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Birth Travellers Seeking Childbirth and Birthright Citizenship in Canada and the United States of America: A Qualitative Study with Nigerian Women

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Abstract

Canada and the United States (USA) are top destinations for women travelling abroad for childbirth. However, end-to-end experiences of non-resident women travelling to seek childbirth and birthright citizenship in these destination countries are not fully understood, more so amongst Nigerian women, amongst whom the practice is particularly common. This study sought to address this gap in the literature. Twenty-five Nigerian women who had children in Canada or the USA were recruited via social media. In-depth interviews were conducted remotely, audio-recorded, transcribed, and analysed thematically. Five key themes emerged from this study including that the experience of visa application to travel abroad for childbirth was mixed; and the travel itself has recognised risks and can be stressful. Further, being pregnant did not mean women were treated well when they arrived at the entry port in the destination country. However, childbirth abroad was highly satisfactory for most, and obtaining birth certificates and passports for the babies was generally straightforward. Our findings underscore the necessity of clarifying the legality of seeking childbirth abroad and birthright citizenship. If deemed legal, the voices of women who opt to travel abroad for childbirth need to be elevated, their vulnerability recognised, and the quality of care they receive guaranteed.

Keywords Birth tourism · Childbirth · Experience · Nigeria · Canada · USA

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Introduction

The practice of non-resident pregnant women seeking childbirth abroad is often referred to as "birth tourism". Though there are a number of reasons why women seek childbirth abroad, including the desire to minimise the risk of experiencing catastrophic health expenditure associated with maternity in some high-income countries like the United States of America (USA) (Politzer & Feldman, 2020) and the need to avoid policies that restrict child numbers like the one-child policy in China (Ye et al., 2011), the most widely reported reasons are to access better healthcare and to secure citizenship at birth for children born abroad (known as jus soli[1]) (Brar et al., 2022; Politzer & Feldman, 2020; Tetteh, 2010; Ye et al., 2011). This makes countries such as the USA and Canada top destinations, as both countries offer birthright citizenship and have robust health systems with a wide array of expertise and advanced equipment (Brar et al., 2022; Center for Immigration Studies, 2020; Grant, 2015). Though global statistics are limited, available data from the USA suggest that the practice is particularly common amongst women from China, Korea, Taiwan, Brazil, Mexico, Turkey, Russia, and Nigeria (Center for Immigration Studies, 2020). In recent studies, Nigerian women have been highlighted as being the highest proportion of so-called *"birth tourists"*, with about 30% and almost 90% of pregnant women who sought childbirth abroad in a Canadian and American hospital, respectively, being from Nigeria (Brar et al., 2022; Onwuzurike et al., 2022). Like other women, access to better healthcare and obtaining foreign citizenship are the main reasons Nigerian women seek childbirth abroad (Banke-Thomas et al., 2024).

For pregnant women who travel for childbirth, the pathway to travelling for childbirth abroad typically involves a visa application before or during the pregnancy, searching for childbirth service providers, travel to the country, border entry, connection with service providers pre-childbirth, childbirth, and securing birth and or citizenship documentation, depending on the destination country's policy. Through this pathway, visa application, border entry, childbirth, and obtaining birth and or citizenship documentation are four pathway events that involve direct engagement with personnel such as immigration officials and health workers who have to interpret the legality of the practice. Three main legal frameworks influence the pathway to childbirth abroad: conditional entry authorisation, right to healthcare (childbirth services), and birthright citizenship (Larios, 2023). Provisions of these legal frameworks will be questioned by authorities when pregnant women travel to seek childbirth abroad.

[1] The grant of citizenship is exercised by countries through two legal mechanisms: jus soli and jus sanguinis. Jus soli or birthright citizenship, grants citizenship to a child based on the place of birth. The citizenship is without conditions and is not dependent on the parents' country of origin or their immigration status. Jus soli covers birthright citizenship to children born by persons seeking childbirth abroad. There are 35 countries, mostly in the Americas, including Canada and USA, that provide citizenship unconditionally to anyone born within its national borders. Jus sanguinis, on the other hand, is based on ancestry.

Legal Frameworks Influencing Childbirth by Foreigners and Birthright Citizenship in Canada and the USA

In Canada, seeking childbirth as a temporary resident does not violate any terms or conditions of the temporary resident visa (TRV). Indeed, there is no provision in the country's Immigration and Refugee Protection Act (IRPA) to refuse a TRV solely based on the intent of the applicant to give birth in Canada (Government of Canada, 2019). For a known pregnant applicant, the assessment of their application should be based on the requirements that determine eligibility for a TRV, as with non-pregnant persons, including whether the applicant has sufficient funds during their stay in Canada and whether there is a perception that they will overstay the period of authorised stay and if they are admissible. The admissibility criterion, stated under Sect. 38 of the IRPA S.C. 2001, which includes medical admissibility (whether they "might reasonably be expected to cause excessive demand on health or social services"), is not usually expected to be an issue of concern for pregnant women. However, pregnancy or the intent to give birth in Canada may be material facts in the assessment of an application, which may relate to financial ability or intent to depart (Government of Canada, 2019). Also, intentional concealment of the pregnancy or intent to give birth in the country may mean the person is inadmissible for misrepresentation under Sect. 40 of the IRPA S.C. 2001. Regarding birthright citizenship, the Citizenship Act R.S.C., 1985, c. C-29 confers Canadian citizenship to any person born in Canada or on a Canadian ship, irrespective of the status of their parents in Canada, except persons born to accredited diplomats.

