

Maternity Care for Refugee Women from Afghanistan - a Central London Tertiary Hospital Experience

Kimberley Montague¹, Anna Marsh^{2 3}, Melissa Whitten^{2 3}

1. UCL Medical School, London, United Kingdom. 2. UCLH NHS Foundation Trust, London, United Kingdom. 3. EGA Institute for Women’s Health, UCL, London, United Kingdom



Background

Following the evacuation of Afghan nationals to the UK in August 2021, a maternity unit with several Home Office commissioned hotels within its catchment area experienced an influx of Afghan refugee women accessing maternity care. After it emerged the standard maternity pathway didn’t optimally meet the often-complex health and psychosocial needs of this group, a bespoke pathway was created, aiming to better facilitate access to and improve experience of maternity care. This study aimed to explore the experiences of women and staff and review clinical outcomes.

Pathway features included but were not limited to:

- **Face-to-face interpreters** in clinic appointments
- **Longer** appointments as standard
- **Transport** to all appointments
- **Saturday specialist clinic** run by small group of experienced midwives
- Weekly **multidisciplinary team meetings**

Methods

Data Collection

- Women:
- Antenatal researcher-administered surveys (n=21)
 - Postnatal researcher-administered surveys (n=18)

- Health Care Professionals:
- Self-administered surveys (n=93)

Chart review of all booked women (n=85)

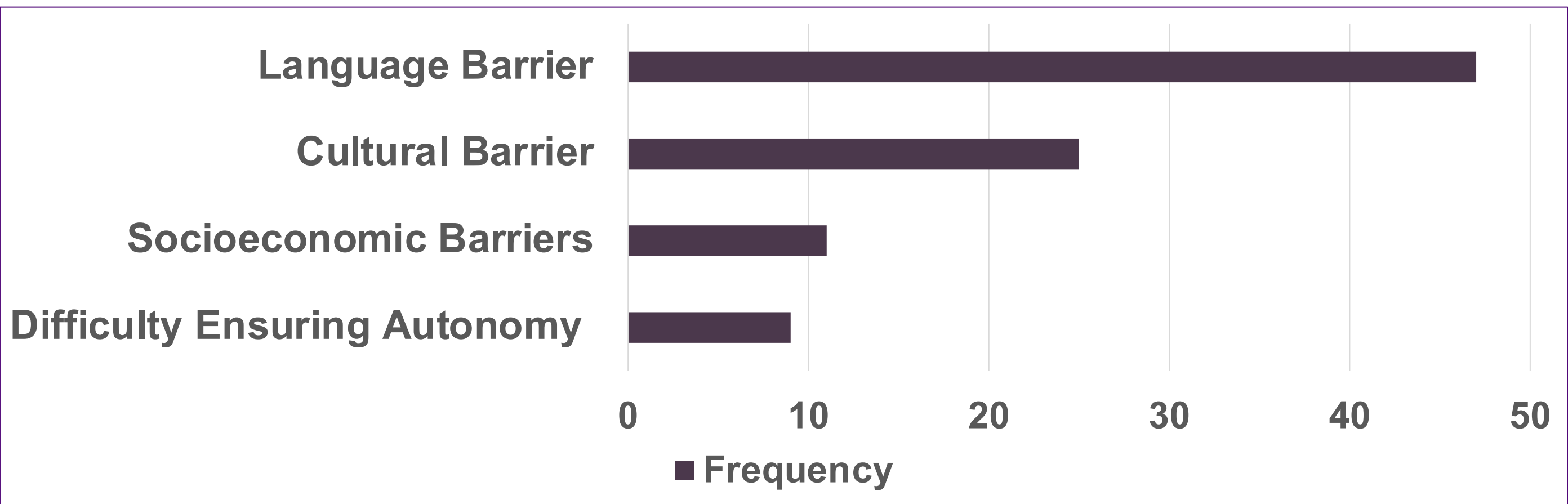
Data Analysis

Free text responses to all questions were analysed thematically using an inductive approach. Statistical analyses were completed using Stata.

