

# THE BIRTH PARTNER PROJECT

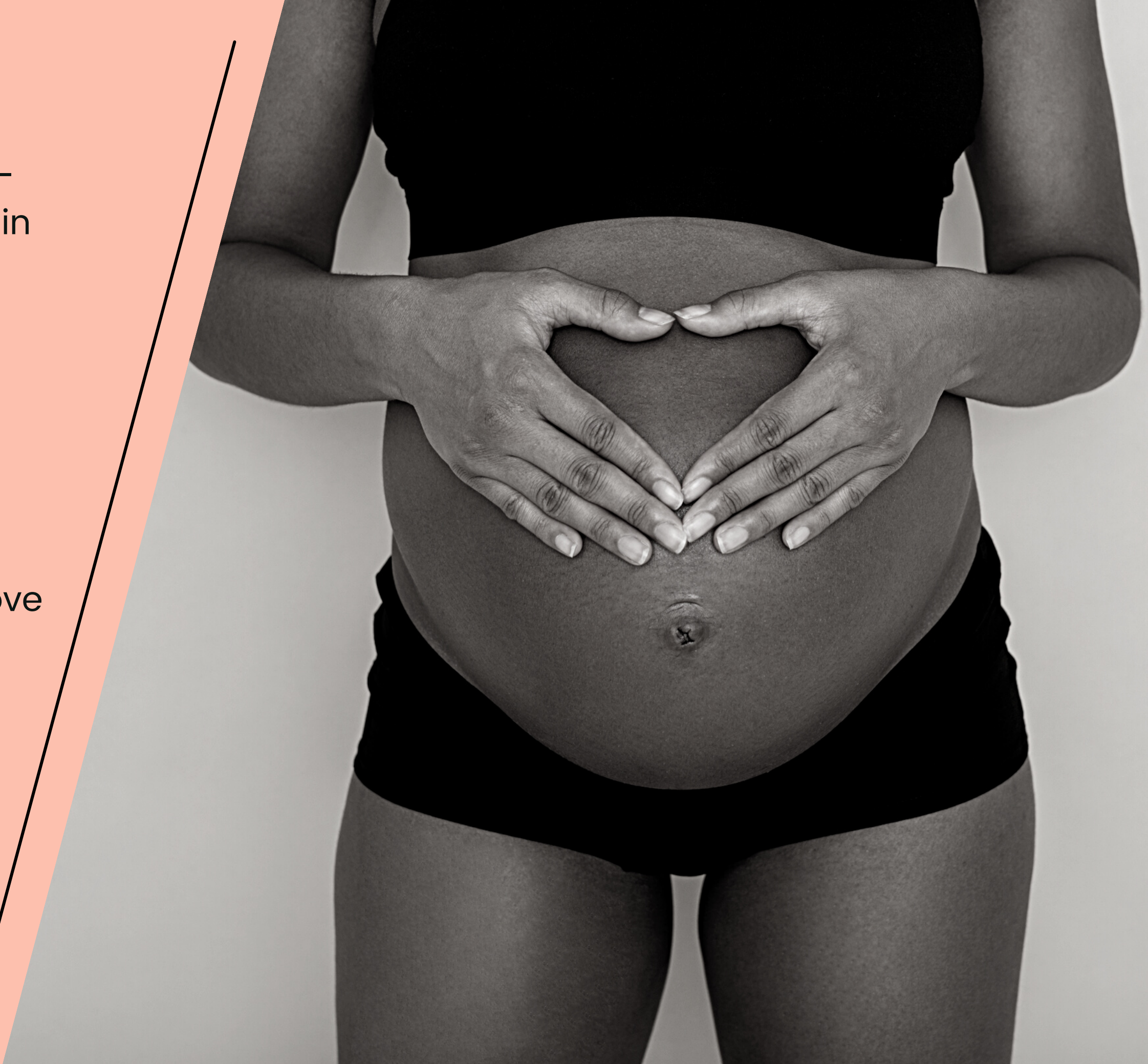


[www.birthpartnerproject.org](http://www.birthpartnerproject.org)



Volunteer birth partners offer non-medical emotional and practical support to asylum-seekers and refugees (Sanctuary Seekers) in the latter stages of pregnancy, throughout labour and birth, and the first few months postnatally.

