STUDENTS FOR GLOBAL HEALTH UK

# MATERNAL HEALTH INEQUITIES FOR ASYLUM SEEKERS IN THE UK

## POLICY PAPER

# Executive Summary

**Women who are seeking or have been granted asylum in the UK face significantly worse maternal health outcomes compared to UK-born women. These disparities manifest during pregnancy, birth and the postpartum period and see asylum-seeking women experiencing delayed diagnoses of complications and being more likely to experience preterm births, congenital deformities, and low birth weight.** These outcomes are not solely attributable to pre-migration experiences and health status. They are also the result of intersecting structural factors such as socioeconomic status, insecure housing and ethnicity.

This policy paper by Students for Global Health addresses the current NHS and UK government policies that further reinforce these inequities in maternal health. We summarise current available literature on maternal health of asylum seekers and refugees within the UK. In addition to academic and grey literature, this review integrates relevant public health reports and government documents. Furthermore, the paper recognises the power dynamics and systemic discrimination that often shape refugee women's interactions with UK healthcare services. An intersectional lens was applied throughout, acknowledging how race, immigration status, and gender-based violence intersect to produce compounding health risks.

To address these injustices and move toward equitable maternal health outcomes, this paper calls for urgent policy changes. Students for Global Health recommends:

| Improve Clinical Practice | Strengthen Healthcare Access |
|---|---|
| • **Address bias and discrimination** | • **Provide universal free maternity care** |
| • **Transfer medical records** | • **Ensure interpreter services** |
| • **Facilitate community-based health support** | • **Guarantee housing stability** |
| • **Provide trauma-informed mental health care** | • **Provide information on asylum seekers' rights** |
| • **Extend nutritional aid programmes** | • **Remove barriers to financial support** |

## About us

Students for Global Health is a UK-wide network of medical students and young people passionate about health equity and social justice. We provide a platform for youth advocates to take action on global health issues, influence policy, and build capacity through education and advocacy. This policy paper was developed by a National Working Group of students from across the country.

# Introduction

In their home countries and during their migration to the UK, many refugee and asylum-seeking women are exposed to experiences that severely affect their sexual and reproductive health [1]. These include high rates of gender based violence (GBV) such as trafficking, domestic abuse, sexual violence and female genital mutilation (FGM) [1]. During pregnancy, they are at a significantly higher risk of adverse outcomes, being three times more likely to die during or after pregnancy, and facing twice the risk of stillbirth or neonatal death compared to white British women [2][3][4].

The physical and psychological impacts of such experiences mean that, upon arrival in the UK, many of these women present with complex and urgent sexual and reproductive health needs. Yet, once in the UK, pregnant asylum-seekers' ability to have a healthy pregnancy is hindered by multiple intersecting barriers.

The asylum process itself can retraumatise women, with research consistently linking it to heightened anxiety, depression, and a pervasive sense of powerlessness [5]. In addition to the asylum process itself, language difficulties, limited awareness of the healthcare system, and fear of legal repercussions present further challenges for refugee women in accessing healthcare [6].

These challenges intersect with systemic inequities that already exist within UK maternity care. Ethnic differences and socioeconomic disparities lead to some groups of women receiving inadequate maternity care and suffering worse pregnancy outcomes [2][3][4]. For refugee and asylum-seeking women, the convergence of these systemic inequalities with the unique hardships of forced migration results in disproportionately poor maternal health outcomes.

Many of these barriers are not inevitable. They are the consequence of policy decisions and can be rectified through evidence-based, compassionate reforms to the UK's current policy landscape.

