



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Improving the health care of pregnant refugee and migrant women and newborn children: policy brief

Policy issue and context

Both the proportion of women among refugees and migrants and their absolute number have increased since 2000, with women now making up more than half of the refugee and migrant population (47.3 million). Women are also overrepresented in high-risk groups, such as those having experienced violence or trafficking. This has led to increased pressure not only on health systems broadly but also specifically on reproductive health services. Births to refugees and migrants are also unequally distributed geographically, posing particular challenges to health care delivery in areas of high concentration.

While the amplitude and direction of differences in outcomes for refugees and migrants vary with the outcome examined, the host country, the country of origin and the socio-economic status of the woman, there is a marked trend for worse pregnancy-related indicators among refugees and migrants. These include maternal death and severe maternal morbidity; mental ill health, such as postpartum depression; and perinatal and neonatal mortality and morbidity, such as stillbirth, preterm birth and congenital abnormalities. Pregnant refugee and migrant women also tend to experience suboptimal quality of care. Being a refugee or migrant can be considered a risk factor for poorer maternal and newborn health outcomes, but also be a proxy for other risk factors and potential explanations (e.g. socioeconomic status).

Policy considerations

Socioeconomic status is the greatest overarching determinant for the health of pregnant refugee and migrant women and their newborns; therefore, addressing socioeconomic factors at all levels is critical to improving health. There are also specific challenges and barriers associated with the health status of the individual, the accessibility and quality of care, and the health policy and financing systems, which may explain the poorer outcomes in these women and newborns.

Individual health status

- Systematically identify the woman's situation at antenatal care and address associated risk factors.
- Increase awareness of health care providers regarding disease burden in specific migrant groups and how they can affect pregnancy outcomes, and include screening where indicated.
- Address socioeconomic barriers such as poor living conditions and unemployment, as well as associated stress, to reduce negative pregnancy outcomes.
- Promote improvement of health literacy levels, engaging all relevant stakeholders.



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**Knowledge Hub
on Health and Migration**

- Implement plain-language and socio-culturally appropriate awareness-raising and health information initiatives, including explanations of benefits of attending antenatal and postpartum care services, and potential pregnancy risks (e.g. of consanguineous parenting).
- Implement peer-support initiatives to help migrants to develop social networks, including with other mothers of a similar background.

Accessibility

- Make antenatal care easily accessible for migrants, regardless of legal status and financial resources, and promote information regarding when and where to consult antenatal care clinics.
- Raise awareness among health care providers regarding differences in legal status between refugees and applicants for international protection, and the extension of their legal rights.
- Reduce barriers related to cost and transportation by providing, where possible, maternal and neonatal health services at community clinics, rather than at hospital level.
- Develop specifically tailored information materials in the languages of the refugees and migrants about warning signs of pregnancy complications and how to navigate the health care system.
- Ensure the provision of professional translation services, including cultural mediators.
- Increase the screening system for social support during antenatal care.

Quality of care

- Ensure refugee and migrant women have the same quality of care as non-migrant women with respect to issues such as timeliness, diagnostics, management and screening.
- Adopt a person-centred care model in health care facilities that is diversity sensitive.
- Encourage the referral of refugee and migrant women to higher levels of care following risk assessments for screening for tuberculosis, pre-eclampsia and small for gestational age fetus (a proxy for placenta problems).

Health care policy and financing systems

- Provide universal health coverage for all pregnant women and their newborns regardless of legal status (as established in the Convention on the Rights of the Child and ratified by all Member States of the WHO European Region) through the promotion of health and gender equity.
- Integrate refugees and migrants into mainstream health systems to avoid segregation and development of parallel systems for them, which could lead to substandard care.
- Be cognisant of the diversity and different needs of refugees and migrants, which will depend on factors such as country of origin, socioeconomic status and integration, and provide services accordingly without stigmatizing patients.
- Support integration policies in all areas of society, including access to health, antidiscrimination, education, family reunion and facilitation of language acquisition.
- Promote postpartum contraceptive counselling as a cost-effective way to improve maternal and newborn health and reduce unintended pregnancies.

Improve the knowledge base

- Strive to include refugees and migrants in all data-collection activities, including sociodemographic indicators such as country of birth, type of migration and ethnic background as these can be relevant proxies for socioeconomic status or genetic risk, or reflect ethnic/racial disadvantage.
- Establish national birth registers for perinatal and maternal health surveillance with common indicators and information, such as length of stay, language and social situation.
- Support and adhere to transnational surveillance systems (e.g. the Euro-PERISTAT guidelines) and the inclusion of additional migration-specific indicators such as maternal fluency in local language, time in the host country or paternal country of birth.