The project aims to provide trauma-enhanced and culturally safe care to improve outcomes for sanctuary seekers and their newborn babies. We do this by providing continuity of care, advocacy, specialist signposting and referral, resources, information and wellbeing support.







## Our Vision

No one should face birth alone



## Our Purpose

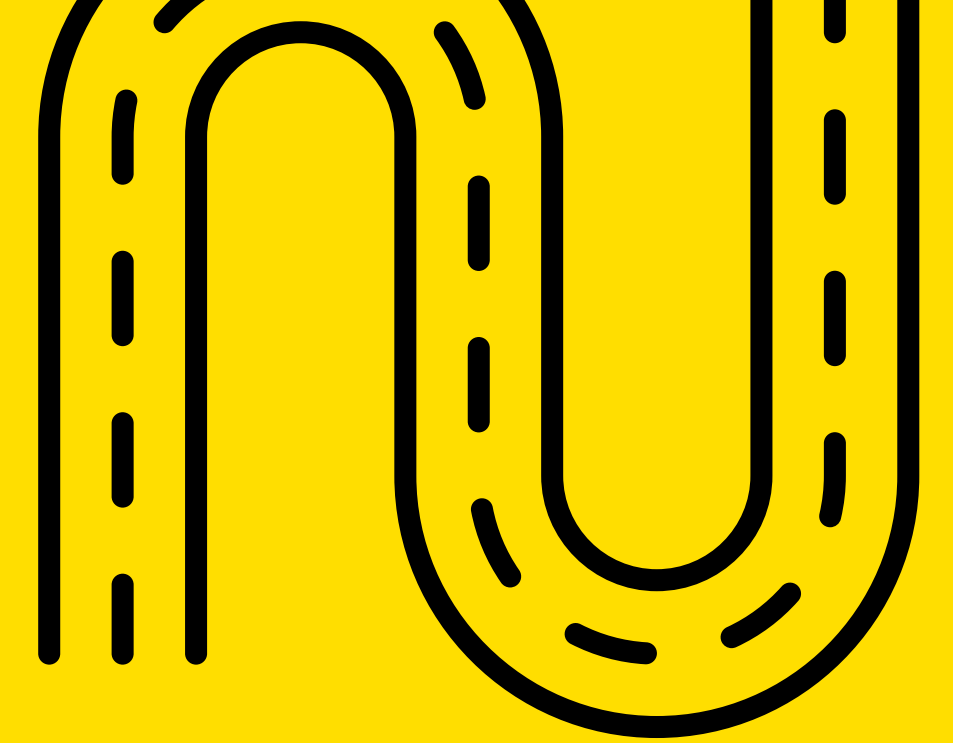
For all women and birthing people seeking sanctuary to have access to birth partner support during pregnancy, birth and new parenthood



## Our Belief

Support improves outcomes for new parents and babies and promotes community cohesion

# The journey so far



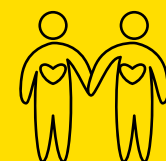
## SEPTEMBER 2016

Project started with four founding members who supported 12 women seeking sanctuary



## MAY 2017 - 2018

11 Volunteer Birth Partners trained in May 2017 and May 2018, including 4 trainees from the asylum-seeking community



## JUNE 2018

We became a registered charity



## March 2023

100

women and birthing people supported

Weekly drop-in for pregnant and post-partum sanctuary seekers

4 part time staff



THE  
BIRTH PARTNER  
PROJECT





# How it works

Referral from midwife



Volunteer coordinator sets up a birth support team



Team provides antenatal support from around 34 weeks



Rota system ensures 24 hour support is given during labour



Team provide post-natal home visits and support for 8 weeks



# Who do we support?

## **ASYLUM SEEKER**

A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded

## **REFUSED ASYLUM SEEKER**

A person whose asylum application has been unsuccessful. They may have the right to appeal the decision (still considered as an asylum seeker). Or they may be “appeal-rights exhausted”

## **REFUGEE (UK)**

A person whose claim for asylum has been accepted by the UK Government (received leave to remain) and is officially recognised as a refugee

## **PERSON SEEKING SANCTUARY**

All asylum seekers, people refused asylum, and refugees

## **VICTIM OF TRAFFICKING / MODERN DAY SLAVERY**

Someone who has been brought to the UK for the purpose of forced labour or sexual exploitation. Special Home Office procedure for consideration of claims: the National Referral Mechanism



# Home Office Support

## **SECTION 95 SUPPORT**

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Cash and accommodation in dispersal areas. Provided to asylum seekers whilst asylum claim is being considered, including appeals. £40.35 per family member.

