

UNRECOGNISED, UNEXPECTED PREGNANCY COMPLICATIONS IN AN ASYLUM SEEKER.

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Case report

A 37-year-old lady was booked at 16 weeks gestation. She has been residing in the country for the past four years. Her first child was born in UK in 2019, on the 3rd centile by emergency caesarean section, with a congenital cardiac condition identified antenatally during anomaly scan which was surgically corrected in the neonatal period. There was no known family history of a cardiac condition.

The patient was identified to be at high risk for PET & SGA and was closely monitored. She had a booking BMI of 19. She had uneventful antenatal care till 34 weeks gestation when she developed Pre-eclampsia and was admitted for management of hypertension. She developed an abruption and needed emergency caesarean delivery.

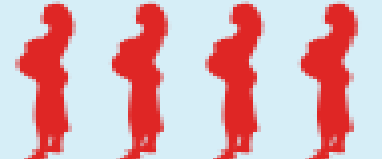
Postoperatively she developed respiratory distress needing respiratory support with high flow oxygen. She had history of cough for 4 weeks prior to delivery, managed at primary care. She was found to have a cardiomegaly on chest x ray and ECHO revealed right heart failure with pulmonary hypertension secondary to a suspected Large VSD (awaiting cardiac MRI). She was managed in the coronary care unit and was found to have pulmonary embolism.

She was stabilised and discharged home with a plan for follow up with a repeat ECHO in 6 weeks.

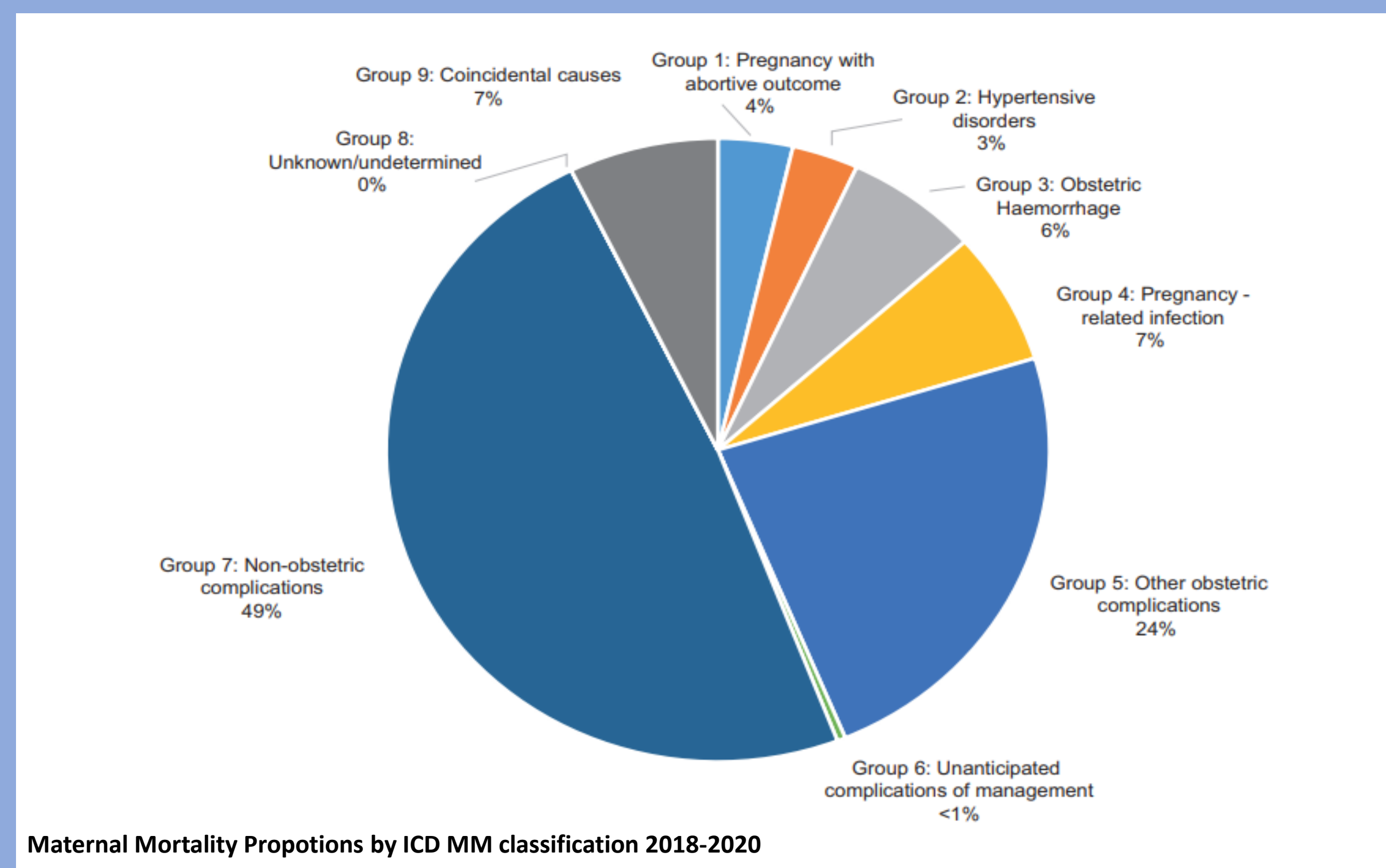
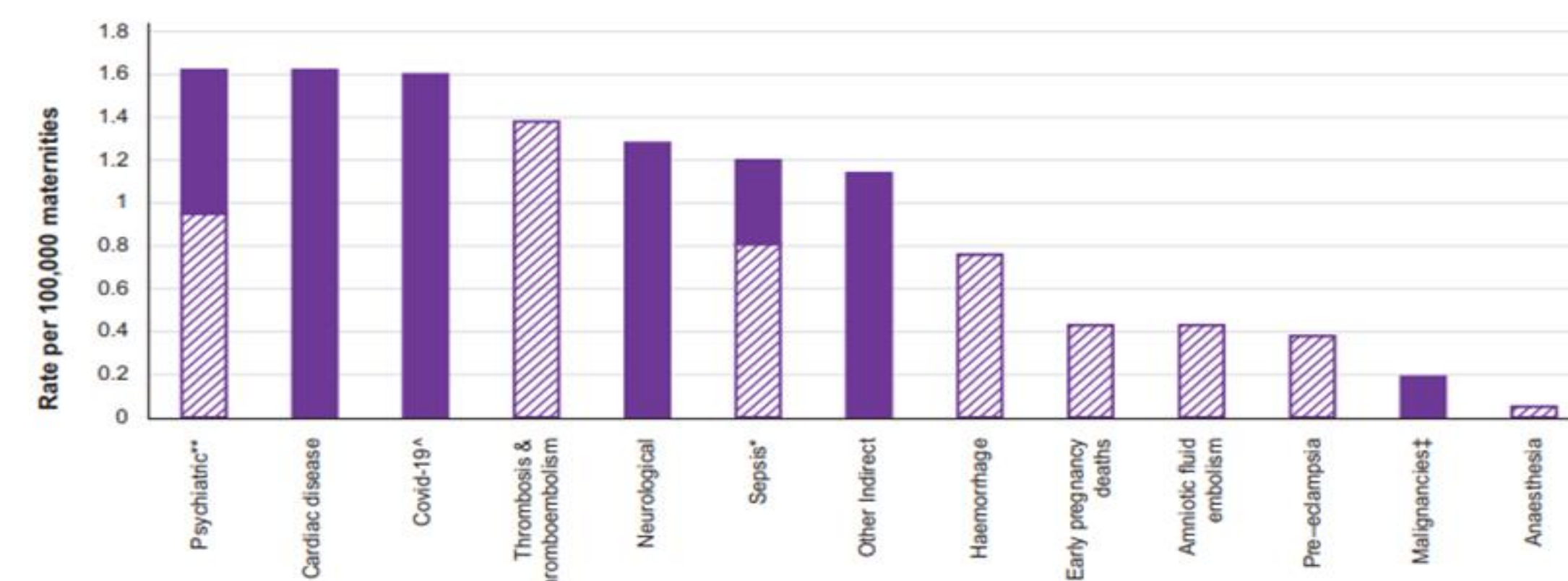
Objective