In the USA, access to healthcare depends on whether it is emergency or non-emergency care. Non-emergency care is mainly dependent on affordability and access to adequate insurance (De Lew et al., 1992). Access to non-emergency care is available to those who can afford it, and as such, where affordability is not an issue, non-residents can access non-emergency care. This enables non-resident mothers who can pay for non-emergency care to access the American healthcare system for childbirth. However, for emergency care, the Emergency Medical Treatment and Active Labor Act (EMTALA), codified mainly in s. 1867 of the Social Security Act, 42 U.S.C. § 1395dd, is a federal law that generally compels Medicare-participating hospitals to provide emergency care to any individual with an emergency medical condition, irrespective of the individual's ability to pay. The Act describes an emergency medical condition as one where the individual exhibits acute symptoms such that the absence of immediate medical attention could reasonably be expected to jeopardise the individual's health or result in severe impairment to physical functions or dysfunction to bodily parts. For pregnant women, an emergency medical condition includes one that endangers the health of the woman or her unborn child (Bitterman, 2002; Wanerman, 2002). In the USA, birthright citizenship is guaranteed by the 14th Amendment of the American Constitution (United States (US) Constitution amend XIV, s. 1).

Politics Affecting Foreign Pregnant Women Seeking Childbirth and Birthright Citizenship in Canada and the USA

There have been political debates, polarising policies, and attempts to change legislation in Canada and the USA regarding access to healthcare for women seeking

childbirth abroad and birthright citizenship for their children born abroad. For example, in 2018, delegates of the Conservative Party of Canada voted that birthright citizenship should not be accorded to anyone born to parents who are not Canadian citizens or permanent residents (Raj & Maloney, 2019). However, this has yet to lead to any change in policy. In January 2020, when Donald Trump was in his first term as President of the USA, the US Department of State announced that it would deny any visitor visa application from an applicant whom the consular officer has reason to believe was travelling for the primary purpose of giving birth in the USA to obtain American citizenship for their child (U.S. Department of State, 2020). When this policy was announced, the Center for Immigration Studies submitted that it would reduce the number of those who came to have their babies in the USA while benefiting from taxpayer funds to cover their healthcare costs and restrict access to American citizenship by "terrorist, spies, and criminals" (Center for Immigration Studies, 2020). In January 2025, at the very start of his second term in office, President Donald Trump renewed his effort to end birthright citizenship in the USA by signing an executive order to redefine its provisions in the 14th Amendment (The White House, 2025). This order which more Americans disapproved than approved as of May 2025 has already faced multiple legal challenges (Howe, 2025; Oliphant & Copeland, 2025).

Study Rationale and Objective

Though limited, available studies have focused on the motivation and experience of seeking childbirth abroad (Allotey & Kandilige, 2021; Banke-Thomas et al., 2024; Larios, 2023; Ye et al., 2011). To our knowledge, only one study has sought to understand the experiences of women who sought childbirth and birthright citizenship abroad. This study was based on interviews with a range of women, including some so-called "birth tourists", but who we refer to as *'birth travellers'* in this study, to capture their experiences, combined with reportage in the media highlighting the societal perception of birth tourism in Canada (Larios, 2023). However, despite the relatively high prevalence of the practice amongst Nigerian women (Brar et al., 2022; Onwuzurike et al., 2022), there is no empirical study that captures their experiences along the pathway to seeking childbirth abroad and birthright citizenship. Recognising this gap in the literature and the need to capture the voices of the women themselves, we set out to comprehensively review the legal framework that influences the pathway to childbirth abroad in Canada and the USA and benchmark their provisions with the realities of Nigerian women who sought childbirth abroad. Specifically, we focus on events along the pathway to childbirth, which involve the direct interaction of pregnant women with personnel who have to apply the legal provisions. In this paper, we present empirical findings from in-depth interviews (IDIs) conducted with Nigerian women regarding their experiences travelling abroad for childbirth and seeking birthright citizenship in Canada and the USA.

Methods

This qualitative research uses IDIs conducted with Nigerian women who had at least one child in Canada or the USA. The study was part of the broader research which sought to understand the motivations and experiences of Nigerian women who had children abroad. In all, we recruited 37 women, of which 10 withdrew from the study after recruitment for different reasons, including concern about the impact of their participation in the study on their ongoing and future immigration applications, feeling that it was too personal a topic after discussions with their partners or children, and 2 withdrew without reason. Of the remaining 27 women, 25 met our inclusion criteria of being Nigerian women over 18 years old who gave birth to at least one child in Canada or the USA while on a tourist visa. We excluded those who claimed to give birth abroad unintentionally, those who delivered while resident abroad, and those younger than 18 years of age as they are not legally adults. The 25 women interviewed had 68 babies amongst them; 20 were born in Nigeria and 48 abroad. Of the 48 babies born abroad, there were 44 single births and 2 sets of twins comprising 29 boys and 15 girls. Additionally, of the 25 women, 12 had all their children abroad, and 13 had children abroad and in Nigeria. Of all interviewees, 24 had at least one child in the USA, and1participant had all their children in Canada. All 27 women were educated to at least university degree level, with 7 having completed bachelor's degrees, 16 master's degrees, and 2 doctorates. Also, 23 women were married, 1 was divorced, and 1 was single (Table 1).

