

## 9. Dispersal had an extremely adverse impact on women's mental health

**"The first month I cried a lot because I moved down here and there's no family, no friends and I don't know anyone."**

- At least five women had clinically diagnosed postnatal depression (PND).
- Almost all women found the postnatal period very stressful, often because they had been moved from family and friends.

## 10. Midwives were not informed of dispersal plans

- None of the midwives were informed by UKBA of when women were being moved, or asked whether they were fit to travel. This wasted valuable time and public resources looking for them, and prevented communication between maternity units.
- Midwives frequently spent a great deal of time trying to liaise with UKBA on behalf of a woman about whom they were concerned.

## Conclusions

- Dispersal and relocation of pregnant women seeking asylum has a serious impact on their physical and mental health, and negatively affects the maternity care they receive.
- The UKBA's 2012 *Healthcare and Pregnancy Dispersal Guidance* falls far short of addressing the issues identified in the interviews with the women and midwives.
- The UKBA does recommend that dispersal is delayed during a 'protected period' of four weeks either side of delivery. However, this fails to prevent the interruption of maternity care or to recognise the importance of postnatal care for at least six weeks after birth.
- The guidance makes no mention of mental or physical health issues arising in pregnancy, nor of many underlying health problems that may affect women. It does not address women's need for social and family support throughout pregnancy and labour, even though this is recognised as an important component of their care in the NICE guidance.
- Maternity care costs are increased by wasting valuable resources in searching for women who have been moved without the service being informed, and by generating a need to repeat tests and scans.

## Recommendations

This study demonstrates a need for the UKBA to reconsider its policy of dispersing pregnant women. The report's recommendations include the following:

1. **UKBA should recognise pregnancy in women seeking asylum as involving complex needs**, including mental health, family and social circumstances, experience of trauma and violence, and underlying health conditions and reflect this in its policies and processes.
2. **Pregnant women should not normally be dispersed**. They should be housed where they can continue to access their GP and maternity care, and are within reach of friends or family support.
3. **No woman should be dispersed after 34 weeks gestation**, or sooner than 6 weeks postnatally. This means extending the new 'protected period' from at least 6 weeks before the expected date of delivery to at least 6 weeks after giving birth and after discharge from postnatal care.
4. If dispersal is unavoidable, **there must be a full risk assessment**, carried out by the woman's current treating midwife or other midwife with expertise in the care of vulnerable women.
5. **No pregnant woman who has booked into maternity care should be dispersed without arrangements having been made** for her to be received into maternity care in the dispersal area.
6. **Women should have adequate financial support throughout and following pregnancy**, and it should be provided in cash.
7. **The Department of Health should facilitate local monitoring of negative impacts of dispersal on effective maternity care**, and share this data with UKBA.
8. **The UKBA should urgently develop dispersal policies for pregnant women seeking asylum** and new mothers, using expertise of maternity and health professionals and relevant voluntary organisations which are compatible with the NICE guidance.

The full report is available at  
[www.refugeecouncil.org.uk/maternity](http://www.refugeecouncil.org.uk/maternity)

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Maternity Action

[www.maternityaction.org.uk](http://www.maternityaction.org.uk)



Refugee Council

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# When maternity doesn't matter

Dispersing pregnant women seeking asylum

briefing

  
maternity action  
challenging inequality: promoting wellbeing



## Background to study

Expecting a baby can be an exciting time for women but it can also bring with it a number of concerns and health problems. Pregnant women seeking asylum in the UK face additional challenges. **Many arrive in the UK with poor health, having fled war and violence in their country and having made arduous and traumatic journeys in search of safety.** Many of them have underlying health problems stemming from undiagnosed conditions in their home countries and the effects of torture, sexual violence or Female Genital Mutilation (FGM), which could affect their pregnancies. They may not understand the language or systems in the UK, are likely to be living in poverty and are faced with the fear of not knowing if they will be allowed to stay. **All of these factors can put them, and their babies, at particular risk during pregnancy.** Research has shown that Black African women, including asylum seekers and newly arrived refugees, have a maternal mortality rate nearly six times higher than White women.<sup>1</sup>

The National Institute for Health and Clinical Excellence (NICE) has highlighted refugees and asylum seekers as an especially vulnerable group in their maternity care policies. **In their policies for supporting asylum seekers with accommodation, the UK Border Agency (UKBA) shows little concern for women's pregnancies, unless they are experiencing very serious complications.**

Like other destitute asylum seekers, pregnant women who apply for accommodation and support because they cannot support themselves (either while they wait for their claim to be processed or after their claim is refused) are **'dispersed'** to locations outside of London and the south east, where accommodation is more readily available. They may then be **relocated** to other accommodation multiple times.

The findings of this report show that both **the process and the repercussions of dispersal and relocation can have a major impact on women's health and experiences of pregnancy**, birth, and becoming a new mother. They include women:

- being moved away from midwives, GPs and specialist support that they trust and understand, and suffering serious mental health problems before and after birth.
- being separated from their family and social network, and in some instances, the father of their baby and leaving them isolated in an unfamiliar city.
- being moved multiple times during pregnancy, often to crowded and dirty accommodation where they feel unsafe and unable to care for their babies.
- giving birth alone, without a birth partner.
- having no cash for basic amenities for their baby or for transport. Many women are forced to walk long distances after childbirth or caesarean section.

