

Facilitating antenatal courses attended by asylum seekers and refugees

An NCT guide for midwives, health visitors and education and support practitioners



NCT supports parents throughout the First 1,000 Days, the time from the start of pregnancy to a child’s second birthday, via courses, peer support, publications, a helpline and branch services. We work with the NHS, children’s centres, health professionals and third sector organisations and are working towards becoming an organisation of sanctuary. NCT birth and beyond community supporters provide peer support for service families, south Asian parents and other minority ethnic groups, and for asylum seekers and refugees.

Rose McCarthy, NCT antenatal teacher and Women’s Achievement Award winner for her work in developing the Maternity Stream of Sanctuary (2012), is a frequent speaker at national conferences on the needs and experiences of pregnant asylum seekers and refugees and the Choto Moni model of education and support. Rose also works for the Refugee Council, training and coordinating volunteers to befriend pregnant asylum seekers and refugees.

Val Winder, NCT breastfeeding counsellor for 33 years, 2012 winner of the NCT Breastfeeding Counsellor of the Year Award and NCT Visionary Award, and breastfeeding peer supporter trainer, has been facilitating courses at Choto Moni for five years.

Mary Newburn, head of the NCT’s Research and Quality Department, has overall responsibility for the NCT’s birth and beyond community supporter project, funded by the Health and Social Care Volunteering Fund.

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Authors: Rose McCarthy, Val Winder and Mary Newburn

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NCT
Alexandra House, Oldham Terrace, London W3 6NH
0844 243 6000 www.nct.org.uk

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Birth is a fantastic way of uniting parents from around the world.

1

Introduction

Being pregnant, giving birth and becoming a mother can be a wonderful but stressful time in any woman's life. When parents are forced to seek sanctuary in a strange country the stress is even greater. They come with a wealth of knowledge and experience but their expectations regarding maternity care, about birth and ways of mothering or fathering a baby are likely to be culturally different from ways of doing things in the UK. They may not know who to turn to for help or understand why they should visit a midwife or doctor. Importantly, they may be troubled by the trauma they have been through and will need friends and community support to help them to adapt to life with a baby.

Preparing for birth and beyond

This guide is designed to be used alongside the 'NHS preparing for birth and beyond resource pack for leaders of community groups and activities'.¹ It explains how antenatal courses may need to be adapted to meet the needs of asylum seekers and refugees (AS&Rs).

Within this guide we explore why people flee their country to seek asylum, the support they are entitled to and the difficulties they face in a foreign land. AS&Rs are disadvantaged and more vulnerable to health problems including serious health risks. For example:

- Black African women, including asylum seekers and newly arrived refugees, have a maternal mortality rate nearly six times higher than white women.²

It also examines barriers which limit access to maternity services, and how these can be overcome so that AS&R women can experience the care they are entitled to. It describes good practice from midwifery services, specialist support agencies and befriending schemes. Sources of further information and training are also given.

This guide is based on the experience of the authors, Rose McCarthy and Val Winder, who have facilitated antenatal courses for AS&R clients over the past 10 years in partnership with Sure Start and Choto Moni Children's Centre.

Find out about the religious beliefs and customs of the main asylum seeker and refugee groups in your area. The largest groups of asylum seekers and refugees in Britain are Muslim.

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UK refugees and asylum seekers

Understanding what different terms mean

An asylum seeker is a person who has left their country of origin, who has formally applied for asylum in the UK and is awaiting a decision.

Refugee status is granted to a person who has been recognised as having a 'well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion'.³

Humanitarian protection is granted to a person who does not meet the criteria for refugee status under the 1951 UN Convention, but would face a real risk of death, torture, or other inhumane or degrading treatment if returned to their country of origin.

A denied or failed asylum seeker is a person who has applied for asylum in the UK and whose claim and subsequent appeals have been refused.

An economic migrant is a person who has moved to another country to work.

Where do asylum seeker and refugees come from?

In 2011, the population of refugees, pending asylum cases and stateless persons made up 0.33% of the UK population (193,510 refugees, 15,170 pending asylum cases and 205 stateless persons).⁴

Main countries of origin for AS&Rs are Pakistan (4,783), Iran (3,155), Sri Lanka (2,128), Nigeria (1,428), Syria (1,289), Afghanistan (1,234), India (1,180), Albania (987), China (859) and Eritrea (764).⁵

Among AS&Rs, the range of languages spoken, religions and ethnicity is very diverse. This can be a challenge for those planning language support.

Why do people flee their countries?