Participants were recruited using the snowball sampling method with the aid of WhatsApp and Facebook groups, which focused on immigration abroad for Nigerians, as well as through tweets posted on X (formerly Twitter) leveraging guidance from the literature (Cudjoe et al., 2019; Darko et al., 2022; Gelinas et al., 2017). Through an advert accessed via a web link posted to various groups or directly in posts, prospective interviewees received a brief on the study, which included hyperlinks to the participant information sheets and informed consent forms. Upon acceptance to be interviewed, IDIs were conducted remotely via Microsoft Teams (Microsoft Corporation, Redmond, Washington, USA) or Zoom (Zoom Video Communications, Inc., San Jose, California), depending on the woman's preference. The choice of IDIs for this study arises from the fact that minimal empirical evidence in relation to Nigerian women exists in the literature on the subject matter. Furthermore, the characterisation and analysis of the experience of childbirth abroad and birthright citizenship amongst Nigerian women, from a purely intellectual rather than an empirical perspective, could be deemed problematic as the use of intellect is sometimes abstract and only attempts to craft a normative account of and justification for legislations seemingly disconnected from the experiences of Nigerian women who sought childbirth abroad. As such, the empirical component of this work provides insights into the convergence of healthcare access, legal duties, and citizenship implications by unpacking the experience of childbirth abroad amongst Nigerian women from a person-centred perspective. A qualitative interview guide that explored their experiences related to childbirth abroad and birthright citizenship was applied, with interviews lasting between 50 and 85 min, depending on the

Table 1 Descriptors of participants interviewed

Participant number	Marital status	Level of education	Total number of babies born	Sex of babies and country of birth	Number of pregnancies abroad	Number of babies born abroad
W01	Married	Masters	2	Boy (USA), Girl (Zambia)	2	2
W02	Married	Masters	2	Girl (USA), Boy (USA)	2	2
W03	Married	Masters	4	Girl (Nigeria), Boy (USA), Boy (USA), Girl (NG)	2	2
W04	Married	Masters	4	Boy (United Kingdom), Boy (USA), Boy & Boy (United Kingdom)	3	4
W05	Married	PhD	4	Girl (Nigeria), Girl (USA), Boy & Boy (USA)	2	3
W06	Married	BSc	3	Girl (Nigeria), Girl (Nigeria), Boy (USA)	1	1
W07	Married	Masters	2	Girl (USA), Boy (USA)	2	2
W08	Married	Masters	2	Boy (USA), Boy (United Kingdom)	2	2
W09	Married	Masters	2	Boy (USA), Girl (USA)	2	2
W10	Married	BSc	3	Boy (Nigeria), Boy (Nigeria), Girl (USA)	1	1
W11	Married	Masters	5	Boy (United Kingdom), Boy (Nigeria), Boy (Nigeria), Boy (Nigeria), Girl (USA)	2	2
W12	Married	BSc	4	Girl (USA), Boy (USA), Boy & Boy (USA)	3	4
W13	Married	BSc	3	Girl (Nigeria), Girl (USA), Boy (USA)	2	2
W15	Single	BSc	1	Boy (USA)	1	1
W16	Divorced	Masters	2	Boy (USA), Boy (USA)	2	2
W17	Married	BSc	2	Boy (Nigeria), Boy (USA)	1	1
W18	Married	Masters	2	Boy (Ireland), Boy (USA)	2	2
W19	Married	Masters	2	Girl (USA), Girl (USA)	2	2
W20	Married	Masters	3	Girl (Nigeria), Boy (USA), Boy (USA)	2	2
W21	Married	BSc	3	Boy (USA), Girl (Nigeria), Girl (Nigeria)	1	1
W22	Married	Masters	2	Girl (USA), Girl (USA)	2	2
W23	Married	Masters	3	Boy (Nigeria), Boy (Nigeria), Boy (USA)	1	1

Table 1 (continued)

Participant number	Marital status	Level of education	Total number of babies born	Sex of babies and country of birth	Number of pregnancies abroad	Number of babies born abroad
W24	Married	Masters	2	Girl (Canada), Boy (Canada)	2	2
W26	Married	Masters	3	Girl (Nigeria), Boy (USA), Girl (USA)	2	2
W27	Married	PhD	3	Girl (Nigeria), Boy (Nigeria), Girl (USA)	1	1
Total			68		45	48

*W14 and W25 from the original sample were excluded for this study as they had children abroad but not in Canada or the US. "&" signifies twins

number of children the woman gave birth to while abroad. Data collection was conducted from February 2023 and continued until June 2023 when thematic saturation was achieved. All IDIs were audio-recorded and transcribed verbatim. Braun and Clarke's six-step approach involving data familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and report writing was used in the study (Braun & Clarke, 2006). Analysis was done with the aid of the software Dedoose (University of California, Los Angeles, USA).

Ethical approval for this research was sought and approved by the University of Essex Ethics Committee (ETH2122-0736), the University of Greenwich Research Ethics Committee (UREC/21.5.7.9), and the National Health Research Ethics Committee, Nigeria (NHREC/01/01/2007–23/08/2022). The research was done in accordance with the Declaration of Helsinki. Key ethical considerations were maintained throughout the study, including obtaining informed consent, offering the right of withdrawal, and preserving anonymity, privacy, and confidentiality.