## **SECTION 4 SUPPORT**

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Cashless; store card and accommodation in dispersal areas. Provided to some groups of refused asylum seekers who meet a narrow criteria, including pregnant refused asylum seeker women from 34 weeks pregnancy. £35.39 (non cash) per family member.

## **DISPERSAL**

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Home Office sanctioned move to a different dispersal area. Guidelines state women should not be moved between 34 weeks pregnancy to 6 weeks postnatal.

## **MATERNITY ALLOWANCE & OTHER PAYMENTS**

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- £300 for asylum seekers
- £250 (non cash) for refused asylum seekers
- Small amounts of extra support (£3-£5) whilst pregnant and for young children





# Challenges facing pregnant women and birthing people seeking sanctuary in Wales

**HEALTH INEQUALITY AND RACIAL  
DISCRIMINATION**

Trauma/PTSD

Insecure and inadequate housing

Financial Hardship

Language Barriers/poor use of interpreters

Dispersal

LACK OF CONTINUITY OF CARE



# How our birth partner volunteers support women and birthing people

- Bespoke to meet the individual needs of each woman
- Relationship building at her pace/location of her choice
- Signposting to local organisations
- New baby bundles
- Emotional support
- Practical support
- Digital inclusion
- Wellbeing activities and peer support
- Rights and entitlements
- Information and resources

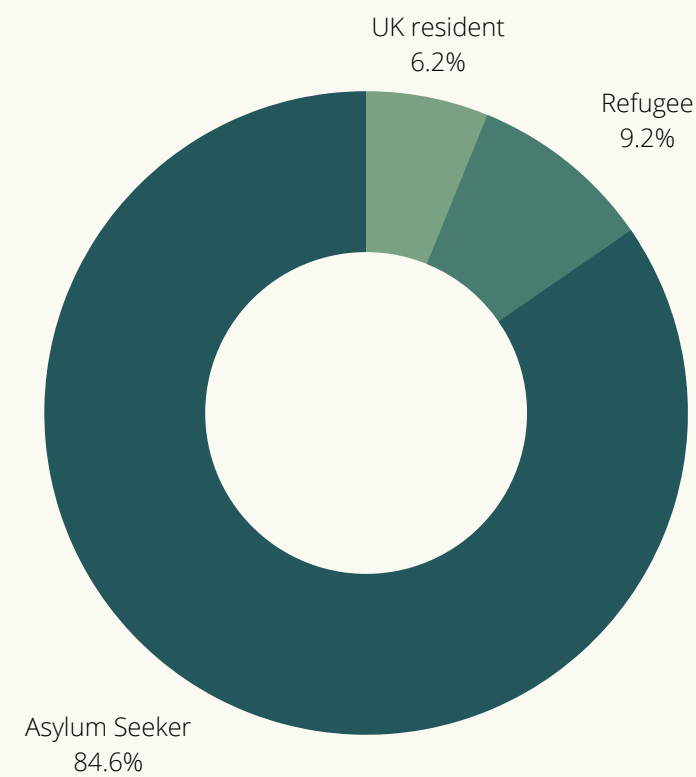
# Birth Partner Volunteer Training

- Birth physiology and labour
- Asylum and gender
- Human rights in Maternity Care
- Creating trauma - informed spaces and developing trauma-informed practice
- Cultural Safety
- Working with Muslim parents
- Working with interpreters
- SANDS Neo natal loss awareness
- Safeguarding
- VAWDASV
- Race Equality First - Equality Act & Cultural Awareness
- Rewind Trauma Therapy