In most of the countries from which AS&Rs flee there are wars and political conflicts. These are often combined with human rights violations, e.g. political and religious persecution, torture, violence and murder. In addition, poverty, female genital mutilation (FGM), and domestic abuse, rape and sexual violence may be reasons why people seek asylum. AS&Rs may also have experienced fear, extreme poverty, exploitation, human trafficking, and violence on their journey to the UK. They may be grieving for close family and friends who have died or been left behind, and be distressed about leaving their home country.

People can claim asylum on the basis of the UN Convention definition of the status of refugees (see p6). Under UK law, a person may also claim that there would be a breach of his or her Article 3 ECHR rights (not to be subjected to torture or to inhuman or degrading treatment) if they were not granted asylum. Any application for asylum must also be treated as including an application for 'humanitarian protection'.⁶

The asylum process

The asylum seeking process is subject to change, so check for current details. At the time of going to press:

1. applications for asylum in UK are made to the Home Office. Asylum seekers who are already in the UK, need to book an appointment to attend the asylum screening unit in Croydon (south London).
2. following a screening interview, the applicant may be housed in an initial accommodation Centre (IAC) on a no choice basis, where food and board is provided. A further interview takes place with Home Office officials and a legal representative.
3. dispersal to housed accommodation, without a choice, with some financial support (Section 95), will be offered after approximately three weeks.
4. the asylum process can take many months or years. If there is a **positive decision** the applicant is granted one of the following:
 - Refugee status
 - Humanitarian protection
 - Discretionary leave to remain

All of these have a designated time period, after which settlement can be applied for.

5. If there is a **negative decision**, this can be appealed within 14 days. During an appeal process Section 95 support continues. Only one appeal can be lodged, and if it is denied Section 95 support ceases and removal for the UK may follow. If asylum seekers refuse to leave the UK they may be put into temporary detention in an immigration removal centre, but some may go into hiding.⁶ If families have children their section 95 support continues and they can remain in the same accommodation until they are removed from the UK. A refused asylum seeker can submit fresh claims if they can provide new evidence to support their case.

Difficulties faced by asylum seekers and refugees

The asylum procedure offers AS&Rs the possibility of settling in the UK, but during the procedure they are not allowed to undertake paid work or choose where they live. Despite Section 95 financial support and accommodation, AS&Rs face poverty, language difficulties, loneliness, isolation and insecurity. Discrimination and exploitation are common problems, together with public hostility and, in some cases, violence.

As a result of traumatic experiences and deprivation, asylum seekers and refugees have a range of health, psychological and social needs as well as the basic requirements of shelter, security, accommodation, and food. Some have had little or no antenatal care, due to cultural differences, poor education and poverty.

Rights and benefits

Who is entitled to use services?

Asylum seekers are entitled to primary care (e.g. from a GP), secondary care (in hospital or from a specialist service) and maternity care.

Refused asylum seekers are entitled to 'immediately necessary' treatment, including emergency healthcare and maternity care (antenatal care, birth and postnatal care, including treatment for HIV during pregnancy), although they may be sent bills for maternity care. A pregnant woman can apply for an HC2 certificate entitling her to free prescriptions and NHS dental treatment.

Refugees are entitled to primary, secondary, and maternity care.^{7,8}

What benefits are available for asylum seekers?

Asylum seekers can apply for an HC2 certificate to enable them to get free prescriptions and NHS dental care. Pregnant women need a Mat B1 and can receive additional payments during pregnancy of £3 a week. They can also apply for a Maternity Grant from UKBA of £300 for the first child when they reach 32 weeks of pregnancy.

What rights and opportunities do denied or failed asylum seekers have?

Not all denied asylum seekers are removed from the UK because it may not be considered safe to deport them, and they are entitled to 'humanitarian protection' under UK Law.⁹ Some remain and become destitute as they are trapped, unable to leave but with no home or money to live on. Pregnant women may be destitute until they reach 32 weeks of pregnancy, when they can claim Section 4 support.

