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Therefore, the visiting hours are limited to two hours on weekends and one hour on weekdays.

Letters

Asylum seekers’ health needs

Pregnant asylum seekers

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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

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Footnotes

- Competing interests: None declared.
References

1. McCartney M. Poor diagnosis for asylum seekers’ health needs. BMJ 2010;341:c4106. (17 August.)