Findings

There were five key themes reflecting the experiences of pregnant Nigerian women seeking childbirth abroad and birthright citizenship that emerged from the IDIs conducted. These were as follows: (1) experience of the visa application process to travel abroad for childbirth was mixed; (2) travel to seek childbirth was a known risk, and can be very stressful; (3) pregnancy did not mean women were treated well at the entry border of the destination country; (4) childbirth abroad was highly satisfactory but not for all women; and (5) experience in obtaining birth certificates and passports was generally straightforward.

Experience of the Visa Application Process to Travel Abroad for Childbirth Was Mixed

Some women reported having secured their visas before getting pregnant, which remained valid beyond their due date. As such, they did not need to apply for a visa while pregnant. For those who needed to make a visa application, their experience of the process varied. Those who had travelled frequently to countries like the United Kingdom and the USA described as those with "a good previous travel history" and those who believed they had strong ties to Nigeria relating to their family and work seemed to report fewer challenges. A participant said, "It was an easy experience" because "…they knew I had a stable job here, I had a source of income, I had ties to the country, I had family here [in Nigeria], and I had a job I was coming back to. I think those were very important things I stated and then another thing was stating my reason for the travel, my intent [childbirth abroad], it was quite straightforward" (W01–2 children – USA, Zambia). Another woman noted that she "didn't have any challenges" (W09–2 children – USA, USA). One woman who had been denied a visa when she wanted to have her first child recounted that "…one of the reasons we were denied as a family, one of the issues is that we have not

gone anywhere as a family. We didn't have a buoyant travel history, so they said, or something*"* (W05–4 children – NG, US, USA, USA). Understanding the application requirements and process positively enhanced the visa application process, especially when an applicant made repeat applications (W02–2 children – USA, USA). The perceived complexity of the visa application process varied amongst participants and was not specific to any country. Some women reported requiring an interview, while others described sending their documents to the embassy without an interview. For one woman, who admittedly inadvertently contravened the provisions of her visa by overstaying a previous leave and being denied on a separate application, she described receiving a 3-year ban for overstaying for less than 6 months. On a subsequent application after the ban, she truthfully narrated the circumstances of her overstay and had her visa approved (W05–4 children – NG, US, USA, USA).

One of the respondents narrated their experience securing a visa with their family before travelling for childbirth in the USA. During the visa application interview, which was in person, the interviewer asked general questions, including "How long have you been working there?" and "How many children do you have?" and then at some point asked, "So, are you pregnant?". She described that her pregnancy was still not visible at the time, so she and her partner were a bit bemused by the question. Her partner answered in the affirmative, after which the male interviewer asked if they planned to have their child in the USA. While they were worried about saying "yes" and a potential refusal, they were reassured by the interviewer's comment when he told them that the issuance of their visa was subject to them proving that they have the requisite funds to pay for their care, "…so he said we should get in touch with the hospitals in the united states let them tell us how much it will cost and then we should come back" (W13–3 children – NG, USA, USA). However, there was always an underlying anxiety and fear of refusal highlighted by many women. Indeed, some participants noted they were "really scared" (W03–4 children – NG, US, USA, NG) of the visa application process in Nigeria, and it "wasn't an easy thing" (W23–3 children – NG, NG, USA). There was an expressed feeling of unease towards visa interviewers based on the experience of other interviewees on the day.

> My experience was when I got there, I was really scared. I looked at one woman [visa officer], and I noticed how she was rejecting everybody... So, I was just praying in my heart that this woman shouldn't be the person to conduct my interview. Well, fortunately or unfortunately, she was the person that I was assigned to. When I saw my number, my heart sank. I was like, Oh my God. So, I just felt I'd be denied. However, it was so smooth. (W02–2 children – USA, USA)

Policy changes in the USA impacted the experience and outcomes of visa applications of Nigerian women who applied to go to the USA for childbirth, especially during the Trump presidency. This policy was in furtherance of the US President's threat to revoke birthright citizenship by proposing changes to the 14th Amendment of the American Constitution. A participant noted that:

> It was during President Trump's era, and it wasn't an easy thing. People were writing to the embassy that they were going to have, you know, babies, and they were being turned down. (W23–3 children – NG, NG, USA)

A few women talked about their choice to recruit the services of travel agents to be sure that they were obeying laws regarding the visa type by which they can legally seek care in the foreign country of choice.

> So, before my daughter [First child], I had a visiting visa and not a medical visa, so I sought the services of these travelling agencies just to be sure that I was not impeding on any immigration laws. I just want to make sure that everything is fine. (W02–2 children – USA, USA)

Travel to Seek Childbirth Was a Known Risk, And Can Be Very Stressful

Women in the sample travelled almost entirely during the third trimester of pregnancy, with one or two travelling in late second trimester. Some women said that though they recognised that they were at particular risk of travelling late in the third trimester, it was challenging to travel anytime earlier than this for several family and financial reasons. Travelling earlier meant they could not support their children in school and incurred more expenses the longer they stayed in the destination country. A few women also described travelling after experiencing a complication in Nigeria because they wanted to endeavour that they were in the destination country before any further complication occurred, despite recognising the risk with travel. For the most part, travel was uneventful; however, this did not minimise the feeling of stress and the recognition of the risk that women reported.

