Supplementary file 2

Research symposium programme



Research symposium - individual on implications of review findings

Individual 1

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Emphasis on language barrier and cultural-focused care is fundamental to maternal care. Early communication strategies is important for reaching immigrant women. The findings of stereotyping are still very true and effect women frequently.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Health visitor, interpreters

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Development of early communication strategies in language understood by most women, Intervention for communication can be implement in community center or group meetings by individual who can speak to them.

4.In your view, who needs to know implications of findings from this review?

A: The government, NHS, migrant community leaders, local councils, religious leader

Individual 2

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Intensive training of practitioners during their pre-service education. It has to be shared with educators to that it can be incorporated into curricula.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Outside of the UK, we have a lot of French migrant where I come from so French has become a subject of study as part of training so that midwives can learn to speak French (Ghana).

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: I am not sure about the policies in the UK but I believe that women can be reached in their communities and education given to them. Some ethnic groups have associations that you can reach out to.

4.In your view, who needs to know implications of findings from this review?

A: Educational institutions and trusts.

Individual 3

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Improve access of system in necessary so more women can utilize it. Midwifes support are important. Train up more bilingual support worker.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Empowered them to talk and clarify the health care staff. Sometime staff may misunderstand their meaning, but the immigrant women did not bother to explain and they pursue ‘’ the staff won’t understand ‘’.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: similar to question 2. Refine the strict policy.

4.In your view, who needs to know implications of findings from this review?

A: healthcare staff especially and most immigrants.

Invididual 4

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Need to limit interventions and programmes. Find ways to evaluate, share good practice. Importance of relationships: How to translate this into policy/organisational culture?

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Only focused on 3rd sector activities + programmes currently – GAH has table. Also, intervention on women with social risk factors – language barriers/recent migrants included as risk factor (K. Jolly & al.)

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Unsure in current climate – focus on benefit for children?

4.In your view, who needs to know implications of findings from this review?

A: Maternity services, women’s org’s, 3rd sector org’s, migrant + refugee org’s.

Individual 5

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Address attitudes/ behaviours. The maternity practitioner community (MW, Qrs, link worker, social worker. Reinforce positive (warm welcoming VS cold), value diversity, person-centred care, birth plans, know the holistic approach, culturally congruent care. Outlaw, challenge negatives: Stereotyping/racism/judgmental views/ discrimination. Acknowledge those though & views arise to transcend their world view and give workforce the skills to transcend their ‘world view’. Interpreter services ongoing antenatal and postnatal language support and education.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: formal community group (Roma Slovak unit/ community workforce), senior midwives - Adele Stanley – midwifery led care unit Sheffield – how does their midwifery care unit provide culturally congruent care/ great care for everyone. – Roma Slovak ‘days’ Fifth park surgery/Pitsmoor surgery to get on much language resources as possible in our place (Sheffield). GP reunion with midwives/ baby classes.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4.In your view, who needs to know implications of findings from this review?

A: none

Individual 6

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Provision of guidance + information needs to be tailored to audiences: non-English- does this also imply limited online skills to access information? ‘’ Plain English’’ is used wrongly to translate scientific/medical info to lay person, but how is the translation to the many other ethnic languages being addressed.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: none

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4.In your view, who needs to know implications of findings from this review?

A: International audience? Working with support agencies for displaced people/charities in other country dealing with immigrant population, visual presentation and infos.

Individual 7

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: That improvements are needed – training for HCPs on the importance of ‘’warmth’’ & how to be warm. Pressure on immigration control to put women + baby’s health before immigration rules. Better education/advice about how maternity system works +what to expect. Connect NHS to NGO’s

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Doula service – see Bethel Doula Birmingham + MAMTA Coventry. They supported isolated women while helping with resources. Offer love + care often lacking from their lives.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: No idea! Immigration policy + the ‘hostile environment’ is highly problematic. Need to reduce negative reporting, disposal, seeking asylum allowances + provide more resources for interpretation + NGOs

4.In your view, who needs to know implications of findings from this review?