To highlight the importance of a thorough medical assessment in all the asylum seekers to identify and manage undiagnosed medical conditions, to provide optimal care and to improve their pregnancy outcomes.

Black and Asian women have a higher risk of dying in pregnancy

White women		9/100,000
Mixed ethnicity women	 1.3x	12/100,000
Asian women	 1.8x	16/100,000
Black women	 3.7x	34/100,000

Maternal Mortality By cause 2018-2020



Discussion

The impact of migration on health is momentous, making migrant populations particularly vulnerable, fuelling health inequalities, and resulting in serious implications for global health.

Asylum seekers and undocumented migrants are subpopulations of migrants who face specific negative health determinants that put them at risk of adverse maternal and perinatal outcomes In UK, Of the 89,398 people who applied for asylum in 2022, 23% (20,562) were females between age 17-68years as primary applicant. Of these, 45% were small boat arrivals.

Asylum seekers often come from regions affected by war, conflict, natural disasters, environmental degradation, or economic crisis. They have poor access to healthcare and screening facilities. Many such women are first seen during pregnancy and could have undiagnosed complicated medical conditions.

MBRRACE 2021 reported a 4-fold higher risk of maternal morbidity and mortality in women of black ethnic minority. However, neither MBRRACE nor national census statistics have recorded the morbidity/mortality of asylum seekers. Cardiac disease remains the leading cause of indirect death in pregnancy closely followed by neurological disorders. MBRRACE 2022 highlights the medical or indirect causes for mortality as just over half (52%) of total maternal mortality.

This case highlights the importance of going a step further and offering a more comprehensive check up when a woman books in pregnancy and has got no medical records, to optimise her care and hence the clinical outcome.

Conclusion

There is a need for more comprehensive medical check-up for women especially seeking asylum or no known medical history. Language and cultural barriers in these situations may need to be addressed promptly.

References

- ❖ MBRRACE 2021 Report – Figures and graphs
- ❖ Gov.UK/Immigration system statistics 2022
- ❖ Gieles NC, Tankink JB, van Midde M, Düker J, van der Lans P, Wessels CM, Bloemenkamp KWM, Bonsel G, van den Akker T, Goosen S, Rijken MJ, Browne JL. Maternal and perinatal outcomes of asylum seekers and undocumented migrants in Europe: a systematic review. Eur J Public Health. 2019 Aug 1;29(4):714-723. doi: 10.1093/eurpub/ckz042. PMID: 31098629; PMCID: PMC6734941.