> For the twins, I travelled 6 weeks to EDD, which was quite dangerous, but I'm one person that my tummy is not always too big, so I think that was what helped. (W04–4 children – UK, USA, UK & UK)
> For my second child in America, I had complications in Nigeria, so I travelled at my own risk. I was a flight risk, but I decided to take the risk to travel because I wanted a better future for my child. (W26–3 children – NG, USA, USA)

Most women reported travelling on their own, and in the instances where they travelled with someone, it was either a spouse, mother, or child. Those who travelled with children described that they did this because they were not in a position to leave them alone while they were awaiting the birth of their baby. Women also described travelling directly to the destination country or transiting via another country. One woman recounted a difficult experience of transiting through the United Arab Emirates, saying:

> They said they didn't have an airport hotel for me [in the United Arab Emirates], and so they took our passports to give us visas so we could have hotels in the town, and then we were denied because they didn't want me to give birth in their country, so I heard… So, we literally had to sleep on the floor in the airport… I felt like I was just going to fall into labour. I was exhausted, and my daughter was exhausted. It was horrible! After landing, with all the stress, I started bleeding. I had to be rushed to the emergency room and that week. I had a cardiac arrest. It was the scariest time of my life. (W05–4 children – NG, USA, USA, USA)

Pregnancy Did Not Mean Women Were Treated Well at the Entry Border of the Destination Country

Some women noted the ease at the point of entry to the host country. One described it as "seamless" (W19–2 children – USA, USA), while another stated she "just went in" and "there were no additional questions or anything like that" (W24–2 children – Canada, Canada). However, some pregnant women reported being treated poorly at the point of entry into the host country once it was obvious that they were birth tourists, with some reporting that they were made to stand for long hours while enduring several hours of questioning with little or no regard for their pregnancy. A woman noted that:

> I was heavily pregnant, about 35 weeks old gone, and they kept me standing. So, I now asked them, please, can I sit down? I'm really exhausted. Is there a place I can lie down? They asked me to give them my husband's phone number, which I gave them, and I went in to lie down. A few minutes later, one other man came and said oh, that everything is cleared. She mentioned that the facility I chose is under investigation and that Nigerians come to give birth there and they don't pay… but that they've seen my record, that they have also spoken to my husband, and I'm clear. So that was how they cleared me after almost 4.5 hours... (W02–2 children, USA, USA)

Some women said they felt genuine apprehension about potentially being returned to Nigeria despite being pregnant. "I was scared that maybe at entry I could be turned back because I was pregnant, but I didn't really show, so you won't have known…" (W16–2 children – UK, USA). In preparation to face questioning at the point of entry, some women held onto several documents, such as copies of bank statements for their proof of funds as well as the cleared bill from any previous engagements with health facilities. A woman who had experienced significant delay during her engagement at border entry for a previous child was mentally prepared for delay when she reached the border for a subsequent child, saying:

> The last one, they gave me a tough time, a very tough one actually, they delayed me for a very long time because they were like, how come I always come here to have my kids… they checked my records, and they saw that I've paid everything and my children are US citizens so they may not be able to send them back they delayed me, but later when they did their checks, they allowed me through. (W12–4 children, USA, USA, USA, USA)

Treatment by Health Workers Was Characterised as Very Good, But Not All

Almost all women interviewed said they were satisfied with how they were treated by health workers before and during their childbirth abroad, with the majority saying that they were satisfied and "impressed" with the care received. Most women described the care they received from hospitals abroad as "good care". This

experience was reported by women who had their babies in Canada and the USA. Many women described feeling pampered and well-catered throughout their period of engagement with the health workers who took care of them.

> Baseline, the experience was fantastic… In the USA, I had my son at [the hospital]. At every point when they are doing something, they are telling me what they're doing and explaining how I will feel... It was all nice… It was a very good experience. (W04–4 children – UK, USA, UK, UK).

Some reported having mixed reviews (good and bad), with the bad reviews relating to the personnel who provided care to them, with some saying that they felt discriminated against and stigmatised because they do not live in the country, "black" or "self-paying" One woman said, "My sister had to fight them on my behalf. [I was in] in pain, and the nurses were just going up and down. Nobody even checked to ask how I was feeling. It was only after I had spent four hours in the emergency room that I got the epidural. Then they now did the whole C section. It was not a good!" (W16—2 children – USA, USA).

Experience in Obtaining Birth Certificates and Passports Was Generally Straightforward

Many women acknowledged the ease of obtaining birth certificates and passports for their newborns in the host country. All women highlighted the simple, straightforward, and seamless process of obtaining birth certificates and passports for their newborns. Women described the process as a simple matter of making the application and submitting the paperwork, and the documents get posted to you. Some women described some enablers of the process, including knowing the system, having a car, and having a support system with some time to take one around. One woman describing the process said, "Everything will be posted to you. You don't have to bribe anybody. You don't have to be in a long queue. You get jump hoops" (W05–4 children – NG, USA, USA, USA). Other women who secured documents for their newborns said:

> The USA was not that difficult because it was just something, you go there. You already have all the details of all and what to do, so, you just go there once it's ready. You just go and pick it up. It was just the pickup that I think made us go to that place else, we probably would have done most things at home". (W17–2 children – NG, USA)
>
> "The process was very smooth. There were no questions. There was no issue, played out perfectly". (W24–2 children – Canada)