A: VKVI, RCM, Medin, Pept Health, Public health England, WHO, medical + nursing student

Individual 8

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Findings are very positive in that they highlight various barriers and communication faced by migrant women especially refugees/asylum seeking women. Great research if used implemented by right people.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A:I work with refugees/ A/s women and sadly I don’t have any specific service that are geared to address those barriers, except the Nottingham FGM clinic.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Recommended compulsory provision of interpreters – that will go a long way.

4.In your view, who needs to know implications of findings from this review?

A: Policy maker and special commissioners. Those barriers need specific resources to make some impact. Also for proving key language provision.

Individual 9

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Models of care are needed that are responsive to diversity (personalised and flexible).

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: ‘’Pregnancy circles’’ and ‘’community REACH’’ (past of REACH Pregnancy Program\_. www. Uel.ac.uk/reach, reach@uel.ac.uk

‘’Maternity Mates’’ Peer support/doula service in East London run by a community occasion.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Many aspects of Better Birth (continuity of care), personalised care have potential for empowering women including immigrant women.

4.In your view, who needs to know implications of findings from this review?

A: Maternity services, CCGs, DH and Maternity Voices Partnerships.

Individual 10

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Growing health inequalities about access issue. Better cultural awareness for staff and health professionals coming with BME community/including (…) to promote more diverse work force.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Community based activities take community level own by community members out bilingual collectors. Using social services + technology to empowered women and educate (pregnancy project + EM centre for BME health) ‘’Pregnancy, diversity and voice in collaboration with community of Leister.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: (…) to be individual/ in decision (…) about your care? (…)

4.In your view, who needs to know implications of findings from this review?

A: Practitioners, VCS organisations policy with migrant women, commissioners, policy makers, community of midwives team.

Individual 11

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: To help in improving the maternity care for the immigrants (communication, intervention)

1. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Interpreters

1. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: By reorganising the needs of immigrant women

1. In your view, who needs to know implications of findings from this review?

A: policy maker, midwives, healthcare professionals, important women

Individual 12

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Implement interventions or programs that are not time consuming for professionals. The study shows the important of the communication skills, and the need for interpret.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Small books with images that immigrant can point out to the professional to express how they are feeling or what they need. In Montreal, we have what we call ‘’the blue house’’. It’s a place that helps the immigrant mothers (provide food, cooking and social activities) and it promote the integration and develop friendships with other women who are in the same situation. The pregnant women have a follow up, with nurses and doctors and they also have access to social worker and psychologist (on a volunteer base, the professionals at this house agreed to give some of their personal time to these women). Website: http://www.maisonbleue.info/en/

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: None

4.In your view, who needs to know implications of findings from this review?

A: policy maker, midwives and nurse, students in healthcare programs.

Individual 13

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Implications: social capital/health literacy for women. Service providers: focussed intervention, organisation level, services, practitioners level, evaluation of interventions

1. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Specialist midwife, care pathways (Leeds: Sarah Benett). Advocate/support

1. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Personalised care, continuality, named midwife

1. In your view, who needs to know implications of findings from this review?

A: policy maker, strategic, service provider, education, strategic, women gps

Individual 14

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Insightful findings. From my perspective (midwife, associate professor of midwifery, immigrant women/mothers in the immigration system – particular diversion) I would be more explicit about institutional racism, both within the NHS and the wider governmental law and funding both statutory and third sector for specialist services, including translation. All of the theme resonate with my own clinical, academic + activist findings. Though, it’s well balanced + inclusive set of conclusions. Also, intersectional of gender, wealth, status, country of origins.

1. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Maamia team in Lees, White rubber alliance, birth rights, medical justice (3rd sector)

1. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Continuity of care recommendations in Better Births, as well as the broader discussion on individualised care is key in focussing care towards women seeking asylum, women with refugee status and women who are recent or second generation immigrants. We also need a bigger public engagement with these issues.