As one woman from Somalia said *"I give up. I agreed to go back but they won't send me. I admit that sometimes I sleep with men so that I can have food and a bed for the night."*

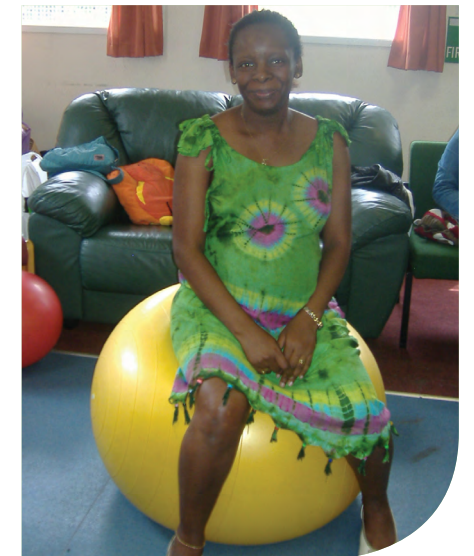
Section 4 support provides accommodation but this may be in a different part of the country where a woman knows nobody and she may not know how to access care and support.

Denied or failed asylum seekers will be given an Azure card, instead of cash, which can be spent in a limited number of shops, mainly supermarkets, which may not be accessible or sell the items they need. Women have no money to spend in local shops, charity shops, or even to catch a bus. A woman with Section 4 rights can apply for additional pregnancy payments of £3 a week and a maternity grant of £250 for the first child. These are added to the Azure card.

A woman from Iran said *"I was given an Azure card but it was two miles to the nearest shop where I could use it and I had no cash for anything including the bus. There were still many things I needed which I couldn't get from the shops that took the cards. What was I to do?"*

Refugee status

If refugee status is granted, Section 95 support continues for 28 days. During this time, if individuals are offered guidance, they can apply for a national insurance number, work, benefits and housing.



Maternity Services

Barriers which limit access to maternity care

- **Language difficulties** – these include not being able to read English, insufficient access to interpreters, a need for a gender sensitive interpreter service, and a lack of continuity of the same person providing interpretation.
- **Lack of understanding about the health care system** – which includes knowing what maternity services are available, the role of the midwife, why care is important, how to access care and their rights to access free healthcare.
- **GP practices** – Some GP practices refuse to register AS&R parents.
- **No fixed address** – can make it difficult to register for care.
- **Poverty** – with no money for transport, services may be too distant to reach.
- **Discrimination and racism** – lack of cultural sensitivity among providers, and a negative attitude of some healthcare professionals.
- **Fear** – of breach of confidentiality and of being reported to the Home Office.
- **Depression or anxiety** – caused by extreme stress.
- **Low expectations** – There may be no concept of choices or a right to complain.
- **Poor communication and coordination** – NHS services may be poor at referring appropriately to antenatal education, the FGM clinic, and doula service.



Strategies for improving access to maternity care

- **AS&R parents need open access to 'easy to read' information and interpreting services** – in order to be able to obtain information about maternity services, and their entitlement to them, from a range of health service sources, including GPs, midwives and pharmacies.
- **AS&R parents need representation on planning groups** – supported AS&R women volunteers, advocates and community leaders, should be given a voice in the planning and commissioning of maternity services.
- **Midwives, GPs, health visitors and managers should use progressive policies and targets to improve local facilities** – the Government has quality standards for early booking with a midwife, which are designed to improve outreach to vulnerable pregnant women.
- **Provision of language services should be a priority for maternity services commissioners**, including interpreters and written information in a range of languages.
- **Midwifery rules directing practice could be used to ensure midwives understand the needs of AS&R women** – Rule 7 '*supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging.*'¹⁰
- **Service of Sanctuary Award** – Organisations could apply to the Maternity Stream of Sanctuary group which aims to improve maternity services for AS&R parents (see p20).
- **Development of more responsive support and tailored services** – by consulting AS&R advocates and representatives, and by working in partnership with voluntary organisations, the range of services provided could include specialist midwives, doulas, breastfeeding counsellors, breastfeeding peer supporters, befrienders, and NCT birth and beyond peer supporters. The Haamla Service in Leeds is a good example of a specialist midwifery service, and, at Bradford University, Mel Cooper involves AS&R women in interviewing prospective health care students and in talking to students as part of their public health education.

Choto Moni - learning from experience

Choto Moni Children's Centre, Leeds, and NCT have worked in partnership to provide antenatal courses and support for families for 10 years. NCT practitioners, Rose McCarthy and Val Winder facilitate the groups, funded by NHS Leeds. Any pregnant woman and her partner can attend, free of charge, and the majority of service users are pregnant AS&R women. Some are expecting their first baby, others have had children previously in their country of origin. Many return to the group with subsequent pregnancies.

How Choto Moni got started

In 2003, Sure Start surveyed pregnant women in a deprived area of Leeds where early booking of maternity services was low and infant mortality rates high. The women said they would like to attend an antenatal group in their local area, with a crèche and time to socialise, and to sew something for themselves or their baby. Sure Start approached Rose, an NCT antenatal teacher, to facilitate the group.

