



When You Know: Childbirth in the Asylum System

Post-film discussions and activities

Initial discussion points following the film:

- What did you learn about the asylum system that you didn't know before?
- Have you had any experience of caring for people in the asylum system? Please share.
- Was there anything in the film that surprised or shocked you?
- Why do people seek asylum? What do you feel about the UK being a country of sanctuary?
- What are the main challenges to maternity care faced by people in the asylum system?

Samaa's story

In the film, Samaa's iron becomes dangerously low because of missed opportunities to address a very common pregnancy condition. Samaa's story illustrates the clinical consequences of gaps in basic care. Discuss (in full class or small groups) the mistakes and structural barriers in the asylum system that led to Samaa's death.

(Prompts: Communication, dispersal, lack of continuity, misunderstanding of rights and entitlements, social isolation)

Social Isolation

Social capital (defined by Pierre Bourdieu) is an individual's ability to draw on connections, resources and networks in order to better navigate the society they live in, including healthcare. This can include friends, family, sharing a language, education, knowing your neighbours. People in the asylum system are actively prevented from integrating (for example, through no-choice dispersal away from support networks and not being allowed to work). Consider the ways in which people use social capital to navigate maternity care and the experience of childbirth. Now consider how social isolation, as experienced by the women in the film could have an impact on their maternity care.

Fear

The women in the film talk about the fear they encounter in the asylum system. What reasons might people in the asylum system have to fear engaging with their maternity care?

(Prompts: Immigration exposure, inappropriate charging, threats to autonomy, fear of uniformed services, Cultural Safety, stereotyping, racism, discrimination, negative attitudes, past adverse experiences)

Communication

In the film, communication was highlighted as a barrier to maternity care. Some examples given were letters going to the wrong addresses because of the dispersal system and language barriers. Consider all the ways in which you and the wider maternity system communicate with the people in your care. Thinking about what you have learned about the asylum system, where are the potential gaps and what are the potential consequences of these gaps?

(Prompts: non-choice dispersal, digital poverty, language, gaps in cultural understanding, lack of orientation to UK health system, assumptions/stereotyping, fear)



Being 'with woman', building partnerships

In the film, the women reflect on the difference their midwife made to them. For Kate, her midwife's insight into her situation and compassion saved her life. How do you build genuine partnership with the people in your care, especially those who are very different to you? Why is this important?

Agency

The film illustrates the multiple ways in which people seeking asylum experience threats to their personal agency. These include forced poverty, social isolation, not being able to choose where to live and not being allowed to work.

Role of the Midwife

Take a moment to read Section 2 of the NMC Code:

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 encourage and empower people to share decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.5 respect, support and document a person's right to accept or refuse care and treatment

2.6 recognise when people are anxious or in distress and respond compassionately and politely

Reflecting on what you saw in the film and experiences in practice, write down how you will meet each of these requirements in your role as a midwife caring for people in the asylum system.

(This can be done in individual spider diagrams or using post-it notes stuck to each of the points displayed on a wall or flip chart sheets)

£7 a day

In the film, the women discuss the difficulties of living on £7 a day (about 50% of mainstream benefits). Consider the challenges of meeting your basic needs in pregnancy on a day that you are required to attend a hospital appointment using public transport. Cost out the likely expenses of a day like this. Consider:

1. Is £7.00 enough to meet your needs on a typical day where transport is required?
2. What are the likely difficult choices faced by someone in a situation like this?

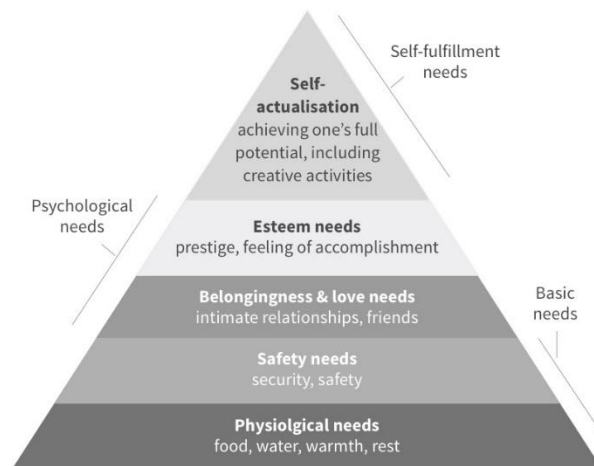


3. If you are faced with a choice of attending your appointment or eating enough that day, which would you choose?
4. What are the maternal health consequences of this level of poverty?
5. How would you address the challenges of poverty in your role as a midwife?

Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs is a theory that explains human motivation by ranking five levels of human need in hierarchical order. It can be applied in Midwifery to help guide the midwife towards the comprehensive bio-psycho-social care of the whole patient. Individually or in small groups, consider:

- a. the threats to Maslow's categories as experienced by some of the women featured in the film
- b. the challenges to your role as a midwife to ensure each of Maslow's categories are met in the care you give
- c. how you can overcome these challenges in your role?



Social Determinants of Health

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

In smaller groups, consider conditions in the asylum system and how social and structural aspects of these conditions impact maternity care.

Case Studies

Consider the following case studies and in smaller groups, discuss:

1. Your immediate concerns
2. The barriers to care
3. Your plan of care.

Klea



Klea first presents at around 34-36 weeks having just arrived in the UK a week earlier. She reports via interpreter having been sex trafficked from Albania and forced to work in brothels around Brussels, Belgium. When she became pregnant she was transported to the UK in the back of a lorry and released. She is visibly upset talking about her history and reports difficulty sleeping and eating and frequent nightmares. She has had no antenatal care.

Medya

Medya arrived from Iraqi Kurdistan with her husband and four children 6 months ago. Initially staying with family friends, the family became homeless and were sent to live in Home Office accommodation two weeks ago. Medya had one midwife appointment in London but moved before her first scan. She is 26/40 by LMP. She reports experiencing FGM as a young child and tells you she became very sad after the birth of her third child. She looks pale and reports feeling tired and breathless. She is anxious about the safety of family left behind in Iraq.

Fatima

Fatima arrived in the UK three weeks ago having left Eritrea to escape enforced and indefinite military service. She reports being 17 and in early pregnancy- about 12/40. She has poor eye contact and an apparent mistrust of authorities. You note scarring to her arms which she is reluctant to explain. She reports having travelled to Europe by boat and lorry and became separated from her partner near the Hungarian border and does not know where he is.

Nice Guideline CG110- Pregnancy and Complex Social Factors

Read section 1.3- *Pregnant women who are recent migrants, asylum seekers, refugees, or who have difficulty reading or speaking English*

Answer the following questions:

1. How well does this guideline prepare midwives for meeting the needs of pregnant asylum seekers in their care?
2. What further information would be useful for midwives who are inexperienced in caring for pregnant asylum seekers?

Where I'm From

Read the following poem by George Ella Lyon. Take 10-15 minutes to write your own 'Where I'm From' poem. You can draw on places, people, memories, food, events, things people said to you- anything that is part of making you, you. Don't think too hard just let it flow.

We will then read out our poems.

Following the readings, take 5 minutes to reflect on how where you're from impacts the care you give. Make a few notes and then share your thoughts with the group

Where I'm From by George Ella Lyon

I am from clothespins,
from Clorox and carbon-tetrachloride.
I am from the dirt under the back porch.



(Black, glistening,
it tasted like beets.)
I am from the forsythia bush
the Dutch elm
whose long-gone limbs I remember
as if they were my own.

I'm from fudge and eyeglasses,
from Imogene and Alafair.
I'm from the know-it-alls
and the pass-it-ons,
from Perk up! and Pipe down!
I'm from He restoreth my soul
with a cottonball lamb
and ten verses I can say myself.

I'm from Artemus and Billie's Branch,
fried corn and strong coffee.
From the finger my grandfather lost
to the auger,
the eye my father shut to keep his sight.

Under my bed was a dress box
spilling old pictures,
a sift of lost faces
to drift beneath my dreams.
I am from those moments--
snapped before I budded --
leaf-fall from the family tree

[Where I'm From, a poem by George Ella Lyon, writer and teacher](#)