1. In your view, who needs to know implications of findings from this review?

A: policy maker, local (CGO’s) and trusts, national (GPS), women’s organisations, academics, clinical midwifes – basically everyone.

Individual 15

General comment

Why was the term immigrant used and how defined. Issues help persisted our time but need to distinguish between length of stay in the UK.Is some of this resonate to our work regardless of immigration status/race/ethnicity. What is the same and what is different?

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: It would be interesting for clinical and academic staff implementation Better Birth intervention, etc.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: The maternity services at L&D hospital trust are implementation changes after-response to Better Births’ out but not sure of the details

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Knowledge is power. It have been what is available and from they can make informed choices.

4.In your view, who needs to know implications of findings from this review?

A: clinicals, academics, policy makers, Better Births, etc.

Individual 16

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Under emphasis of implication of charging undocumented migrant women & women or visitor visas for maternity care. Focus on maternity to the legal and policy context, Service with too little attention with the (…).

1. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: No discussion of experience of women giving birth alone or of two women who did not have no visitor for childcare or existing children when giving birth.

1. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Many of these findings are well-known. There is a problem both of implementation and evaluation as pointed out. The most important element in current policy is to exempt all maternity care how NHS changing. The policy both deters women accessibility maternity care have to create (…)of discussion.

1. In your view, who needs to know implications of findings from this review?

A: Maternity action had a care access advice service, which provides advices to both women and health professional about issues to do with changing. (…) Also has a migrant women’s rights service which provide training and second tier advice about migrant women’s maternity rights.

Individual 17

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: The findings are broad and reflect the theme within the current litterature. It highlights language, issues with asylum seekers and women’s poor knowledge of service = all that has been note previously.

1. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Interventions are limited. A new women-only antenatal class is being implemented in our local area to maximise the attendance for Muslim women, but this is quite superficial.

1. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Policy needs to focus on ‘’maternity’’ services not the users to address inequitable access. The service structure is rigid and continuously changing to meet the needs of our super-diverse population. Repeating what has already been done has limited value.

1. In your view, who needs to know implications of findings from this review?

A: Findings from this review needs to be aimed at academic, clinical trainers, healthcare professional and policy makers to encourage further discussion on pushing forward in addressing the very issue.

Individual 18

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Some common issues but great diversity and heterogeneity within the category of ‘’immigrant women’’. Language issues appear to be the key: how to solve the communication with interprets. Most significant issues appear to be with refugee/asylum seeking women.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Need policy changes or support asylum seeking women – no charging.

3. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4. In your view, who needs to know implications of findings from this review?

A: midwives plays a key role

Individual 19

1. Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Central to the finding was the importance and impact of attitudes from care providers. The finding showed a clear relationship between direct/indirect discrimination. Discrimination should be a theme exploring individual and institutional discrimination. The findings were typical of migrants’ experiences in all health care settings and as such maternity could review studies that have implemented and evaluated interpret service in general health care settings.

2. From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: I have implemented and evaluated a telephone interpret service in health visiting in Lincolnshire for migrant women. Please email me for further information: Natasha.recchia@Nottingham.ac.uk

3. How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4.In your view, who needs to know implications of findings from this review?

A: none

Individual 20

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Although I think load should be done as a result of the research cited in you review, I unfortunately am not sure that much will. There have been many attempts to change service provision for better. However, this is often negated in movements in the opposite direction (e.g. charges for maternity care for women without status). I think more emphasis needs to be places first on the benefits of immigration and tackling poor relationships between UK citizens.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: ‘’English for pregnancy’’ classes: Cardiff providing English language lesson specific to pregnancy/maternity terms. Bethel Doula service- Birmingham.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4.In your view, who needs to know implications of findings from this review?

A: none

Individual 21

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: language model

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Local provision – (…). Many hands One Heart who operate (…) of Sahir House in Liverpool supporting refugee and asylum seeking. Doctor of the World.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: none

4.In your view, who needs to know implications of findings from this review?

A: none

Individual 22

Please see the sheet: many key words + drawing with links at the top of question 1.