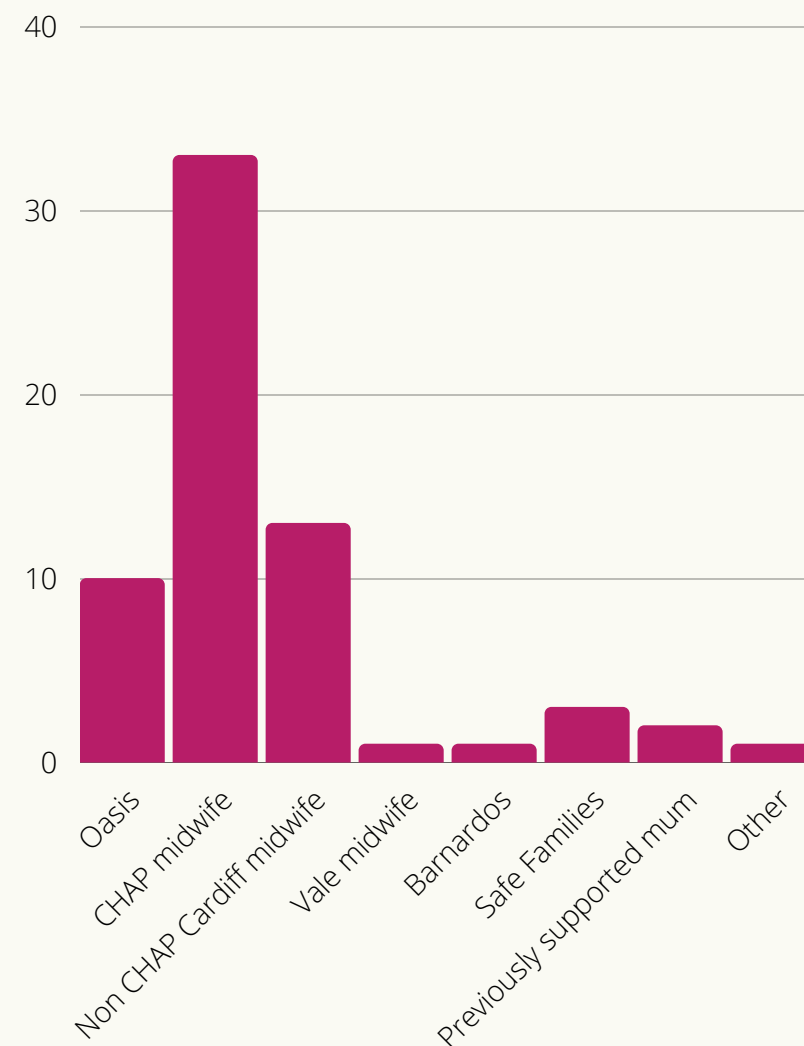


# A quick look at the numbers

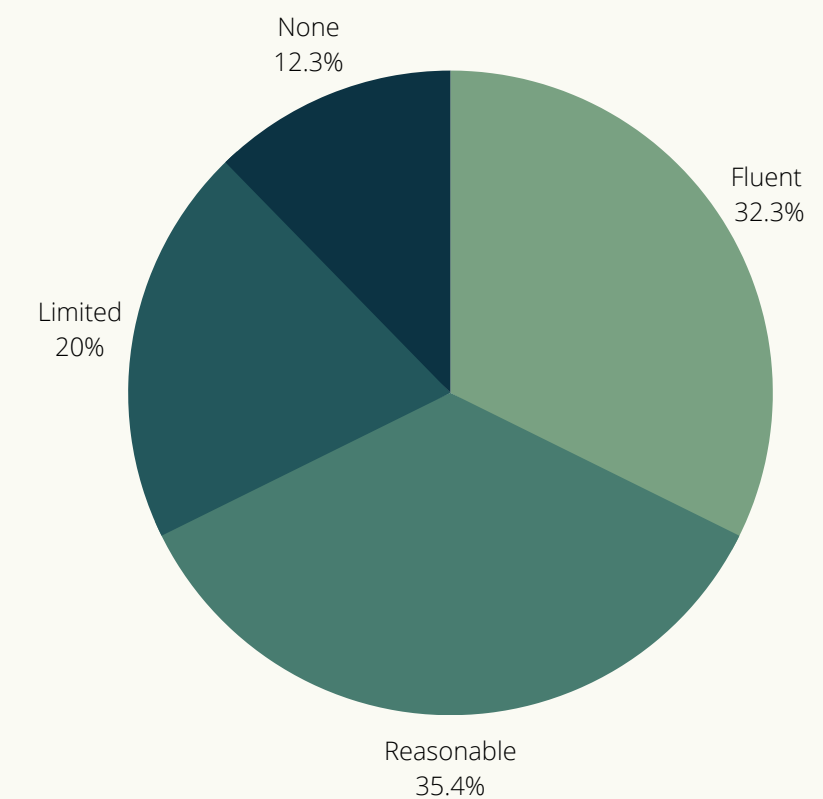
## Status



## Source of referrals



## English language ability



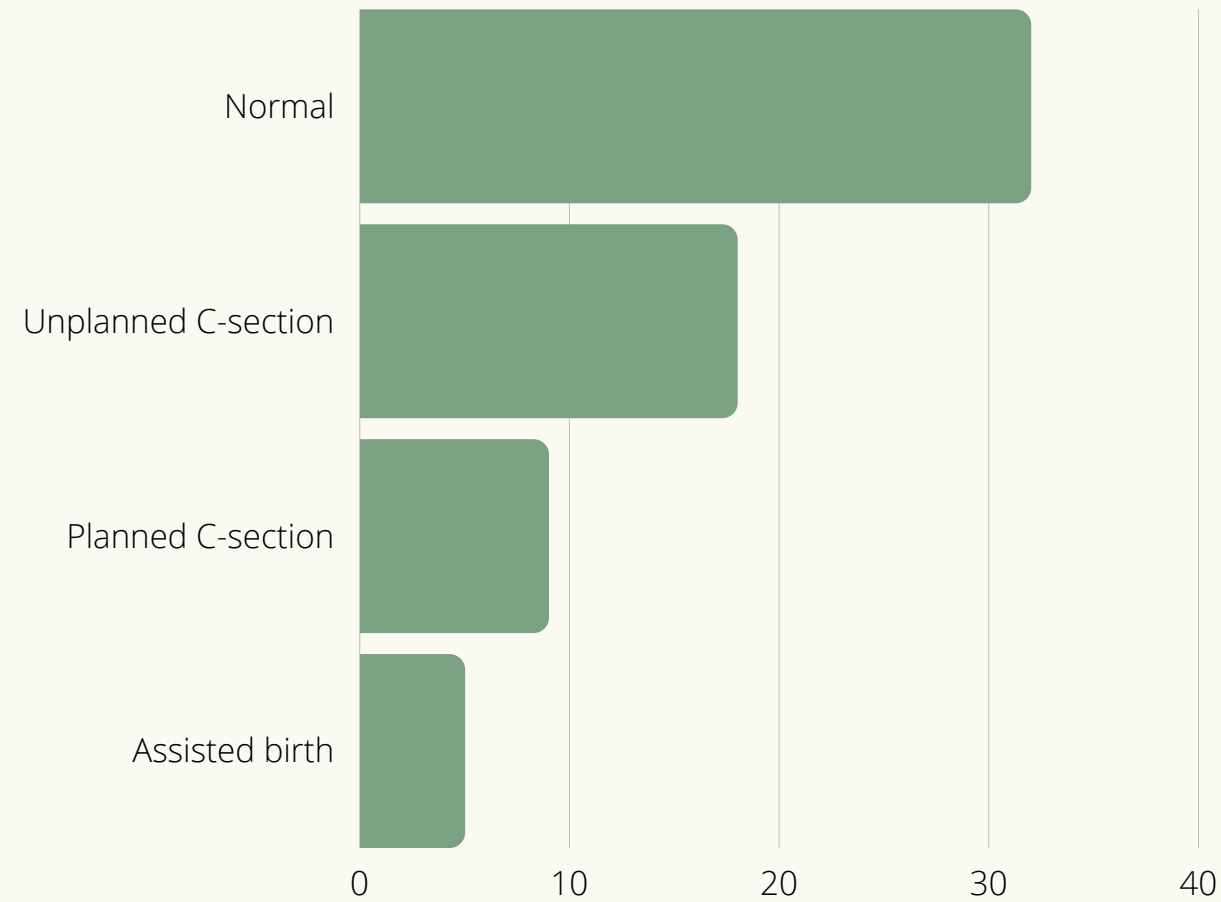
**100+** women supported

**25** nationalities represented

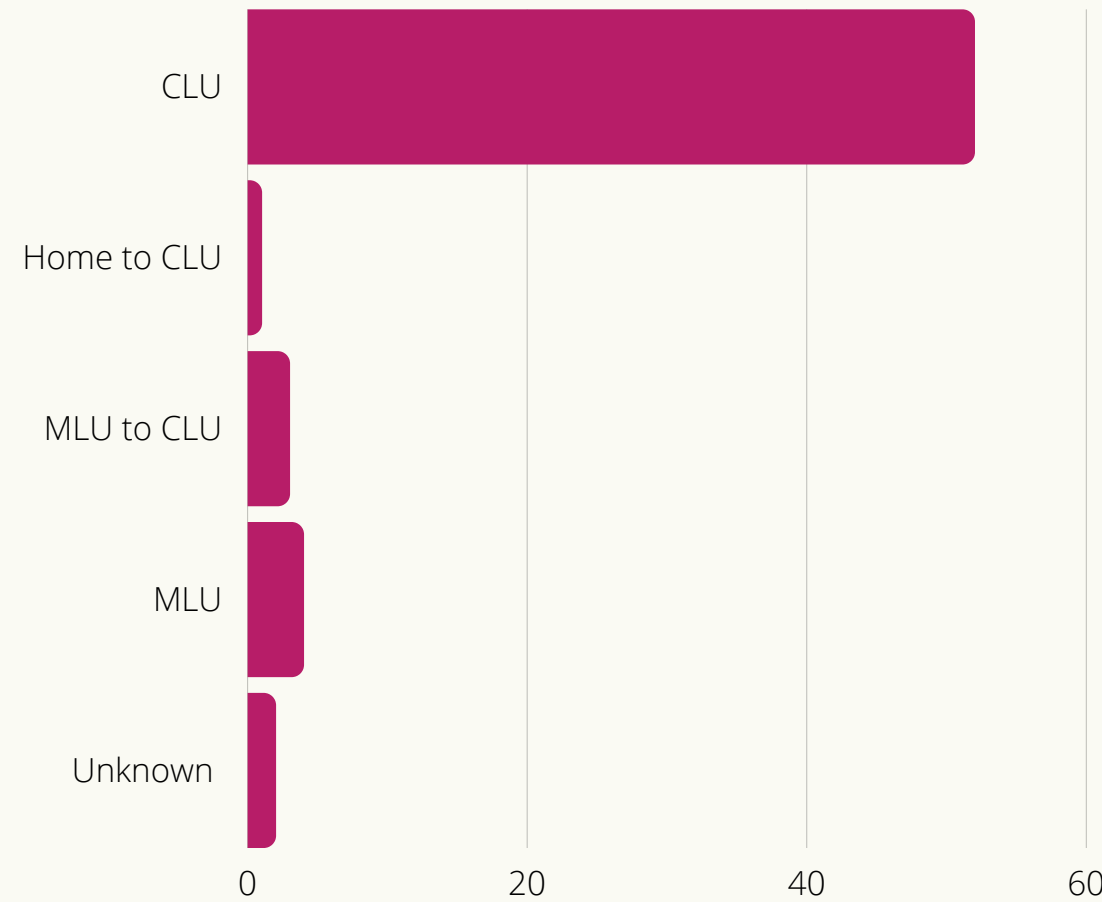
**28.9** average age

# A quick look at the numbers

Type of birth



Location of birth





**' It made me feel safe,  
took away my anxiety -  
like they were watching  
over me and the baby. It  
gave me hope and  
optimism....**

...my heart was at rest. TBPP gave me  
the physical support - holding my  
hand. I have a reliable team . Being in  
this new place, it gave me a family. It  
gives you safety, in case anything  
happens you feel like you have  
someone to call. It has helped me get  
used to the place quickly, not feel all  
alone'

**- New mum**







***Did having a birth partner with you make you feel like your voice was heard/ did you feel listened to?"***

***"Absolutely, I feel very understood. I actually felt not judged. Someone literally knows what I'm going through - someone was really fitting themselves in my shoes. They took me how I am." New mum***



- + Improved self -confidence in terms of pregnancy, birth and early motherhood
- + Reduction in isolation/improved social networks and support
- + Improved feelings of wellbeing and connection to self and baby
- + Enhanced awareness of rights and entitlements



Numerous **Cochrane Reviews** have evidenced that having a birth partner can determine a reduction of:

- Perinatal mortality
- Risk of caesarean birth
- Depressive symptomology

2021 birth companion pilot in London for asylum seekers in initial accommodation found considerable impact in terms of consent, choice and understanding of their maternity care.