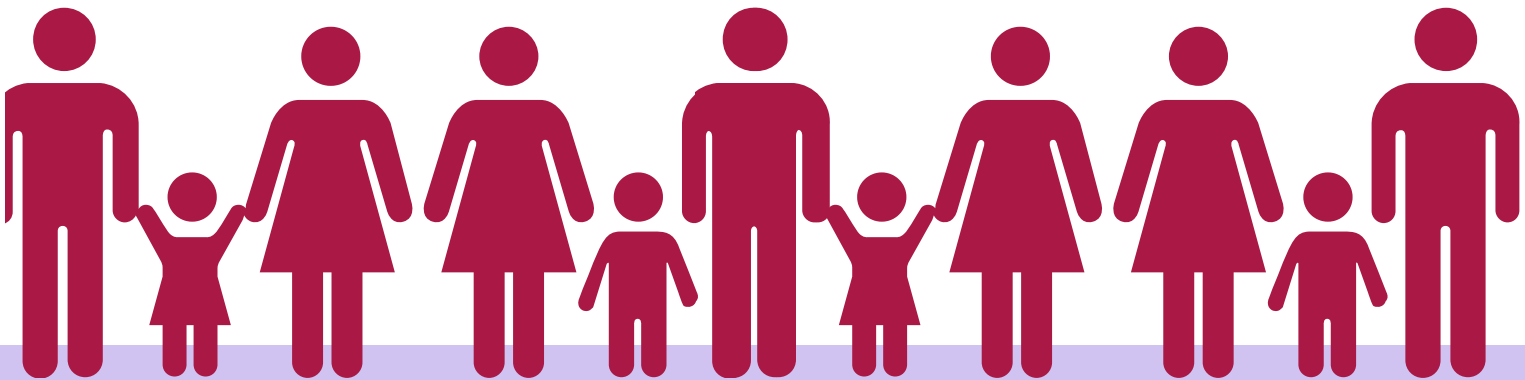
## Definitions

**Refugee** - "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted [...]" [7]. The label carries deep social meaning. In this report, we include whoever self-identifies as a refugee, whether their asylum request is successful or not [8][9]

**Asylum-seeker** - Individual who is seeking asylum, but whose claim was not yet decided [10]

**Migrant** - someone with both aspiration and ability to move from their place of usual residence [8][11]

**No recourse to public funds (NRPF)** - Ineligibility of migrants with temporary permission to stay for social welfare benefits and public funds [12]



The factors of displacement are projected to increase in the coming years [13] Protracted conflicts and political instability are forcing people to seek safety across borders, including in the UK [14]. In parallel, the increasing frequency of climate-induced extreme weather events, rising food insecurity, and declining living conditions will continue to force communities away from their home [15]. Within these uprooted communities, many women arrive in the UK with complex maternal health needs. Ensuring UK policies allow for accessible and equitable maternal healthcare is therefore more urgent than ever.

Given the UK's key role in supporting those who have sought safety from places such as Ukraine and Sudan, the nation is building on recent successes in policy change, including the closure of Bibby Stockholm and the end of the Rwanda plan. This is now a key moment to centre healthcare outcomes as part of a coherent migration policy.

Addressing these disparities is not just a moral imperative but an economic one. Poor maternal health outcomes are associated with higher rates of emergency interventions, increased neonatal intensive care unit (NICU) admissions, and long-term health costs [16]. By contrast, equitable maternity care for all can alleviate pressure on overstretched emergency services, improve outcomes for mothers and infants, and contribute to a more sustainable and efficient healthcare system.

Now is a pivotal time for change. The COVID-19 pandemic has heightened public and political awareness of racial and health inequalities, and there is growing scrutiny of the harmful effects of the UK's 'hostile environment' from immigration policies introduced in 2012 that aim to make life difficult for 'illegal' immigrants. At the same time, proposed reductions in the UK's Official Development Assistance (ODA) - 20% of which contributes to overpriced and insalubrious accommodation where asylum-seekers are housed - has further intensified calls for policy change [17][18][19]

This growing momentum presents an important opportunity to improve maternity care for women seeking asylum. As factors of displacement are unlikely to decline, and more women arrive in the UK in need of safe maternal support, ensuring that policy actively promotes positive maternal and neonatal outcomes is a matter of urgency. Advancing these reforms is not only about meeting the needs of those seeking protection, but also has the potential to contribute to a more effective, efficient, and equitable healthcare system for everyone.

## Aims & Objectives

**Primary Aim:** Identify and analyse the key challenges contributing to maternal health inequities in asylum-seeking women in the UK.

**Objectives:**

- Identify the main causes of mortality and morbidity in pregnant asylum-seekers in the UK
- Highlight key healthcare barriers preventing access to care.
- Suggest policy recommendations for improving maternal health equity.

# Key Findings

## Maternal Mortality and Morbidity

### Delayed Diagnosis

Asylum-seeking and refugee women often experience delayed diagnosis due to systemic neglect and language barriers [2]. Limited access to screening programs and late antenatal bookings exacerbate these risks [20]. Chronic conditions such as cardiovascular disease and pregnancy-related conditions like gestational diabetes and preeclampsia are often undetected or poorly managed, leading to higher risks of pregnancy complications [2].