Staff Survey Results

Thematic analysis of staff responses identified 4 main barriers to provision of care:

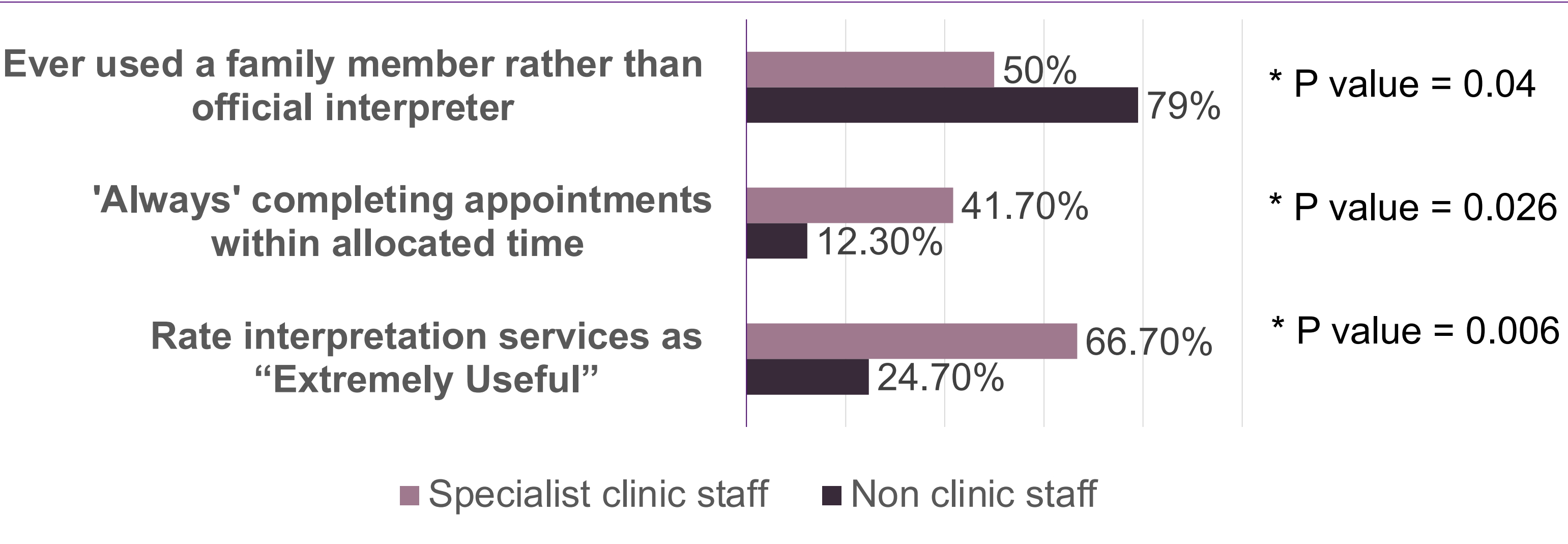
Figure 1. Thematic Analysis of Barriers to Care Experienced by Staff



- 1. Language Barrier**
‘...interpreter services during labour can be challenging as it removes an element of dignity to the woman...’
- 2. Cultural Barriers**
‘Using a male interpreter, I sensed reluctance to answer sensitive questions.’
- 3. Socioeconomic Barriers**
‘...moving refugee location, moved hospital which disrupted appointments and follow through care.’
- 4. Difficulty Facilitating Autonomous Decision-making**
‘Men can be against women having epidurals and they can be a barrier to care the women wants.’

Comparison of the Experiences of Staff Working Within vs Outside the Specialist Pathway
Staff working within the specialist clinic had statistically significantly better experiences than those not in several categories.

Figure 2. Comparison of Experiences of Clinic vs Non-clinic Staff



Women’s Survey Results

Overall, women completing both antenatal and postnatal surveys reported positive experiences of maternity care.

Antenatal Survey

- **100%** of women **felt supported** by their midwife during pregnancy
- **100%** of women **felt comfortable** asking questions during appointments

Postnatal Survey

- **100%** of women **felt supported** by their midwife during birth
- **93.3%** of women **felt labour pain** was **well controlled** and options were explained
- **88.2%** of women described their **birth experience as positive**

Qualitative Themes Arising Pan-women’s Surveys

Several themes arose from inductive thematic analysis of women’s survey responses

Theme	Example
Kind, caring HCPs	<i>‘They are such good people. I just don’t know how to thank them for their kindness and the care they gave.’</i>
Accommodation impacting wellbeing	<i>‘I am exhausted and tired of living in a hotel..... We want our voice to be heard.’</i>