Promoting the group

Initially the numbers attending were low. Posters and leaflets alone were not reaching the target group. Support was sought from Leeds Maternity Service Liaison Committee and the matron in charge of community midwives arranged for Rose to attend a meeting of local midwives to promote the group. Since then, Rose has given talks at children centres and refugee community organisations around Leeds to promote the Choto Moni model. Now most women self-refer after hearing about the service from other women.

The Choto Moni model

At Choto Moni we provide a drop-in, rolling programme, run every Tuesday afternoon for 2.5 hours. Men and women are welcome at any stage of pregnancy, though mainly women attend. Each session starts with introductions to break down barriers. The content is totally group-led which requires skills in flexibility and adaptability by the facilitator. This ensures the parents take responsibility for their own learning rather than being told what to do.

As one mum said *"being able to choose what to learn, it builds your confidence"*.

Discussion and practice of physical skills for pregnancy, birth and parenting takes place for 90 minutes followed by one hour of sewing led by a local mum, socialising and support for individuals. During this time, parents from both groups mix together and individuals can receive support from the facilitator, the children centre manager or a breastfeeding peer supporter.

Women from both groups can receive support from any member of the team, in a private room if required. In addition to maternity issues, parents seek help with form filling, housing, domestic abuse and other difficulties and may need referring to appropriate services.



Helping parents with pressing dilemmas

One woman had a pressing dilemma to resolve. On the one hand she felt pressure from her family and community to take back her violent husband, on the other she felt threatened by social services that her children would be taken away if she did let him back into their home. Choto Moni gave her a place to feel safe. She said *"I feel the support I received at Choto Moni before and after domestic violence has been the most important thing to me. You saved me"*.

Crèche and NCT postnatal group

During antenatal sessions, a free crèche is provided in an adjoining room, alongside the postnatal group. This enables women with children to attend and have space to focus on their unborn child.

As one mum said *"I could be calm during the class because my children were safe and happy in the crèche and because I was calm I could learn more"*.

Another said *"I couldn't come to the group without a crèche and even though I had a baby already I still had a lot to learn"*.

Once women have given birth they return to the antenatal group to share their birth story. Most then attend the NCT postnatal group in the adjacent room which was set up in partnership with the children's centre manager Tracey Brownbridge and two NCT volunteers who had attended the antenatal group and been trained by Val Winder to become NCT breastfeeding peer supporters. There are always mums breastfeeding at Choto Moni. One British born woman was shocked by this and said *"I am not getting my tits out in public!"* However, once she saw that this was the norm for the AS&R mothers who attended she changed her mind, breastfed her baby and trained to be a breastfeeding supporter herself!

Many postnatal mums have joined the antenatal class to volunteer as informal interpreters when needed. They support discussions and help with practical parenting skills when requested.



It's about giving birth their own way and not the British way.

Clothing and equipment exchange

In 2005, one mum attending the group fainted on her way home because she was hungry. She only had two baby-grows and a Moses basket for her new born baby. Rose was moved by her plight and angry that some parents have so much whilst others have so little. She complained to her 17 year old son that people just didn't care. His response was *"people do care; you just have to ask the right questions"*. Rose reflected on this and gave a talk at her local church, St Mary's, for donations of baby clothing and equipment. The response was so good that a clothing and equipment exchange was set up at Choto Moni and eight years later they are still inundated with donations, not just from St Mary's church, but from NCT, asking hospital staff and local parents. The exchange is used every day by parents and midwives seeking donations for vulnerable families in their care.



Active birth sessions at St James' Hospital

Once every eight weeks, Rose facilitates an active birth session in the delivery suite at St James' Hospital. Birth partners usually accompany the women and they are encouraged to move the bed to the side and practise positions for birth in that setting. They discuss giving birth in their own way and not feeling constrained by British culture. Understanding the benefits of active birth and the concept of choices in childbirth in the UK empowers parents to be assertive in hospital.

As one mum said *"it was good to see and know what to do for yourself. I have confidence now but before I was scared"*.

Our good practice tips for running groups are developed from NCT education and training and many years of practical experience working with AS&R women and families.

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Running groups – a good start

How to begin

When women first arrive, they may feel apprehensive and 'different' but these introductions illustrate that underneath we all feel the same.

Writing all the names down helps everyone get to know each other's name. You can write the word **'names'** in the middle of a sheet of paper so that parents write their names around. The circle this creates implies a group of equal value. It may be better than a list.

