

Improving pregnancy and birth experiences of migrant mothers: A report from ORAMMA and continued local impact

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ABSTRACT

INTRODUCTION Migration is a growing phenomenon affecting many European countries, with many migrants being of childbearing age. Depending on the country of origin, poorer pregnancy and birth outcomes amongst migrant women have been reported. Providing appropriate culturally sensitive perinatal services is of paramount importance.

METHODS The Operational Refugee And Migrant Mothers Approach (ORAMMA) was a three-site multidisciplinary collaborative research project, designed to develop and test implementation of a high-quality maternity care model including peer supporters for migrant women who have recently arrived in European countries. Community-based activities were undertaken to ensure ongoing local impact for maintaining supportive interactions amongst peer supporters and recently arrived migrant women in the UK.

RESULTS The women who volunteered to become maternity peer supporters were motivated by their own experiences of being newly arrived migrants in the past or a sense of altruism. Forging links with multiple local community groups enabled the continuation of the support provided by maternity peer supporters, including during the COVID-19 pandemic.

CONCLUSIONS Engagement of maternity peer supporters in supporting newly arrived mothers has multiple advantages of addressing social isolation and marginalisation of migrant communities, with potential benefits of improving access and enhancing health literacy and health outcomes amongst recently arrived migrant women as well as creating a self-supporting network for peer supporters themselves.

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INTRODUCTION

Migration is a growing phenomenon affecting European countries, which could be attributed to a combination of factors including war, political disturbances, socioeconomic hardships and sanctions¹. Although throughout history migration has yielded diversity, cultural richness and socioeconomic development for communities, particularly in populations such as those in some European countries with alarmingly low fertility rates, ageing population and reduced workforce, it is not without its challenges. Migration inherently exposes vulnerability which can be amplified if pregnancy is also added into the complexities². Depending on the country of origin, poorer pregnancy and birth outcomes amongst migrant women have been reported. These are generally summarised as a greater likelihood of

interventional birth, low birthweight, small-for-gestational-age or premature birth, and a greater risk of perinatal mental health problems³. A considerable proportion of migrants are women of childbearing age³. It is therefore of paramount importance to provide appropriate perinatal services that are equitable and sensitive to the needs of a diverse range of communities.

Here we present a multicentre European project called Operational Refugee And Migrant Mothers Approach (ORAMMA). The ORAMMA research project was designed to develop and test the implementation of a high-quality maternity care model involving maternity peer supporters (MPSs) to enhance the care of migrant mothers and babies who have recently arrived in European countries. Here, we provide a summary of this project and also discuss a chain

of community-based activities to ensure ongoing local impact for recently arrived migrant women in the UK.

METHODS

ORAMMA was a three-site multidisciplinary collaborative research project, involving several overlapping phases: 1) Exploring the evidence about migrant women's needs, their experiences of maternity care and current guidelines relevant to their care to develop a best-practice model of care⁴, with the findings used to inform the development of training materials for both healthcare professionals⁵ and MPSs⁶; 2) Undertaking community engagement and recruiting maternity peer supporters (MPS); and 3) Implementing this model of care for migrant women during pregnancy, birth and the postpartum period in three European settings. Ethical approval for the ORAMMA project was obtained (IRAS 236398 and Sheffield Hallam University Convenir ER5851022). Further details on the ORAMMA project are available elsewhere⁷.

RESULTS

Exploring the evidence

The systematic review of migrant women's experiences found that some women had difficulty accessing care as they were unaware of their entitlement to care, were unfamiliar with the maternity care system in the new country, and faced practical barriers such as communication challenges, lack of cultural understanding amongst healthcare professionals as well as transportation and financial barriers. This also showed that continuity of care, being listened to, not being stereotyped and developing a trusting relationship between professionals and mothers were important⁸.

Community engagement and incorporating MPSs in maternity care

The ORAMMA project adopted a community engagement approach that capitalised on the experiences of migrant women who had been living in the host country for a longer period of time or who were second generation migrants. Within the UK, 25 women were recruited from ethnic minority communities and undertook training to become MPSs, with 17 MPS matched to one or more newly arrived migrants to support them through pregnancy, birth and the early postnatal period; promoting cultural understanding and communication with healthcare professionals; providing social and emotional support; and enabling childbearing migrant women to navigate the unfamiliar healthcare system. The women who volunteered to become an MPS were motivated by their own experiences of being newly arrived migrants in the past or a sense of altruism. Table 1 gives some illustrative quotations from MPSs and pregnant migrant women.

There was a range of benefits of this model of peer support for newly arrived childbearing migrant women. As well as support to access maternity care and overcome language barriers, MPSs advocated for them in their encounters with healthcare professionals when the woman desired it. MPSs provided emotional support and increased

the women's confidence, helping them overcome loneliness, encouraging them to build relationships with others and promoting bonding with the new baby.

The MPSs were a valued source of information in a new place, and the women appreciated the practical support they received from their MPS who helped them address a range of issues and needs including: housing, arranging bill payments, benefit applications, and acquiring equipment and clothing for the new baby.

