

**REPORT OF APPG ON MATERNITY MEETING:**  
**'OUT OF SIGHT: OUT OF MIND? THE MATERNITY EXPERIENCES OF WOMEN**  
**SEEKING ASYLUM'**

**THURSDAY 18<sup>TH</sup> MARCH 2004, 4pm to 5pm, COMMITTEE ROOM 8,**  
**HOUSE OF COMMONS**

Pregnant women and their babies should not be held in detention centres, a meeting of the All-Party Parliamentary Group on Maternity heard today.

At a well-attended event at the House of Commons on Thursday 18<sup>th</sup> March in which the APPG on Maternity discussed issues surrounding 'The maternity experiences of women seeking asylum', guests were encouraged to lobby their MPs to highlight the need for improvements in the maternity services received by pregnant asylum seekers and their babies.

Widespread concern was expressed over Section 55 of the Nationality, Immigration and Asylum Act 2002, which denies asylum applicants access to basic state support if they are unable to prove they applied for asylum "as soon as reasonably practicable" after entering the UK. The APPG on Maternity heard evidence that the Act is leaving vulnerable pregnant women destitute.

Sandra Gidley MP, Secretary of the APPG on Maternity, chaired the meeting. Jenny McLeish, Social Policy Officer at the Maternity Alliance and Sheila Kitzinger, a social anthropologist of birth and the transition to motherhood, both addressed the APPG. Guests attending the APPG were given the opportunity to raise any concerns they had about the maternity experiences of asylum-seeking women.

Pregnant women and their babies had not been designed into the asylum system, Jenny McLeish stated, opening her speech on the maternity experiences of pregnant asylum-seekers.

Pointing to her report 'Mothers in Exile: Maternity experiences of women seeking asylum', (Maternity Alliance, 2002) Jenny stated that in-depth interviews with 37 women had identified a number of recurring problems in the treatment of pregnant women in detention centres: women had expressed concern at having to share facilities with men; cleanliness in the centres was poor; meals were often described as 'repetitive' and 'disgusting'; feelings of isolation and loneliness were commonplace.

Many pregnant asylum seekers emphasised the lack of control and autonomy they experienced while in the detention centres, Jenny stated, also noting a feeling amongst the women interviewed, that they could not protect their babies from harm.

The Immigration Service had stated that pregnant asylum seekers should not be detained except in 'exceptional circumstances'; however, the Service did not appear to be following its own rules. Attention was drawn to the restrictive policies followed in these detention centres: mealtimes were very rigid; mothers were prevented from accessing more than a few bottles or nappies at a time; pregnant women were housed in cold rooms with hard beds.

The 'pettiness of the institutional setting' and the practice of detaining pregnant asylum seekers, who had committed no crime, was condemned. Noting that some of the pregnant asylum seekers interviewed had spent up to three months in detention, the APPG was told that the women interviewed frequently referred to feelings of loneliness, insecurity and powerlessness.

It was clear from the interviews that these pregnant asylum seekers were not going to abscond, Jenny declared.

Turning to the direct experiences of pregnant asylum seekers with maternity services, Jenny paid tribute to those individual midwives, who had treated asylum-seeking women with kindness, warmth, understanding, dignity and respect.

The speaker went on to outline the action, which needed to be taken to improve the maternity experiences of asylum seekers in the UK: hostility and racism within the maternity services needed to be improved by tackling staff attitudes; better communication was needed to address the huge challenges presented by the dispersal system; investment in interpreting, advocacy and link work was vital.

The APPG was reminded that many female asylum seekers had experienced 'catastrophic loss': some had lost a husband or a partner; others had been the victims of rape and torture. These women, who were missing the traditional support networks provided by their friends and family, found it difficult to trust others. Evidence of postnatal depression was rife and there was a clear need for psychological and social support for pregnant asylum seekers.

The second speaker, Sheila Kitzinger, opened by condemning the practice of forcibly removing breastfed babies from young Roma women arrested for begging. In Roma culture, a girl is considered adult at the age of 14, and may be breastfeeding her own baby and babies of other family members. A young Roma woman was likely to be kept in custody for some days with social services removing babies into care. Both the rights of the baby and the rights of the teenage girl were being abused, the speaker warned.

Sheila drew the APPG's attention to current regulations, which stipulated that if an asylum claim was refused, the asylum seeker had no right to claim social security benefits making her homeless and destitute. When a mother becomes destitute, her breastfed baby is removed, Sheila stated, adding that charities funded by Government were not allowed to help anyone not already receiving statutory support. This was a system, which punished the baby as well as the mother, the APPG heard.

New mothers and their babies were being treated in a 'cruel, inhuman and degrading manner', as defined in article 37 of the UN Convention on the Rights of the Child and by the European Court of Rights Statement concerning the Rights of the Child. Women as mothers and primary care givers were being discriminated against as defined by the U.N, Convention on the Elimination of all Forms of Discrimination Against Women.

Sheila pointed out that the UK consigned more women to detention than any other country in Western Europe: the figure had doubled in the last 10 years. She asked: should pregnant women and new mothers be in prisons and detention centres at all? What are the alternatives? What action should the Government take?

The Chair, Sandra Gidley MP, opened up the discussion to those in the audience.

The APPG heard, with the aid of a translator, the experiences of Elsa, a heavily pregnant asylum seeker. Elsa told the APPG that her claim for asylum had been refused: she was not entitled to any benefits; she had no money to buy food. Elsa explained that she had been refused medication, despite seeking assistance from 3 GPs. Her lack of money meant that she had to go to the Crossroads Women's Centre daily. She was not ready for the birth of her baby either because of her dire financial situation. Elsa told the APPG on Maternity that she was homeless and in temporary accommodation.