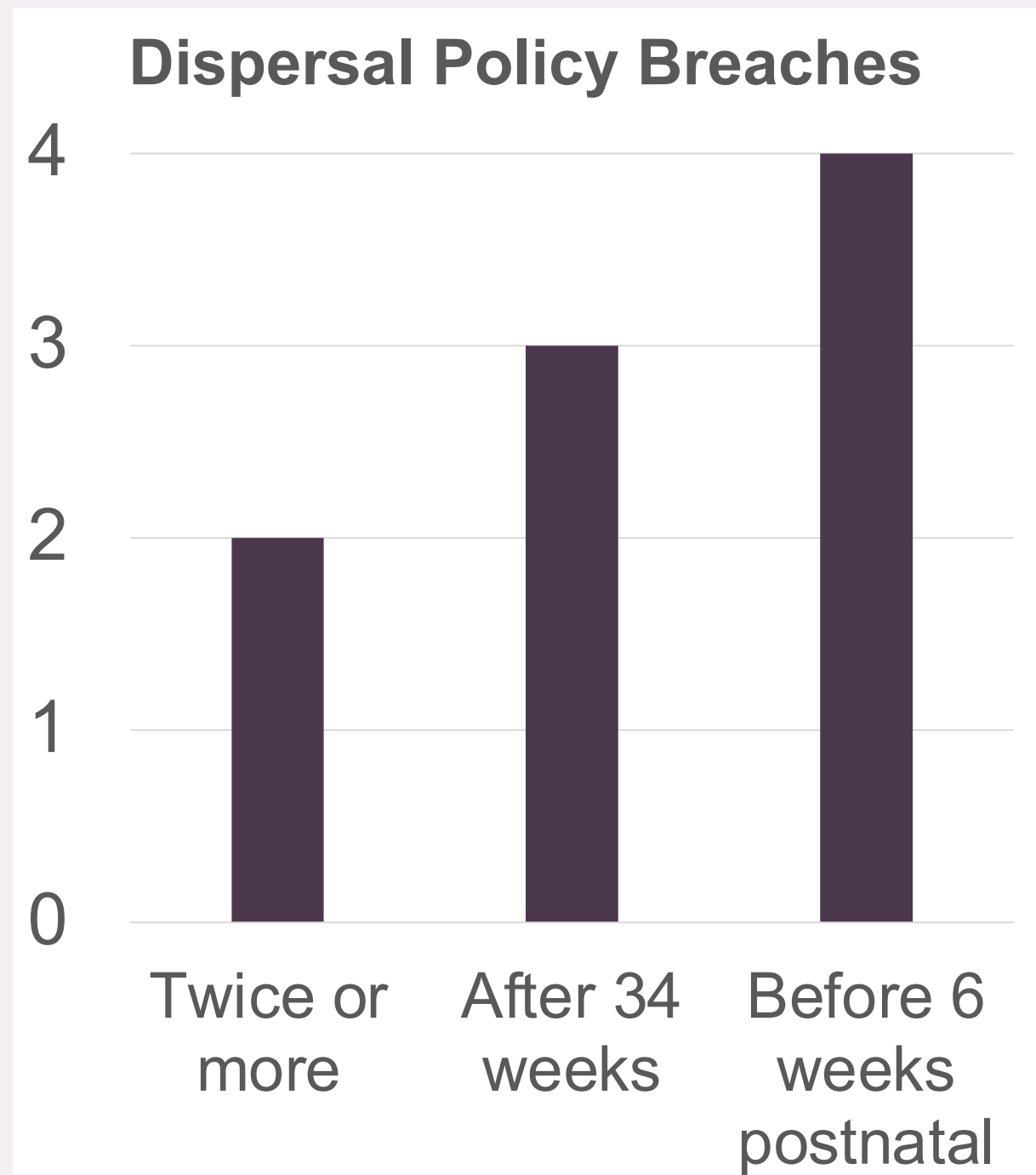
Chart Review Results: Role of the Home Office

Dispersal = Transfer of refugees/resettled people to accommodations around the country on a ‘no choice’ basis

Home Office guidelines **prohibit** transfer from **6 weeks before EDD** up to **6 weeks postnatal** or **more than once** in total during pregnancy