**(Happy Baby Community Birth Companion Pilot 2021).**







## **Evidence of need**

- MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20
- Royal College of Obstetricians and Gynaecologists Position Statement on Migrant Women 2022
- Ockenden Review 2022
- Birthrights Inquiry into Racial Injustice in Maternity Care 2022



## Our approach to providing support

- Recognise the systems that the people we support are living within
- Recognise the harm that may be experienced by those systems
- Try and provide support which recognises and attempts to redress historical and present day power imbalances.
- Works towards a practice of cultural safety and trauma enhanced care within the organisation.
- Routinely considering intention versus impact





## Recognising the harm

UK Asylum and Immigration system

Obstetric Violence within maternity services

Structural racism

Violence Against Women and Girls (VAWDASV)



## Obstetric Violence

Free from Harm Resource, White Ribbon Alliance 2023

Recognition that the term can be controversial. But that by naming the harm we do something about it.

7 Categories of disrespect and abuse which help describe Obstetric Violence:

- Physical abuse
- Non-consented care
- Non-confidential care
- Non-dignified care
- Discrimination
- Abandonment of care
- Detention in facilities





## Free from Harm Resource, White Ribbon Alliance 2023

Obstetric violence likely contributes to:

- Maternal mortality disparities that mean Black women die at a rate four times greater than their white counterparts, and Asian women at twice the rate
- Rising rates of birth trauma, postnatal depression, and PTSD
- The vicarious trauma, moral injury and emotional distress experienced by midwives, resulting in higher-than-average rates of mental health mental health disorders, substance misuse, and suicide than the general public
- The alarmingly high attrition rate in midwifery, which weakens the profession and threatens its autonomy



## Cultural Safety

**Translating Cultural Safety to the UK**

**Dr Amali Lokugamage et al 2021**

*'The rationale of increasing health equity for minority groups by urging individual professionals to examine their own position of privilege and the need to examine and address inherent power imbalances in therapeutic relationships and encounters. Health practitioners must examine themselves and the potential impact of their own culture on clinical encounters. To do this they must be aware of difference and consider power relationships via reflective practice.'*



## Cultural Safety

Cultural safety is met through actions which recognise, respect, and nurture the unique cultural identity of a patient. Effective practice for a person from another culture is determined by that person or family.

Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual beliefs; and/or ability. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

*Gerlach, A 2012.*





## Cultural Safety

Translating Cultural Safety to the UK

Dr Amali Lokugamage et al 2021

- Origin - Irihapeti Ramsden a Maori nurse from New Zealand.
- Reverse innovation - an act of racial justice
- The difference between cultural awareness or cultural competence and cultural safety.
- Cultural appropriation of these ideas becomes a risk.