Displaying the written names helps everyone know how to pronounce the names, it aids memory and gives a sense of belonging. A name chosen for a child may have a special meaning or a quality they hope their own child will have, such as peacemaker, graceful or blessing.

Getting to know you

Introductions work well when everyone gets a chance to speak and feels they have been heard. The following activities seem to work well.

Say your name and...

...why you are called it.

...how you feel about being pregnant, giving birth or becoming a parent?

...how you traditionally welcome babies into your community.

...a family/cultural tradition you would like to pass on to your children.

...something you think it is important for your child to grow up with .

...something you do to relax.

...how dads are traditionally involved in childbirth/parenting in your culture.

Time invested in introductions helps create a welcoming environment where parents feel valued and it is safe for them to share their hopes and fears, but some things are better avoided:

- Don't ask parents to introduce themselves with 'something you are good at that will help you be a good parent'. In certain cultures it is seen as inappropriate to praise oneself in public. They feel awkward and don't know how to respond.
- Don't suggest they explain 'what brought you to this country?' – This is too personal, and often painful. People do not like to feel pressurised to tell their story to a whole group.

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Working with interpreters

Interpreters not only speak the same language as women coming to groups, but understand the women's culture as well. They tend to interpret for many AS&R women in different settings, e.g. the Home Office or solicitors, and can be a great source of knowledge and support.

At Choto Moni, through regular attendance at groups, interpreters' understanding of pregnancy, birth and postnatal language and issues has increased. Our experience has taught us how to make the most of working with interpreters.

Hints and tips on working with interpreters

- **Make eye contact with the mother when talking** and speak to her rather than the interpreter.
- **Speak slowly and leave pauses for interpretation** – ask members of the group to slow down too, if necessary.
- **Prompt the interpreter if necessary** – as sometimes they may be so busy listening they forget to interpret!
- **Encourage parents to have a go at speaking English**, especially during the introductions, even if this is just to say their name and when their baby is due.
- **Observe the interpreter's body language and tone** – check it seems appropriate for the information being interpreted; make sure the interpreter is not imposing her own views rather than interpreting.
- **Emphasise the importance of confidentiality** when using an interpreter for the first time. She may come from the same community as the parents and even if issues are discussed in a group setting they should still stay confidential within the group.
- **Make sure the parents' comments or questions are interpreted for you** so you can respond. Answer any questions rather than letting the interpreter take control.
- **Keep your language clear and simple** – check that the interpreter understands the meaning of any medical words used and that there is an equivalent word to translate.
- **Do not talk for too long!** Limit information-giving to small amounts or parents who don't need an interpreter will get bored.
- **Allow time for clarification and questions.**

Many women form a trusting relationship with their interpreter and ask them to be present at the birth. This continuity, when achieved, has been highly valued, especially by women without a birth partner. When it is not possible, women have been disappointed as they have only been offered a telephone interpreting service in labour as an alternative.

One Chinese mum with a prolonged labour said she was really hungry but didn't know how to explain. She kept saying "burger, burger" meaning "food" but no one understood or called an interpreter and her need was ignored. A fact she linked to her birth story each time she told it.

Good interpreters have been a real asset at Choto Moni and on occasion there have been six interpreters at once!

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Working in small groups

Small groups are used a lot in adult learning. They can be less intimidating than large groups, enable more people to participate in the time available and help parents to get to know one another.

- **Aim to provoke friendly chat and discussion. Give groups short, open ended questions that are easy to read.** Avoid any sense of testing knowledge. Good questions include:
 - What would you like to happen as soon as your baby is born?
 - How might you and your baby feel? What might your baby need?
 - What do mums/dads/children need to be happy?
- **Put people who speak the same language in the same group and encourage them to write in their own languages.** Use interpreters to translate in the plenary.
- **Ask parents about what they already know well.** Good questions include:
 - How are pregnant/labouring women/children cared for in your country of origin and how might they be cared for in the UK?

By comparing practices in different cultures, preconceptions and beliefs about paying for healthcare, the purpose and value of antenatal care, etc can be challenged. Thoughts and feelings can be explored on treasured traditions, adaption to life in the UK, the concept of choice, and many more themes.

Several AS&Rs in a group may speak the same, or a common, second language. If so, they may be able to share an interpreter in a session.



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Developing resources and confidence

In order to run a good course, facilitators need to be well prepared and have suitable resources.