The MPSs found that being involved in the project gave them a sense of personal satisfaction, feeling valued and boosting their self-esteem. They appreciated the opportunity to have a new experience and challenge, gain new knowledge and skills, and make a difference to newly arrived migrant women in the community.

Moving beyond the project to create positive local community impact

The ORAMMA project was completed in March 2019, however, the MPSs were enthusiastic and motivated to develop further their community-based initiatives to support recently arrived migrant women. Links with local Refugee Council project workers allowed the research team to share lessons learnt from the ORAMMA project and has led to the involvement of ORAMMA MPSs in an emerging project 'Health Access for Refugees Programme' (HARP). ORAMMA MPSs have had the opportunity to share their ORAMMA training and experience with other HARP volunteers and offered peer support to recently arrived migrant women in the local area within weekly community-based antenatal and postnatal groups. The MPSs have participated in further opportunities across the city for volunteering roles within a

Table 1. Illustrative quotations

Theme	Quotation
MPS were motivated by their own experiences or altruism	'I've been through it when I first came to the UK with no English at all and I've been through it and I know how people feel and struggles ... you don't know what to do, you've no language, it was so difficult and I can feel it, I've been through it.' (MPS)
Women received social and emotional support	'I used to feel lonely, since I met (the MPS) I don't feel lonely and I been get a lot of love from her and supportive. Before in pregnancy I was been stressed. But when I found her that was helpful.' (Pregnant migrant woman)
MPS were a valuable source of support	'Somebody to be there for us and helping us to you know understand or explain things for us and if we need to go somewhere or ask about something, (the MPS) is there, she's you know giving us information or taking us there, it's very useful.' (Pregnant migrant woman)
Volunteering increased MPS self-esteem and provided a sense of satisfaction	'You are making difference to the people, that's the main thing and that reward is...more than anything else.' (MPS)

MPS: maternity peer supporter.

number of community groups who support asylum seekers, refugees and vulnerable migrants in accessing health and maternity services such as 'Pregnancy Birth and Beyond', 'Breastfeeding Peer Support', and 'Empowering Parents, Empowering Communities (EPEC)'. They have also been working with Forging Families and LIGHT (local perinatal health/mental health support charities) who have reached out to the MPSs due to limited availability of volunteer peer supporters from ethnic minority backgrounds in their organisations. They viewed this as an excellent opportunity to expand their services and capitalise on the skills, training and helping attitude of these volunteers to support mothers from diverse communities and those from migrant backgrounds. The support has been recognised as a pathway to aid the transition back to community services after receiving specialised perinatal mental health input.

The group has evolved to a volunteer group called 'Friendly Mothers' who share information about lifestyle and reproductive health matters (doubling in numbers to 40 members so far, as the original ORAMMA MPSs have encouraged more women from ethnic minority backgrounds to volunteer locally), suggesting evidence of adaptation, growth and sustainability. The group's adaptive capacity has been demonstrated during the COVID-19 pandemic by the setting up of its own WhatsApp facility to aid communication and sharing of knowledge amongst members. The social capital impacts can be seen in the bonding qualities of the relationships, and mutual support established between MPSs and migrant mothers, with the expressed sense of reduced isolation and loneliness whilst being empowered to articulate their needs and pregnancy health concerns. MPSs' narratives demonstrate personal benefits in terms of skill development, boosts to self-esteem, career-building and satisfaction from having helped vulnerable women at a critical period in their lives. The continued impact has been captured in a recent Migrant Matters Festival – broadcasted 'virtually' due to COVID-19 pandemic⁹.

The ORAMMA MPS training materials have been adapted to enhance both the recruitment of peer supporters from ethnic minority groups, also making the training more relevant and culturally sensitive. Furthermore, the training package for healthcare professionals in culturally sensitive care has been delivered in continued professional development sessions to further train General Practitioners within the locality. The training resources also continue to be developed for further online distribution among midwives and other healthcare professionals.

DISCUSSION

Our project resulted in training packages as well as establishing a group of MPSs from migrant/ethnic minority background, which continued their impact after the life of the project supporting migrant pregnant mothers as well as supporting each other. This is particularly important since there currently appears to be a shortage of volunteers from ethnic or migrant backgrounds within both professional and non-medical support roles such as peer supporters¹⁰. Discussions have been taking place to offer help from

ORAMMA project findings/products, particularly the involvement of MPSs in various initiatives with multiple benefits of community engagement, facilitating support to vulnerable mothers/women from marginalised backgrounds as well as further development opportunities for the MPSs and volunteers. The support systems using digital platforms already established by MPS have enabled continuing the sharing of information and knowledge around keeping healthy and safe, despite restrictions during the COVID-19 pandemic.

The engagement of MPSs in supporting newly arrived mothers has multiple advantages of addressing social isolation and marginalisation of migrant communities at several levels, with potential benefits of improving access and enhancing health illiteracy and health outcomes amongst recently arrived migrant women. Benefits were also noted for MPSs including reduced sense of isolation and increased self-esteem and community engagement.

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CONFLICTS OF INTEREST

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