1.Please share your perspectives on implications of the findings for maternity care and service delivery (identification of three key points from each group).

A: Not much changed but changed in wrong direction. (Fewer resources: WOC (…) especially which not ‘’obviously’’ migrant; focus on language and interpret services as panacea; service vulnerable as ‘’add us ‘’ VS integrated.

2.From your knowledge and/or professional experience, please identify any intervention(s) that have or being implemented to address maternity care needs of immigrant women. Please specify the place, the context, and contact details where we can get further information.

A: Specialist choices, work with the 3rd sector – shrinking resources. Disjonction immigrant / migrant.

3.How can current policy be used to empower immigrant women to receive good quality maternity care?

A: Good care for all: (…) focus on specific groups (…) stereotyping.

4.In your view, who needs to know implications of findings from this review?

A: policy maker, commissioners, (…), women in communities, academics (joint effort VS fragmentation / restricted / workforces

Research symposium- list of attendees

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| --- | --- | --- | --- | --- |
| S.No. | First Name | Surname | Job Title | Organisation |
| 1 | Antje | Lindeneyer | Lecturer | University of Birmingham |
| 2 | Basharat | Hussain | Senior Research Fellow | University of Nottingham |
| 3 | Barbara | Czyznikowska | Project Officer | Centre for BME Health, University of Leicester |
| 4 | Bethan | Hatherall | Researcher | University of East London |
| 5 | Catrin | Evans | School of Health Sciences | University of Nottingham |
| 6 | Caroline | Mitchell | GP/Senior Clinical Lecturer | University of Sheffield |
| 7 | Chanje | Kunda | Performance Artist | Afrique Performs |
| 8 | Dawn | Edge | Associate Professor | The University of Manchester |
| 9 | Gina | Higginbottom | Professor | University of Nottingham |
| 10 | Jenny | Phillimore | Director of IRiS | University of Birmingham |
| 11 | Jim | Thornton | Professor of Obstetrics and Gynaecology | University of Nottingham |
| 12 | Jennifer | Burton | Insight Specialist Public Health | Nottingham City Council |
| 13 | Jennifer | Bourne | project manager | NHS England FGM PP |
| 14 | Jeanette | Eldridge | Information Specialist | University of Nottingham |
| 14 | Jennifer | Akuamoah-Boateng | Faculty member | University of Nottingham |
| 16 | Kuldip | Bharj | Professional Advisor, Education | Royal College of Midwives |
| 17 | Kinsi | Clarke | Migrant Health Services Manager | Nottingham & Nottinghamshire Refugee Forum |
| 18 | Karen | Salt | Director, Centre for Research in Race and Rights | University of Nottingham |
| 19 | Kit man | Chan |  | Immigrant women from Hong Kong |
| 20 | Laura | Goodwin | Research Fellow | University of Birmingham |
| 21 | Myfanwy | Morgan | Visiting Professor | King's College London |
| 22 | Marie-Pier | Labelle | Visiting Scholar | University of Laval- Canada |
| 23 | Nasreen | Ali | Senior Research fellow in Public Health | Institute for Health Research, University of Bedfordshire |
| 24 | Natasha | Recchia | Assistant Professor | School of Health Science |
| 25 | Noureen | Shivji | Phd student (Service user) | University of Nottingham |
| 26 | Obi | Amadi | Lead Professional Officer | Unite |
| 27 | Penelope | Siebert | Research Fellow | University of Nottingham |
| 28 | Phoebe | Pallotti | Associate Professor in Midwifery | University of Nottingham |
| 29 | Rebecca | Garcia | Lecturer | University of Bedfordshire |
| 30 | Rayah | Feldman | Senior Research and Policy Officer | Maternity Action |
| 31 | Ritah | Tweheyo | Research Fellow | University of Nottingham |
| 32 | Ross | Zahit | Phd Student (Service user) | University of Nottingham |
| 33 | Winifred | Ekezie | Student | University of Nottingham |
| 34 | Wickham | Amanda | Specialist Midwife | Nottingham University Hospital |