Written information or worksheets

- **Any written material needs to be short and clear.** Illustrations are helpful.
- **Give groups open-ended questions for discussion** and where appropriate put people who speak the same language in the same group.

Visual aids

- **Pictures and photographs are really important** when language is a barrier. They can stimulate discussion and explain roles.
- **But be aware that some parents may find photographs showing naked women embarrassing** especially if men are present.
- **A doll, a pelvis, other educational and everyday objects can be useful for demonstrations.**
- **Your body is likely to be the best visual aid of all.** Think creatively about how you can use gestures and posture to explain things.

You will gain confidence in working with AS&Rs as you become more experienced.

- **Encourage women them to write in their own languages** which the interpreters can translate in the plenary.
- **Feedback should be given by someone from the group who speaks English** so comments are spoken from the heart – the interpreter will need to translate.
- **Observe whether interpreters enable the parents to fully participate in the group.**
- **Ask parents for feedback about the interpreters** and which ones they prefer.
- **Don't be pressurised into rebooking the same interpreter** for a follow-up session but book the ones you and the parents prefer.



The group can become a sanctuary that parents will want to return to, and an opportunity to make friends.

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Teaching physical skills

- **Practise relaxation** – AS&R pregnant women and their partners tend to live very stressful lives that can directly affect the development of their unborn baby, giving birth, caring for their baby and their relationship with each other. Reducing stress through relaxation can benefit the whole family. Practising massage may enable single mums to feel the benefits of 'touch' and reduce isolation.
- **Include physical activities** – parents learn more by doing than by being talked at so use individuals for demonstrations, e.g. putting a baby to bed, getting people to practise relaxation, massage, positions for birth or feeding, baby massage, dressing a baby, carrying a baby, changing a nappy, bathing a baby etc.



Sharing traditions, adapting to change

Parents enjoy comparing their knowledge about childbirth and family life. Try discussion on:

- **Traditions** – This enables them to think about concepts of normality, reflect on traditions they must leave behind, those they can continue and how to adapt to life in the UK.

Women traditionally supported for 40 days after birth by other women, may feel bereaved and isolated in the UK. They may turn to their partner, if they have one, or to their midwife but neither is likely to fill the gap. They need help to plan how they will cope, what they will be expected to do and who to turn to for support.

- **Role of men and changing ideals of fatherhood** – In many cultures, pregnancy and birth is 'women's business'. It can be shocking to discover that most men attend births in the UK. Parents may or may not welcome this idea and they need space to discuss their feelings and choices and not to feel pressured to conform. The role of the father in the family will be different in the UK and both parents can benefit from discussions around roles and responsibilities

One mum said *"My friend laughed at the idea of having a man at the birth but I welcomed it as he was my best friend and I had no family here."* After the birth of his third child (the first he had attended) her partner said *"Every man should see a baby being born and every child should be grateful for what their mother does for them"*.

In contrast, her friend didn't feel strong enough to tell her partner not to attend the birth. She had an emergency caesarean with no interpreter. Her partner was traumatised by the experience and reluctant to hold the baby when he was born. She was unsure whether he was there because he felt he should be or had a right to be, either way it wasn't her choice.

- **Spirituality/faith in God** is a major part of many AS&R parents' lives and is likely to come up during discussions. The parents may have different faiths, yet be united in their belief that God can help them and want to share this with each other.
- **Building a new support network or community** is really important for AS&R parents, especially those having a first baby. When people have friends, life is a lot easier.

At Choto Moni, every year the group has a Christmas party and an outing to the Yorkshire Dales which as one mum said *"Enabled me to forget that I was an asylum seeker for a day"*.



Handling sensitive issues

Sensitive issues, such as female genital mutilation (FGM) domestic abuse and bereavement can be challenging but important not to avoid. Parents need to know the law, where to go for help and to have space to share their feelings and views. Open questions about cultural traditions or coping with unexpected outcomes can be useful to initiate discussion.

- **FGM** – it is recognised as a violation of the human rights of girls and women,¹¹ yet it is commonly practised in parts of Africa, Asia and the Middle East. Traditionally girls would not be able to marry without FGM and would be rejected by their community. FGM can lead to prolonged menstrual bleeding, increased risk of urinary infection, decreased sexual satisfaction and complications in pregnancy and birth. It is child abuse and parents circumcising their daughters can be deported for doing so. Many AS&R women will have gone through FGM themselves and whilst they need to know it is illegal it is important that they do not feel personally judged. They need to be able to share their feeling and be encouraged to share their experience with their midwife so that appropriate care can be given.
- **Gender issues and domestic abuse** – It is helpful to discuss gender issues throughout the course. This can be done by comparing the roles of men and women in the countries parents have come from and how these might be different in the UK. Stress and role strain could be linked with the great number of domestic abuse cases that services encounter. Experience at Choto Moni suggests that AS&R men sometimes feel a need to 'keep their women inline', and do so through violence and controlling behaviour. For men, becoming an asylum seeker can mean that their power is reduced (losing the traditional role of bread winner as they are not allowed to work), while they see women around them with increased freedom and opportunities. Conversely, the media show disturbing images of women as highly sexualised objects.