NINE ascertainable infringements of this policy in chart review

Figure 3. Breaches of Dispersal Policy



Results: Role of the Home Office

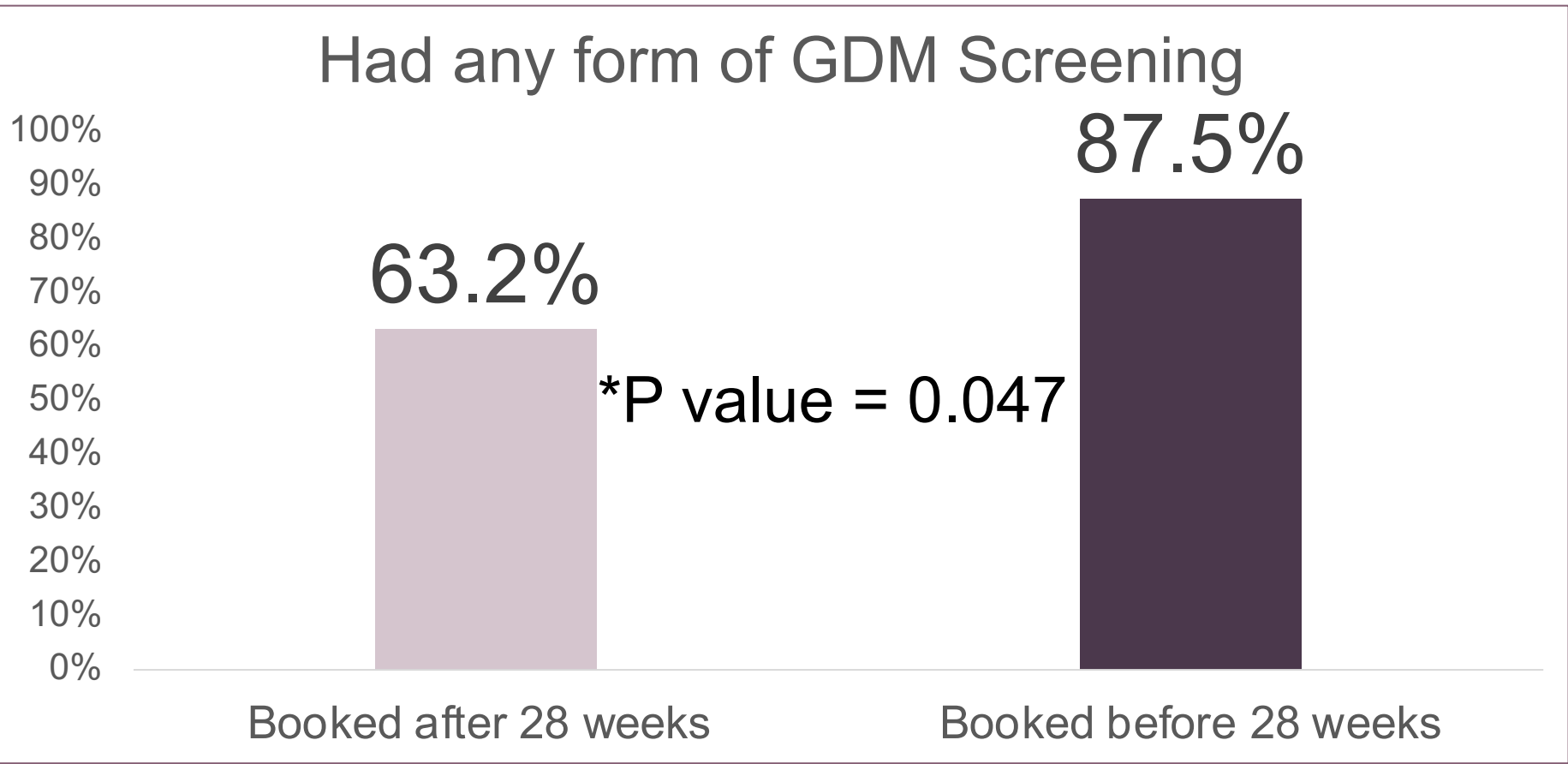
Pan-project qualitative data themes:

- Inadequate provision of **sterilising equipment** in hotels solely providing **powder formula**
- Inadequate **provision of food** for women particularly suitable for those with **gestational diabetes**

Chart Review Results: Gestational Diabetes

- **21.6%** of women had **Gestational Diabetes** compared to the 4-5% estimated in the general UK obstetric population
- Gestation at booking predicted GDM screening, **87.5%** of women booked **before 28 weeks** had GDM screening compared to **63.2%** of those booking **after 28 weeks**, **p=0.047**

Figure 4. GDM Screening by Gestation at Booking



Conclusion

This dedicated care pathway is a **positive intervention** appreciated by women and staff.

Home Office must ensure **dispersal guidelines** are adhered to and suitable **food facilities** are provided in accommodation.

Training is needed for staff on **advocacy for women** against inappropriate **dispersal and food facilities** and aspects of clinical **management of women booking later in pregnancy**.