### Maternal Mental Health

Research states that around 40% of refugee and asylum-seeking women suffer from PTSD, depression, or anxiety [21]. The stress of seeking asylum, coupled with a lack of social support, increases the likelihood of postnatal depression, and limited culturally competent mental health services exacerbate these disparities. Many asylum-seeking women struggle to navigate the complex mental health referral system, further delaying essential support [6].

### Nutrition

Many asylum seekers and refugees experience food insecurity during their displacement, leading to micronutrient deficiencies before arrival [22]. Post-migration, financial instability, and lack of access to culturally appropriate foods further exacerbate nutritional deficiencies [23]. This increases the risk of low birth weight, preterm births, and gestational diabetes.

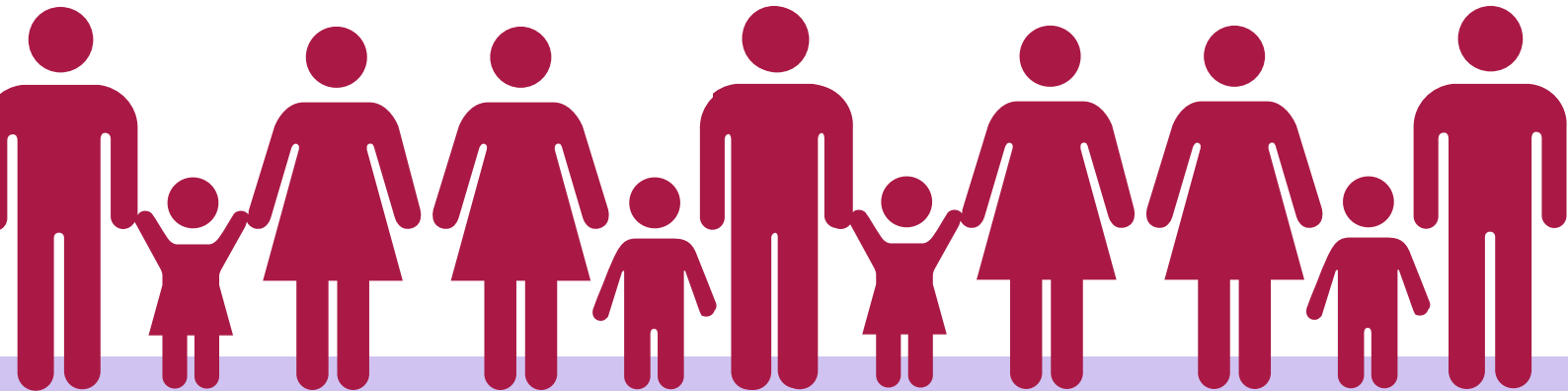
### Perinatal Complications

Pregnant asylum seekers have an increased risk of perinatal complications. They are more likely to experience preterm births, congenital deformities, and low birth weight infants [2]. They also have a significantly higher risk of stillbirth and spontaneous abortion compared to the UK-born population [24]. Structural barriers, delayed diagnosis, and inadequate prenatal care contribute to these poorer perinatal outcomes [24].

## Barriers to Healthcare Access

### Inconsistent Access to Interpretation Services

Despite NHS policy emphasising the importance of interpreters in healthcare interactions, current literature shows that nearly 2 in 3 migrant women with language requirements did not get access to adequate language services. This led to them receiving substandard maternity care, contributing to poor maternity outcomes [25].



The reliance on Google Translate or family members for interpretation increases the risk of misdiagnosis, miscommunication, and delays in emergency care, particularly in high-risk situations such as Caesarean sections or preeclampsia management [26]. The use of family members as translators may also prevent the disclosure of abuse [27].

**Housing insecurity**

'Dispersal' policies that frequently relocate asylum-seeking women can severely disrupt the continuity of maternity care, especially when relocation occurs in the critical final days before birth [28]. Medical records are transferred late, if at all, leading to misdiagnosis, errors in medication, and late booking for antenatal care [29]. A study found only 30% of asylum-seeking women in the UK had first contact with a midwife before 12 weeks of gestation, as recommended in national guidelines, delaying diagnosis and management of underlying health conditions and complications [30].

Furthermore, many are placed in inadequate housing, worsening their physical and mental health. Reports of mould and unsanitary conditions in accommodation exacerbate health risks and facilitate outbreaks of infectious diseases. A recent report found that 51% of asylum seekers experienced issues related to overcrowding and insufficient privacy, both of which significantly impact physical and mental well-being [31].