# TRANSLATING CULTURAL SAFETY TO THE UK

## THE CULTURAL SAFETY TREE

### BRANCHES/LEAVES/ FLOWERS/FRUIT:

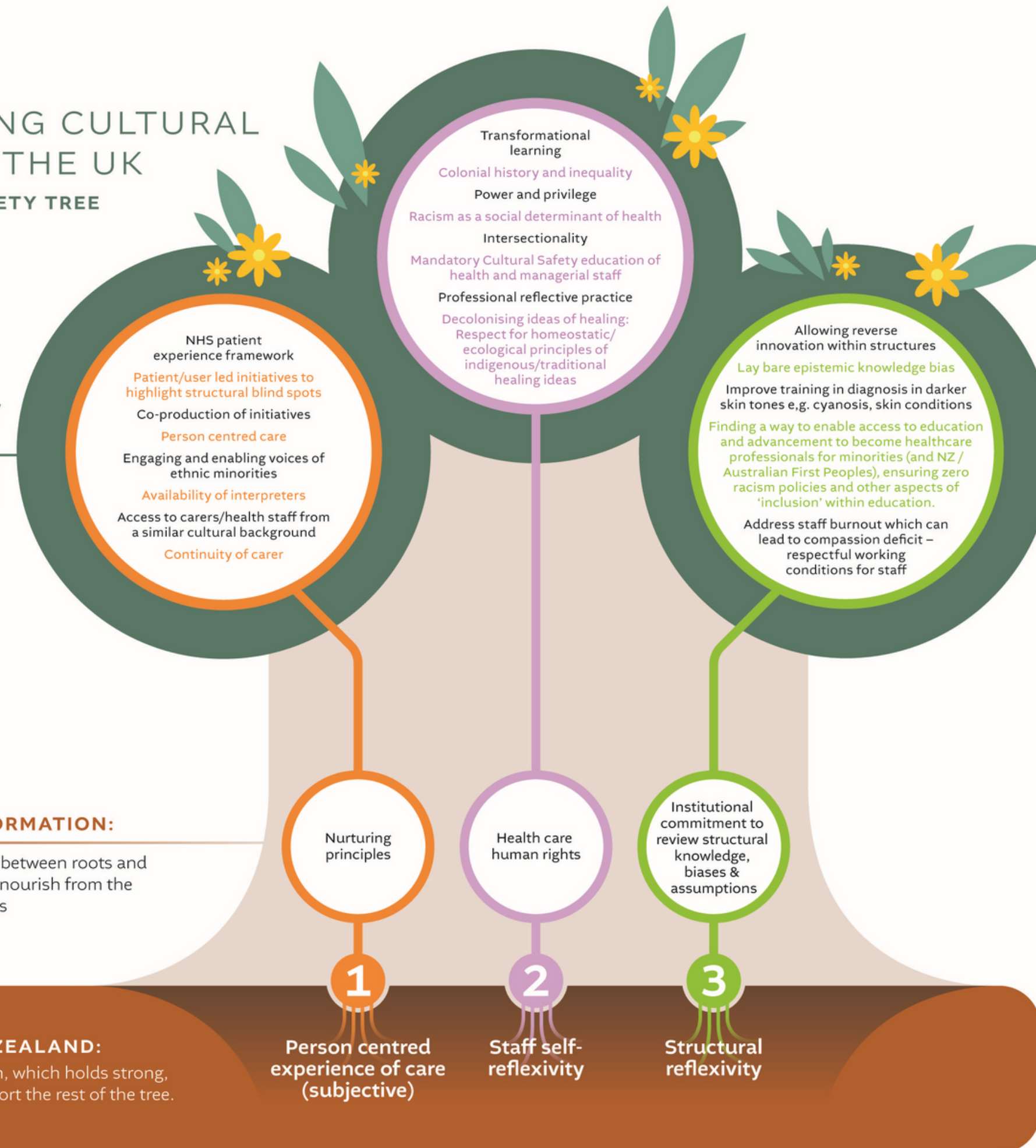
Pre-existing UK discussions about improving healthcare that would translate into the Cultural Safety model. These could blossom and bear fruit.

### TRUNK OF TRANSFORMATION:

Symbolic of the connection between roots and leaves which is a conduit to nourish from the ground through to the leaves

### ROOTS FROM NEW ZEALAND:

A Cultural Safety foundation, which holds strong, without which will not support the rest of the tree.







## Trauma-informed care

- Control
  - Choice
  - Safety
  - Trauma- enhanced
- 
- 5 Practice Principles - Traumatic Stress Framework Wales 2022



## **How do we try and provide a culturally safe & trauma - informed space at TBPP?**

- Continuity of care - recognising what it means to build trust with professionals after experiences of racism and discrimination. recognising why trust may be difficult after experiences of trauma. recognising impact of trauma on cognition i.e remembering appointments
- Trauma – informed (volunteer training, reflective practice, clinical supervision, recognising white saviourism and actively working to combat it)
- Cultural Safety in practice – training, reflection, facilitators, experts by experience, co-production
- Valuing and holding central service user voice as expert in her own experience – actively trying to undo power imbalances within these systems of harm.
- Being prepared to have difficult conversations with colleagues, volunteers, professionals.





## Resources and references

Translating Cultural Safety to the UK, Dr Amali Lokugamage et al 2021

Birthrights Inquirey into Racial Injustice in Maternity Care, 2022

Welsh Government Race Equality Action Plan 2022

Free from Harm resource, White Ribbon Alliance 2023

City of Sanctuary Maternity Stream

# ANY QUESTIONS?



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