The UKBA introduced new guidance on pregnancy and dispersal in July 2012 in an attempt to address some concerns about the impact of its dispersal policy on pregnant women. Previous UKBA dispersal guidance meant that women could be dispersed at any time during their pregnancy. The new guidance recommends a 'protected period' of four weeks either side of delivery when a woman should not be dispersed. Our full report reviews this policy, but notes that it falls far short of addressing many of the concerns raised in this study and women's maternity care continues to be disrupted and damaged as a result.

## Key findings

This is the first study into the impact that dispersal has on pregnant women and new mothers in the asylum system, based on interviews with 20 pregnant asylum seeking women, and 17 midwives. Here are some of the findings from the interviews:

### 1. Women had serious health conditions or other factors that put them at risk during pregnancy:

- Over half the women suffered from mental health conditions such as depression, anxiety, flashbacks, and high levels of stress. Two had attempted suicide during their pregnancy.
- Midwives reported that many women asylum seekers they looked after had serious underlying health conditions including HIV, diabetes, sexually transmitted diseases, and FGM.
- Two thirds of the women we interviewed had their first contact with a midwife later than recommended in NICE guidance.

### 2. Dispersal meant women were separated from family, friends, and healthcare arrangements

**"I was crying all the way in the car. I don't even know why I was crying. I was thinking, 'I'm going to a new place, I'm pregnant, I don't know the hospital, I've left it behind.'"**

- In several cases, women were separated from the father of their baby.
- Several women had difficulties getting to hospital or returning home after giving birth.
- Most women had to stop their previous antenatal care, and it was often several weeks before they could access care in the new area, due to difficulties registering with GPs. Two women had been booked into three different maternity units because of multiple moves.

### 3. Women were dispersed against medical advice, and too close to their due date

**Midwife – "I've had three [women] this month coming past 36 weeks, and nobody ever liaised... Such a lot of work and they're repeating all the bloods and all the screening. So unfair to the women."**

- Women reported being moved despite their doctors or midwives advising against it.
- Fourteen women were in the final trimester of their pregnancies, and eight were in their last month when they were moved. Two were dispersed on the day before they gave birth. (The new UKBA guidance goes some way to addressing this but remains wholly inadequate).

### 4. Journeys to the dispersal areas cause additional problems for pregnant women

**"Moving around made me sad, tired and unhappy."**

- Nearly all the women moved to the dispersal area in a state of distress.
- Women were often moved at very short notice, without being informed of their destination or the distance to be travelled until the last minute.
- Several women reported not being able to eat during the journey, inadequate toilet breaks, and lack of assistance with luggage.

### 5. Women were moved multiple times during pregnancy

**"When I arrived I was put into prison for one day and on the next day I was taken to Yarl's Wood Detention Centre in Bedford... After that, they took me to a UKBA hostel, and I stayed there for one month and two weeks and then I was put into another accommodation for one night. ...they took me back to Yarl's Wood... Then they took me to a hostel in Wales and I lived there for about a month. Then they brought me to a shared house [about 100 miles distance]. And then I went to hospital to give birth. When I came out of hospital I went back to the shared accommodation for one week and after that they put me in a hostel."**

- Fourteen women were moved multiple times during their pregnancy or immediately after the birth. One woman was moved six times during her pregnancy and once after delivery.

### 6. Accommodation was unsuitable for pregnant women and new mothers

**"The baby was not getting enough milk from me and the only place I could use the bottle steriliser was in the toilet, and I was worried because there were so many people coming in and out... I was worried about the hygiene."**

- In dispersal accommodation there was rudimentary equipment for the baby but poor hygiene and sanitary facilities for newborns. Women often had to climb several flights of stairs to their rooms, despite recently giving birth or having surgery.
- Over half of the women spent time in Initial Accommodation before being moved on to their dispersal accommodation. Women complained about dirty bathrooms and toilets, bad or inedible food, being forced to sterilise bottles in the toilets, safety issues, being allocated rooms on upper floors without lifts, and being assigned top bunks.

### 7. Women gave birth alone

**"At home I would have had a lot of people around during the birth [she is crying], not here."**

- Eight of the women – nearly half of those interviewed – gave birth alone, without a birth partner.
- None of the women had an interpreter present during labour, and four had no one with them who could help interpret.

### 8. Women found that they had insufficient money for essential needs

**"I used my last coins to get a cab to the registry office [to register the birth] but I didn't have any money left to get home so I walked, which was really painful."**

- Women who were on cashless support suffered the most. This included women on section 4 support, and those in full board hostels.
- Women found the additional pregnancy payment of £3 per week, or £5 once their baby was born, was not enough.
- One woman's financial support was stopped while she was in hospital having her baby, because her asylum claim had been refused, and it took two weeks to get section 4 support during which time she had no money.
- Many women had problems obtaining UKBA Maternity Payments.
- Women on cashless support (Section 4 or full board support) were unable to use public transport so were forced to walk long distances, despite recent surgery or childbirth.

<sup>1</sup> G. Lewis (ed.), 2007, *Saving mothers' lives: reviewing maternal deaths to make motherhood safer – 2003–2005*, Seventh Confidential Enquiry into Maternal and Child Health, London, CEMACH, available at [www.cmace.org.uk/publications](http://www.cmace.org.uk/publications)