**Financial Insecurity**

Asylum-seeking women are often ineligible for government financial support, leaving them unable to afford travel to maternity appointments [31]. Many asylum seekers and refugees in the UK live on minimal government allowances, sometimes less than £6 per day, which are insufficient to cover travel to appointments, nutritious food, hygiene products, or prescriptions. Women with No Recourse to Public Funds (NRPF) face even greater exclusion, often relying on charitable support or going without necessary care altogether [32].

**NHS Charging Policies**

Financial insecurity can be exacerbated by the NHS charging policies. The Charges to Overseas Visitors Regulations 2015 and the 2017 amendments allow refugees and asylum seekers with pending applications or appeals to access free NHS care, including maternity services. However, undocumented migrants and refused asylum seekers remain subject to NHS charges for secondary care, which can amount to thousands of pounds, as part of 'hostile environment' policies [33]. This creates unnecessary financial distress and barriers to essential care, particularly given that nearly half of initial asylum rejections are later overturned (48% in 2024) [34].

Moreover, NHS data-sharing agreements with the Home Office allow information on unpaid NHS debts to be used for immigration enforcement. These policies foster fear and mistrust, leading many women to hesitate to access healthcare, which can result in delayed diagnosis.

This risk is compounded by the lack of clear information from healthcare providers, and the legal complexity of NHS charging policies means many asylum-seeking women remain unaware of their rights.

The consequences can be dramatic. Between 2015 and 2017, NHS charging policies may have played a role in the deaths of three pregnant migrant women [35].

# Policy Recommendations

## Improving Clinical Practices

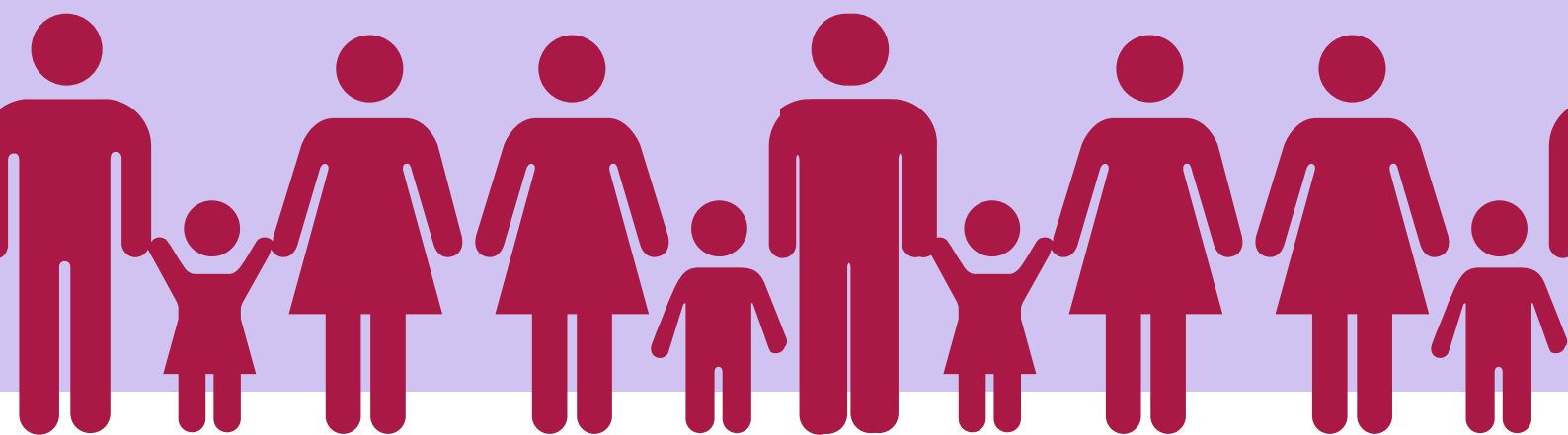
**Addressing Bias and Discrimination in Maternal Care:** Introduce evidence-based anti-bias and cultural competency training for all healthcare professionals. To ensure effective implementation, training programs must be standardised, accessible, and continuously updated based on emerging research and patient feedback collected through the establishment of reporting and accountability systems within NHS Trusts.

**Transfer of Medical Records:** Medical records, including test results, should be transferred between medical teams. The Royal College of Obstetricians and Gynaecologists (RCOG) suggests this could be in the form of a printed copy of medical notes, as digital formats may be less secure and inaccessible for asylum-seeking women being quickly dispersed.