Discussion

There have been several debates on the legality of birthright citizenship and whether pregnant women can even travel to seek childbirth abroad. Findings from this study show that, in reality, Nigerian women have to second-guess themselves in making

visa applications that allow them access to childbirth services and at the point of entry into countries such as Canada and the USA that offer birthright citizenship. An enabler of securing a visa to travel for childbirth appears to be understanding the application requirements and process. However, the requirements and process seem to vary depending on the polity. As it is, a lot of the political and media discourses have largely framed the practice of birthright citizenship as a problem to be solved, which ultimately marks all those who travel to seek childbirth abroad as "bad persons" (Gaucher & Larios, 2020; Larios, 2023; Wang, 2016). It appears there is even a general confusion with the meaning of the so-called "birth tourism", which, according to the Cambridge dictionary, means "travel to another country for the purpose of giving birth there". However, in the 2022 US Senate minority report, birth tourism is defined as "Birth tourism refers to expecting mothers travelling to the United States to obtain U.S. citizenship for their children" (Portman, 2022). A similar recent report has described it as the practice in which "individuals and families seek Canadian citizenship for their children by giving birth within the country's borders" (Harvey, 2024). However, these definitions fail to fundamentally acknowledge the myriads of other motivations for pregnant women travelling to seek childbirth abroad, including better healthcare and the need for family support (Banke-Thomas et al., 2024).

In our study, we had women who attended visa application interviews and who were pointedly asked if they were pregnant and if they intended to have their baby in the USA. Since 2020, the US State's Foreign Affairs Manual explicitly prohibits officers from asking female applicants if they are pregnant or otherwise requesting information demonstrating they are not pregnant (9 FAM 402.2–4 (U) Tourist Visas (B-2)—Applicants Coming to the United States as Visitors for Pleasure, 2020). However, a significant concern persists regarding the ambiguity surrounding which pregnant women are eligible to legitimately obtain a visa for travelling to the USA for childbirth. The need for officers to establish if seeking citizenship for the child at birth was the "primary reason" for travel appears to be at odds with the provisions of the 14th Amendment. In any case, verifying the "primary reason" for travel is difficult, as the planned travel could easily include visits to friends and family, or tourist visits to places of interest. The US Senate Committee submitted that Congress needed to clarify in law that the Immigration and Nationality Act does not authorise the issuance of visas to temporary visitors for pleasure to pregnant women whose primary reason for travel is to secure American citizenship for their child at birth (Portman, 2022). This confusion in the application of the law might explain the doubt and anxiety described by some of the women we engaged in our study. Efforts to push for establishing the "primary reason" of travel are geared towards blocking at source. However, this risks increasingly subjective, unequal, and questionable visa application decisions, which place pregnant women under stress and inadvertently stimulate a birth tourism industry filled with those who will exploit pregnant women who are not clear about their rights.

The debate on who has the right of citizenship at birth in the USA and several legislative attempts that have been made to erode jus soli citizenship have prevailed over several decades (Harden, 2023) and legislation to end birthright citizenship has been introduced in each Congress since 1993 (Wyatt, 2015). The case of United States v. Wong Kim Ark (169 U.S 649, 676 (1898)), one of the early cases on the subject, confirmed

birthright citizenship entitlement of the 14th Amendment. It noted that the fundamental principle of citizenship by birth was reaffirmed in the most explicit and comprehensive terms by the 14th Amendment, which enshrined a commitment to birthright citizenship—citizenship based on birth in state territory—that definitively extended even to the children of noncitizens born in the USA. State laws attempting to circumvent the 14th Amendment have also been declared illegal (Plyler v Doe 457 U.S. 202 (U.S. 1982)). In 2004, the Supreme Court, in reassessing the automatic granting of American citizenship to children born to aliens in the USA in the case of Hamdi v. Rumsfeld (542 U.S. 507 (2004) (No. 03–6696)), declined to discuss the issue of granting American citizenship to children of aliens. However, a dissent by Associate Justice Antonin Scalia referred to Hamdi as a "presumed American citizen" (542 U.S. at 554 (Scalia, J., dissenting)).Over the time, the courts have generally upheld the provisions of the 14th Amendment even where the alien parent risks removal from the USA (Bedoya Lopez de Zea v. Holder 761 F.3d 75, 78 (1st Cir. 2014)). However, the Supreme Court will wade in on the legality of jus soli in the USA again between May and July 2025 (Howe, 2025). In Canada, Buhler notes that the narrative of birth tourism as a strategy to obtain access to citizenship and welfare entitlements illicitly is present in contemporary Canadian discourse and has been periodically raised as an issue of concern by both state and civil society (Buhler, 2002; Raj & Maloney, 2019). In Canada, the practice of foreign women seeking childbirth abroad is framed as a financial "problem", with critics highlighting concerns such as the financial burdens racked up by foreigners not entitled to maternity care as well as the costs shouldered by taxpayers to offset debts accrued by birth tourists (Barrett, 2023; Harder, 2020). While it has been reported that not all women who seek childbirth in Canada are able to pay their bills (Brar et al., 2022), in our study all women were highly educated and did not report that they were unable to pay their bills. Elsewhere, we report that those who could not pay immediately were able to negotiate or pay the health facility in instalments to receive a zero-balance receipt and avoid visa issues in the future (Banke-Thomas et al., 2024). In any case, some authors have argued that underlying racial undertones might be driving this discourse in Canada and the USA (Harder, 2020; Lozanski, 2020; Wang, 2016).

