Burchett, HE; Bragg, R (2010) Pregnant asylum seekers. BMJ (Clinical research ed), 341. c4691. ISSN 0959-8138 DOI: 10.1136/bmj.c4691

Downloaded from: http://researchonline.lshtm.ac.uk/3094/

DOI: 10.1136/bmj.c4691

Usage Guidelines

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/2.5/
Letters Asylum seekers’ health needs

Pregnant asylum seekers

BMJ 2010; 341 doi: http://dx.doi.org/10.1136/bmj.c4691 (Published 27 August 2010) Cite this as: BMJ 2010;341:c4691

Helen E D Burchett, research fellow1, Ros Bragg, director2
1 London School of Hygiene and Tropical Medicine, London WC1E 7HT
2 Maternity Action, London EC1Y 8RT

helen.burchett@lshtm.ac.uk

McCartney mentioned Aspinall and Watters’ report, which highlights poorer pregnancy outcomes among refugees.1 2 Let there be no doubt about what poorer means: asylum seekers and refugees are more likely than the general population to die during pregnancy or childbirth.3 Maternal health complications and neonatal deaths and complications are likely to be even more prevalent.

In 2003 the House of Commons Select Committee on Health gathered evidence on the poor access to health services for pregnant asylum seekers.4 It noted that pregnant women were being detained in immigration centres, despite the government’s policy that pregnant women should not usually be considered suitable for detention.

Some of the evidence came from qualitative research undertaken by the Maternity Alliance.5 It found that the biggest challenge was knowing what kinds of services and support were available.

Pregnant women tend to be among the most vulnerable and so act as a key indicator for service provision—if their risk of poor health is increased, services for others are also likely to be seriously problematic.

Maternity Action (www.maternityaction.org.uk), a charity campaigning to end inequality and promote the health and wellbeing of all pregnant women and their partners and children, is developing training courses for midwives, with funding from Comic Relief, to improve care for women refugees and asylum seekers. However, without broader policy interventions (and their enforcement), the health and healthcare experiences of these groups are likely to remain poor.

Notes

Cite this as: BMJ 2010;341:c4691

Footnotes

• Competing interests: None declared.
References

1. McCartney M. Poor diagnosis for asylum seekers’ health needs. BMJ2010;341:c4106. (17 August.)


