital early out of concern for their other children

"When I wanted to go, the doctors tell me that my baby is okay and he has no problems. She asked me if I feel okay to go, because I asked her to go. I remember I was lying to the doctor, because I was thinking about my kids. So I told her that I feel okay, and I'm fine, and I want to go to my home....I was telling the doctor's I was fine, but the reality, I wasn't fine. Just to go home for my kids." (Maram, asylum-seeker)

Family planning and the border

- Some respondents discussed how bordering processes were a consideration in their family planning

“You have to plan around it. Because having a baby itself was planning in terms of when we got the spouse visa versus what our age was, what our monetary status, what my job was, what his job was.” (Ayetree, student and then spousal visa)

“So I had no choice. I was ... I wouldn't have done it if it wasn't for Brexit. I would have like happily stayed as a, just as a Spanish, but I had no choice but to - I felt I had no choice but to protect myself and my family, than apply for citizenship... it's my duty, I feel for my son and my husband, to just overcome this difference that was imposed on us.” (Irené, discussing why she applied for UK citizenship despite having Settled Status as an EU national)

Bordering and access to resources

- Several respondents, mainly those seeking asylum, reported relying on friends and third sector organisations for baby necessities
- Several asylum-seeking respondents also reported being in sub-standard accommodation
- Some respondents were ineligible for child benefit because they had NRPF
- Laura, an EU migrant, was able to apply for universal credit when she was on maternity leave and her partner, a non-EU migrant, was out of work, but described the process as very confusing

Conclusion

- The impact of bordering processes goes well beyond visa checks in hospitals
 - Dispersal and family separation can also restrict access to healthcare
 - Bordering processes can additionally limit support from family, especially mothers, overseas
 - Concerns about bordering processes, and especially the money required to renew visas, influences family planning considerations
 - Bordering processes limit access to benefits that may be important for a healthy pregnancy and caring for a newborn baby

Thank you very much!

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