From our study, while some travel was described as uneventful, all travel experiences were described as stressful and risky. Some of the challenging narratives on travel to reach destination countries shared by women in our study echo some reports in the media, like the story of the Nigerian mother, Priscilla, whose journey to care made national headlines in the UK (Borland, 2018). She reportedly got pregnant with quadruplets through in vitro fertilisation and sought care in the USA only to arrive at the border in Chicago and be denied entry. She was put on a plane to Lagos via London and went into early labour upon landing in London, losing one of her babies (Southwark Carers, 2018).

When more hostile policies are implemented, such as during the Trump era, women seeking childbirth abroad experience the impact throughout the end-to-end birth journeys, encountering heightened tension during visa application or facing long delays upon arrival at the port of entry. These aspects of the decision-making process appear to be geared towards limiting accessibility to birthright citizenship for women (Portman, 2022). The implicit assumption that pregnant women may seek to exploit citizenship through childbirth raises critical questions about the underlying rationale of such policies. While the intention may be to safeguard against potential misuse,

it inadvertently contributes to the broader perception of a discriminatory approach, further exacerbating the stress levels experienced by pregnant women. Indeed, as evidenced in our study, whether rooted in robust evidence or perpetuated by societal biases, these policies that do not change the legality of birthright citizenship but try to conflate it have only led to confusion and overwhelming stress on pregnant women. The hostile policies also make women resort to seeking services of birth tourism agencies—an industry that many argue milks pregnant women who seek childbirth, and which governments seek to dismantle (Mechling, 2023; Portman, 2022; Wang, 2016). Some women who had sought childbirth in at least two of the countries reported varied treatments at the point of entry. For example, women in our study generally reported treatment at the Canadian border as "kind" and "preferential". It might be the case that the provisions of the Canadian Human Rights Act, which protect pregnant women and those requiring maternity services from facing any discrimination or unfair treatment in the provision of services and public functions (Canadian Human Rights Act (RSC, 1985, c. H-6)), are influencing the treatment of pregnant women at the border. In all, while there is the need for the respective border security agencies to ensure that entrants are appropriately screened and do not pose a security risk, fair treatment of pregnant women should not be a luxury; it should be routine treatment, as pregnant women are vulnerable to several factors, including physical and physiological changes and environmental stressors (Colciago et al., 2020).

Women in our study reported a range of experiences regarding their treatment at childbirth, from very good to bad. A similar range of experiences has been described amongst women who sought childbirth in Hong Kong (Ye et al., 2011). Those who reported terrible experiences in our study mainly described it as stemming from a perception that they felt like they were treated differently by health providers because they were non-residents, "black" or "self-paying". It is important to highlight that discrimination and feeling stigmatised while using maternity services have been reported by black women living in Canada and the USA (Adebayo et al., 2022; Boakye et al., 2023). It is possible that the experiences reported by women in our study reflect broader issues in the health systems of these three destination countries and not targeted intentional discrimination of Nigerian women. In the USA, though EMTALA mandates service provision for pregnant women in emergencies irrespective of their status in the USA, including if they are non-residents, it does not specify the interpersonal quality of the service that is provided to the women (Bitterman, 2002). Though care outcomes and admission to the neonatal intensive care unit have been reported to be lower amongst non-resident women who seek childbirth compared to those resident and who gave birth to their children at the same hospital (Onwuzurike et al., 2022), the lack of such protections places pregnant women who seek childbirth abroad at a disadvantage as they are not able to legally challenge the quality of care provided to them.

Finally, the straightforward nature of applying for and securing birth certificates or passports that confer birthright citizenship in Canada and the USA might either simply reflect the broader efficiency of processes in the countries or the non-discriminatory nature towards the children born to pregnant women who seek childbirth abroad. The system clearly accepts that these children are legal citizens and are accorded the rightful treatment. However, the pregnant woman who carried the child's pregnancy is not necessarily guaranteed the same treatment. The broad-stroke approach of treating

all women seeking childbirth as one and the same needs to be challenged. Evidently, some Nigerian women have abused the access to healthcare received in Canada and the USA (Borland, 2022; Brar et al., 2022). However, as evident from the narratives of women engaged in our study, it is not all Nigerian pregnant women and, by extension, all pregnant women who seek childbirth in these countries that abuse the system. It is worth establishing that any poor pregnancy outcomes, either for the mother or the baby, contribute to poor pregnancy outcomes in the destination country.

Strengths and Limitations

Some strengths distinguish this work, as for the first time, data on the end-to-end experience of pregnant women seeking childbirth abroad was reported from the perspective of the women themselves. Also, by recruiting women with varying demographic and obstetric characteristics and backgrounds, we were able to maximise the heterogeneity of the sample. Despite our best efforts to recruit women, most women in this study gave birth in the USA, which could be a limitation. However, it is unlikely that the high proportion of births in the US seen in our study is different from the true distribution, as the USA is seen as the leading country for childbirth abroad (Olorunnisola, 2020). Further, we cannot entirely rule out that there are no other differing or unique experiences that we have not captured. However, we continued data collection until thematic saturation was achieved. Experiences might also likely differ from what we have reported if policies change.