**Community-Based Health Support:** Introduce peer-led maternity support groups for migrant and asylum-seeking women to improve maternal mental health, reduce social isolation, and enhance engagement with NHS services. Co-designed with refugee women and delivered via community centres, charities, or NHS outreach, these low-cost, culturally sensitive groups could provide trusted spaces for connection and advice, and act as a bridge to professional care.

**Trauma-Informed Mental Health Care:** Access to culturally sensitive psychological therapy, including for GBV survivors, must be made available through accessible referral pathways with interpretation services and low-threshold entry points, such as through GP surgeries or midwifery teams.

**Nutritional Aid Programs:** Government provision of culturally appropriate food vouchers for pregnant migrant women, including those with No Recourse to Public Funds (NRPF), to support prenatal nutrition. Distributed through GP clinics, maternity services, or NGOs, and paired with multilingual guidance, the scheme should expand on and adapt existing programs like NHS Healthy Start to meet diverse dietary needs.



# International Best Practice

Countries such as Sweden and Canada have inclusive healthcare systems that ensure access to maternity care for all women, regardless of immigration status, which has been linked to better health outcomes for mothers and babies. In Sweden, pregnant women, including undocumented migrants, receive the same maternity care as Swedish residents, promoting equal access to healthcare and contributing to improved maternal health [36]. Similarly, Canada's Interim Federal Health Program (IFHP) provides refugees and asylum seekers with full access to healthcare, including maternity services, free of charge, removing financial barriers and supporting healthier outcomes for migrant families [37]. These models highlight the importance of accessible, inclusive healthcare in improving maternal health, providing valuable lessons for policy development in the UK.

### Strengthening Healthcare Access

**Universal Free Maternity Healthcare:** Ensure all women, regardless of immigration status, receive free maternity care to prevent avoidable maternal deaths. The Royal College of Obstetricians and Gynaecologists (RCOG) strongly advocates for the removal of the NHS charging policy entirely.

**Interpreter Services:** Broaden the NHS's accessible information standards to provide accessible information for non-English speakers, creating a legal duty to provide interpretation services when required. This would make interpreter provision and consistent use mandatory across all maternity appointments.

**Housing Stability Measures:** Introduce policy changes that prohibit the mandatory relocation of pregnant asylum-seeking women in their third trimester. Establish maternity-specific housing facilities. Where dispersal is unavoidable, a comprehensive risk and needs assessment should be conducted beforehand to determine fitness to travel and accommodation requirements. The existing medical team should be notified without delay, and arrangements be made for a secure and timely transfer of medical records to the new medical team.

**Information on Asylum-Seekers' rights:** Provide information on availability and charges for healthcare access, communicated in multiple languages, to empower pregnant asylum seekers, and all asylum seekers and refugees more broadly, to navigate the healthcare system effectively.

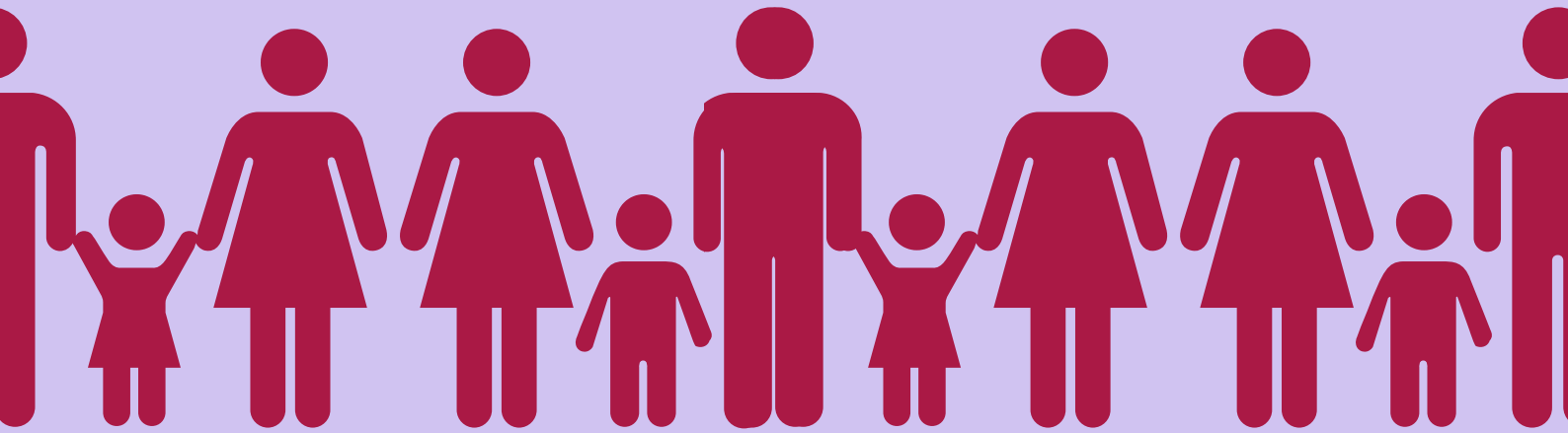
**Removing Barriers to Financial Support:** Extend government financial aid to pregnant migrant women, including those with uncertain or undocumented immigration status, to ensure timely access to essential maternal care services without financial hardship. This support could include travel allowances for antenatal and postnatal appointments, maternity-specific grants or vouchers for baby essentials and healthcare-related items, and cash support or prepaid debit cards for nutritional needs or mental health services.