At Choto Moni, we might use a scenario to prompt discussion about a couple's feelings about becoming parents. "She was anxious about not having supportive females around her as was customary and he was anxious about what his family would think of him interfering with 'women's business' by attending the birth and being involved in childcare." This can lead to a really useful discussion on roles and relationships, men's anger or controlling behavior and the reluctance of many women to 'let go' of the baby, not to nag and to trust the man to be a good father.



Several refugees have said the thing they need most help with is couple relationships. The change in roles is so great, many don't know how to cope.

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Maternity Stream of Sanctuary

The **Maternity Stream of the City of Sanctuary** was formed when a group of volunteers who had sought sanctuary and become health befrienders for the Refugee Council teamed up with other people committed to working with AS&R women. The network now includes AS&R service users, representatives from refugee organisations and other charities, commissioners, educators, providers and researchers of maternity care.

The **Maternity Service of Sanctuary Award** is currently being developed to encourage statutory and voluntary bodies to improve their service to AS&R women. It can be given to statutory and voluntary bodies who reach the criteria set by the Maternity Stream of Sanctuary group. This requires three basic principles to be met:

- **Learning about pregnant AS&R women**, their experiences of asylum and the challenges of living in the UK.
- **Taking positive action** to develop, monitor and evaluate good practice in providing care that is inclusive and appropriate for pregnant AS&R women and their families.
- **Sharing good practice** with maternity services in other contexts.

City of Sanctuary is a movement which aims to build a culture of hospitality for people seeking sanctuary in the UK. Their goal is to create a network of towns and cities throughout the country which are proud to be places of safety, and which include people seeking sanctuary fully in the life of their communities. A City of Sanctuary is a place of safety and welcome for people whose lives are in danger in their own countries. It began in Sheffield in 2005 and the movement now has over 30 groups in cities throughout the UK. For more information go to www.cityofsanctuary.org

Follow on twitter [@maternityCofS](https://twitter.com/maternityCofS).

Contact: Rose@maternity.cityofsanctuary.org or Mel@maternity.cityofsanctuary.org

Like us on Facebook www.facebook.com/pages/Maternity-Stream-of-the-City-of-Sanctuary



AS&R volunteers said, "We didn't want other mums to suffer as we had suffered".

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NCT birth and beyond community supporters

NCT provides a peer support service to local authority commissioners for vulnerable communities. A three-year pilot project, funded by the Health and Social Care Volunteering Fund (Department of Health), running into 2014 has enabled NCT to develop and implement an integrated model of peer support for women and families during pregnancy and continuing into the early years.

The birth and beyond community supporters provide support for families living in difficult social circumstances, including refugee and asylum seeking women, young parents, armed forces families, recent migrants with little English and other groups and communities who make limited use of maternity and other health services.

The community supporters' training, which is accredited by OCN, draws on NCT's many years of experience and expertise in providing support during pregnancy and the first two years after birth, the period NCT refers to as the First 1,000 Days of new parenthood. Relevant experience includes running birth and parenthood preparation courses, community drop-ins and breastfeeding support services.

Stress and low mood

The stress and isolation that vulnerable families often experience can lead to physical health and anxiety-related problems for mothers. The befrienders provide support to relieve isolation, anxiety and low mood, and they signpost women and families to relevant services. Both community volunteers and mothers can benefit from active involvement with their community.^{12,13}

For further details go to:

www.nct.org.uk/professional/bbcs



AS&R mothers supported by the project have said the support from a peer made a positive difference. "My peer supporter helps me be strong." "It was great to know I had someone to ask who would know where to go for help."