Implications for Policy, Practice, and Research

To our knowledge, this is the first empirical study to specifically seek to understand the comprehensive end-to-end experiences of pregnant women who sought childbirth and birthright citizenship in Canada and the USA. While pregnant women who travel to seek childbirth abroad can apply for and obtain visas, enter through the border, access and receive childbirth services, and obtain official documentation for their babies, the process is sometimes not without challenges and anxiety. With the recent re-election of President Trump and an increasing desire by the Conservatives in Canada to "encourage the government to enact legislation which will fully eliminate birthright citizenship" (King, 2024; Seal & Decloet, 2024), birth tourism has become and will remain a topic that is high on the political agenda for the immediate future. It is undoubtedly a jurisdictional decision on whether travel to seek childbirth abroad is legal or otherwise. Clarity is required regarding the legality of travel to seek childbirth abroad, whether for securing birthright citizenship, accessing better healthcare or any other reason. Such clarity will help minimise the risk of pregnant women being exploited by some birth tourism agents (Mechling, 2023; Portman, 2022). Clarity with the legality of the process will also allow women to make an informed decision on whether to seek childbirth abroad in any of the three countries of focus in this study or in other countries that permit them to realise their reasons for seeking childbirth abroad. There are other countries where it is legal to travel to seek childbirth abroad, including Belize, Brazil, Chile, Finland, Panama, and others (Wanderers Wealth, 2023).

If travel to seek childbirth abroad remains legal in Canada and the USA, without cover on quality-of-care provision in laws such as EMTALA, there is no protection for women who seek childbirth abroad. Already, women who deliver their babies abroad have concerns with their visas, making it difficult for them to speak up if the care received is sub-standard. In our study, despite multiple reassurances, 10 women withdrew from our study because of concerns about their future visa applications. It is a similar story of apprehension amongst Chinese women who sought childbirth abroad, reported by Chinese American documentary filmmaker Leslie Tai in describing the making of her film, "How to have an American Baby" in which she followed their day-to-day, minute-to-minute experience (Mechling, 2023; Tai, 2023). Indeed, some authors have described the desire to have a baby abroad as a "status thing", and others described it as a "new capital accumulation strategy" (Altan-Olcay & Balta, 2015; Grant, 2015), thereby justifying the clamour for birthright citizenship by women who travel abroad for childbirth. There is also a broad recognition of the need to best position children to be able to maximise their potential in a globalised world. In the context of Nigeria, healthcare infrastructure and services are being perceived as inadequate or of poor quality (Abah, 2022; Banke-Thomas et al., 2017; Gwacham-Anisiobi & Banke-Thomas, 2022; Gwacham-Anisiobi & Banke-Thomas, 2020), and the ongoing mass migration of skilled health personnel as part of the "*jápa* syndrome" remains a challenge (Okunade & Awosusi, 2023). Put together, more women, including Nigerian women, can be expected to seek childbirth abroad, and indeed, evidence from Canada suggests that the numbers may be rising again post-pandemic (Griffith, 2023). Efforts to develop and institutionalise policies and clinical practice that legally protect those who seek childbirth abroad and birthright citizenship will improve the end-to-end experience for women and their care outcomes, which also means improved overall outcomes for the hospitals (Banke-Thomas et al., 2019).

Finally, more research that directly engages women who seek childbirth abroad is needed. This research needs to be built on robust data systems that allow specific identification of the population of interest and tracking of their end-to-end journey from visa application to pregnancy outcome.

Conclusion

In this study, we set out to match the end-to-end experiences of Nigerian women who sought childbirth aboard and birthright citizenship in Canada and the USA. While the action of the pregnant women who seek childbirth aboard in these countries does not constitute illegality, the politics and the polity that apply the underpinning legislations on entry, right to healthcare access, and birthright citizenship may be contributing to a confused ecosystem that compromises the experience of care for pregnant women who are also vulnerable persons. Clarity on the legality of the practice and, if established as legal, elevation of the voices of the women themselves and ensuring that they are protected if they choose to seek care abroad are crucial.

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Author Contribution AB-T and YL conceptualised the study. YL, AB-T, and TN conducted the literature review that informed the study. All authors conducted interviews. The first draft of this article was written by YL and AB-T, while TN and OO critically reviewed and contributed to all the subsequent manuscript revisions. All the authors read, reviewed, and approved the final manuscript.

Data Availability Our article contains excerpts from the qualitative data we collected and synthesised. At the time that ethical approval was applied for, we did not specify that data would be made available in a public repository. Therefore, doing so would not be in line with the approved ethical application and the information that was provided to participants about the study and how their data would be used. Making the raw data publicly available would be a serious ethical breach in relation to the rights of the study participants. Further, given the sensitive nature of the matter discussed, it is unlikely that the participants would be appreciative of their data being made publicly available. In case there is special interest in our data, access requests can be made to the Nigeria National Health Research Ethics Committee (NHREC) at deskofficer@nhrec.net.

Declarations

Ethical Approval Ethical approval was obtained from Nigeria's National Health Research and Ethics Committee (NHREC/01/01/2007–23/08/2022), the University of Greenwich Research and Ethics Committee (UREC/21.5.7.9), and the University of Essex Ethics Committee (ETH2122-0736) in the UK.

Informed Consent Informed consent was obtained from all participants.

Conflict of interest The authors declare no competing interests.

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