A representative from 'Women Against Rape' informed the APPG that Elsa's situation was not unique. The centre had helped more than 200 women, many of whom were survivors of rape or who had small children. The representative expressed her concern that certain organisations in the charitable sector were not helping destitute women because their contractual relationship with Government prevented them from doing so. These charities, the representative stated, were not providing accommodation or support to those who had been refused housing under Section 55 of the Nationality, Immigration and Asylum Act 2002.

Solveig Francis of the Crossroads Women's Centre, insisted that asylum seekers, who were 'pregnant women and mothers must have the same entitlement to income and benefits as other women in this country'. Solveig welcomed a letter in today's edition of the Guardian, which drew attention to racism in the NHS.

Health professionals were trying to address racism in the NHS, Faye McCrory, a consultant midwife, insisted. Faye expressed considerable concern over the dispersal of pregnant asylum seekers across the country and added that she was 'ashamed' at some of the treatment received by these women.

Julianne Boutaleb, a counselling psychologist at Sure Start in Newham, stated that more money needed to be directed at the maternity services used by asylum-seeking women. Existing resources were already overstretched, Julianne explained, also noting the crisis in midwife recruitment and the shortage of interpreters for asylum seeking women. The asylum system was being 'stretched to breaking point', Ms Boutaleb warned.

A consultant midwife from Cambridge pointed out that it was not just the shortage of midwives, which was affecting the maternity services received by women seeking asylum: the dispersal system meant that women often vanished and that this prevented midwives from providing continuity of care.

Elaheh Rambarzini noted that the Refugee Council was prevented from helping destitute asylum seekers because of Section 55 of the Nationality, Immigration and Asylum Act 2002; the representative from Women Against Rape contested this argument.

Kate Humphries, a midwife from Kent, pointed to good practice in emergency accommodation centres in her area. Explaining that she provided continuity of care, which involved booking women for tests and going through paper work with them, Kate insisted that if she did not think a pregnant asylum-seeker was fit for dispersal, the asylum seeker would not be moved. Other midwives attending the APPG challenged this last comment insisting that the dispersal system often forced women to move away with little notice.

Felicity Ukoko, a midwife from Lambeth PCT, drew attention to the bureaucracy surrounding the Sure Start maternity grant. Asylum seekers were expected to apply in writing when many could not even speak English, Felicity explained, adding that the grant had to be applied for between the four weeks before and the three months after the baby had been born. The speaker called for asylum seeking women to be able to access the Sure Start maternity grant much earlier, possibly before the 28-weeks period.

Jackie Dunkley-Bent, a consultant midwife, pointed out that in Lambeth, much was being done to join-up services to help asylum seekers and refugees. St. Thomas's hospital had worked with the Refugee Council, Sure Start, GPs, the Maternity Alliance and other bodies as part of a multi-disciplinary team to provide focused maternity care for asylum seekers. Jackie argued that the NHS should work with the money it had, undertake proper planning and provide joined-up care. It was important to 'make a difference with what we've got', the speaker declared.

Helen Sheldon of the charity Bliss, explained that her charity was currently conducting research into language support in neo-natal services. A case-study approach was being taken and there was a clear hope that language services would improve in time.

Allison Harvey of the Children's Society told the APPG that many pregnant women, who had been made destitute under Section 55 of the Act 2002, could not access services because they did not have a fixed address. The failure to provide hand-held medical records to pregnant asylum seekers was also a problem, which needed to be looked at.

Margaret Lally of the Refugee Council argued that it was difficult to convince ministers that a real problem existed with Section 55 of the Nationality, Immigration and Asylum Act 2002. Margaret highlighted the role of midwives and their ability to 'powerfully speak on behalf of the profession'.

Yana Richens of the Royal College of Nursing, noted that encouraging midwives to make birth a positive experience for asylum seeking women was key here while Grace Edwards, a consultant midwife from Liverpool, drew attention to good practice in her area, which involved midwives liaising with link workers.

Bringing the meeting to a close, Jenny McLeish told the APPG that 'women and babies deserve better than this' and that a basic level of human rights had to be introduced here. Good practice in Liverpool and Kent was welcomed, but questions had to be asked why best practice was not followed elsewhere in the country.

Jenny urged those attending the APPG on Maternity meeting to 'keep on at the Home Office' and to make clear that it was not acceptable to treat women and babies like this. The speaker stated that she was 'ashamed' at how long it was taking society to respond to the problems faced by pregnant asylum seekers and their babies.

Sheila Kitzinger said that the need for change at the political level had to be made in a loud and clear voice. Sheila called for greater use of the media to draw attention to the problems faced by mothers seeking asylum.

Outlining the action that ought to be taken to help pregnant asylum seekers and their babies, the Chair, Sandra Gidley MP, suggested that this issue could be raised in the House of Commons and by the Health Select Committee if given an opportunity to discuss the Access to Maternity Services Enquiry.

Institutional racism in the NHS had to be highlighted and challenged, the Chair argued.

Those attending the APPG were urged to contact their MPs about the maternity services received by asylum seeking women and their babies. Guests were encouraged to make an appointment with their MP and to point out what needed to be done to create appropriate services for women having a baby.

It was also suggested that the Home Office Minister with responsibility for asylum seekers, Beverley Hughes, be invited to a future meeting of the APPG on Maternity to discuss the issues raised along with a Minister from the Department of Health.

The need for research and statistics on asylum seekers was also highlighted with one guest noting that information on this group was often merged with data on black and minority ethnic groups.

A representative of the Children's Society argued that there ought to be a ban on the detention of all children, to which Solveig Francis stated that no mothers should be put into detention. Changes to Section 55 and Clause 8 of the Nationality, Immigration and Asylum Act 2002 were also required, guests agreed, insisting that mothers and their children should not be separated.