# Conclusion

The UK must urgently address the health inequities experienced by mothers, including mothers who seek asylum. These disparities are not inevitable but the result of policy choices that can and must be reformed. By removing systemic barriers such as NHS charging, inadequate interpretation services, and unstable housing, and investing in inclusive, culturally competent care, we can significantly improve maternal and neonatal outcomes. Doing so will not only uphold human rights and dignity but also strengthen the effectiveness and sustainability of the NHS.

# Key Takeaways

- Asylum-seeking women face disproportionately poor maternal health outcomes, including higher rates of preterm birth, stillbirth, and postnatal mental health issues.
- Structural barriers, not just pre-migration health, drive these disparities, including NHS charging, language barriers, financial insecurity, and housing instability.
- Hostile environment policies, including NHS data-sharing and charging, deter women from seeking essential maternal care.
- Professional interpretation services and stable housing are critical to safe maternity care, yet are inconsistently provided.
- Policy reforms must centre compassion, equity, and lived experience, with a focus on systemic change.



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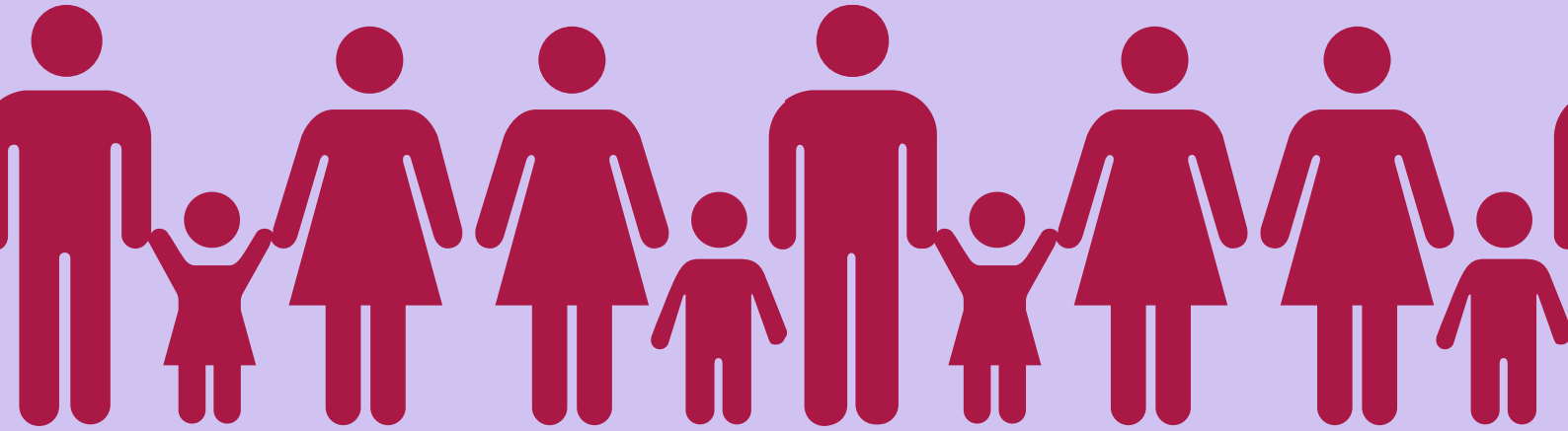

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