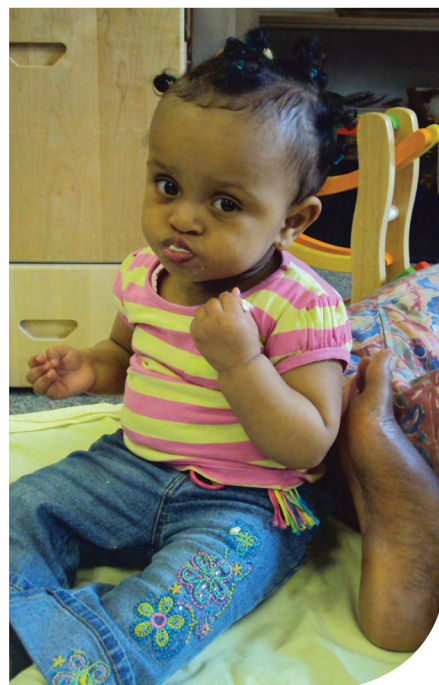
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Good practice in support services

Many statutory and voluntary services provide tailored support for AS&Rs. Community organisations such as children's centres, religious centres, and voluntary groups can be helpful in providing information and a safe environment to share hopes, fears and experiences.

Specialist midwifery services

Specialist maternity services are available in some areas e.g. Leeds (Haamla), Sheffield and Huddersfield, providing needs-led support for particular minority ethnic communities, including AS&Rs. Care is coordinated and provided throughout pregnancy and the postnatal period. They aim to improve access to relevant maternity and general health services and to empower women through positive engagement, offering translation, bi-lingual support workers, information and signposting. A doula service may be offered for extra support.



Voluntary doulas

Doulas are women with experience of childbirth and motherhood, who are trained to provide emotional support to women during pregnancy, labour and/or the early weeks after birth. Volunteer doulas are available in many parts of the country, and they are particularly valuable to AS&Rs who may have no family or friends to support them.

Refugee Council

This national voluntary organisation provides support for AS&Rs as well as assisting communities and supporting integration. Its website has information in many different languages. www.refugeecouncil.org.uk

The Health Befriending Network is a national project based in four main areas, London, Leeds, Birmingham and Ipswich. Volunteers who are mainly asylum seekers and refugees themselves are matched with clients on a one to one basis. They meet weekly and support clients by accompanying them to appointments, children's centres, housing meetings, solicitors, social support groups or by simply listening over a cup of tea.

www.refugeecouncil.org.uk/hscvproject

Maternity Action

Committed to equality, this charity has a particular interest in migrant women and provides information on the rights of women with different forms of migration status. Services include training and resources for midwives, including a reading list.

www.maternityaction.org.uk

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Further information and references

Additional information can be found on the law, maternity services guidance and diversity and access:

- Department of Health. *Guidance on implementing the overseas visitors hospital charging regulations*. www.dh.gov.uk
- NCT diversity and access www.nct.org.uk/professional/diversity-and-access
- NCT. *Maternity and parenthood information directory* is available for all NCT members and practitioners <https://babble.nct.org.uk/antenatal-teacher/maternity-and-parenthood-information-directory-0>
- NICE Clinical Guideline 110: *Pregnancy and complex social factors*. www.guidance.nice.org.uk
- UK Border Agency www.ukba.homeoffice.gov.uk/asylum

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12. Department of Health. *Caring for our future: reforming care and support*. TSO; 2012. Available from: www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/
13. Newburn M, Bhavnani V, Allez A. Birth & beyond community supporters - peer support for refugees and asylum seekers. *Perspective* 2013;(19):8-9. <http://bit.ly/ZODStd>

Further information

For further information on NCT services, visit www.nct.org.uk/professional or contact Commissionedservices@nct.org.uk

NCT commissioned services

NCT has been delivering a range of services on behalf of the NHS, local authorities, and children's centres for over 10 years. These services cover the First 1,000 Days of pregnancy, birth and the postnatal period. They can be offered universally or targeted to specific groups of women, including asylum seekers and refugees (AS&R).

NCT offers a wide range of antenatal, postnatal and breastfeeding courses, information and support services, including doulas that can support women and their partners throughout labour and birth. NCT's birth and beyond community supporters can also offer peer support throughout the antenatal and postnatal periods. All of these services are supported operationally by the charity, often with local project managers, and are fully evaluated.

For more information email **commissionedservices@nct.org.uk** or Helen Hunter, National Partnership Manager, **Helen.Hunter@nct.org.uk**

NCT also delivers professional training to those working within maternity services and children's health, through a range of workshops facilitated by specialist tutors who have clear aims and learning outcomes. For more information see **www.nct.org.uk/professional/training-health-professionals-and-childrens-centre-staff** or contact **NCTProfessionaltraining@nct.org.uk**