

Position Statement

Detention of
pregnant women



THE ROYAL
COLLEGE OF
MIDWIVES

Promoting • Supporting • Influencing

Position Statement

Detention of pregnant women

Background and Context

Immigration detention refers to the practice of detaining migrants for administrative purposes, typically to establish their identities, or to facilitate their immigration claims resolution and/or their removals from the UK. It is an administrative process rather than a criminal procedure.¹

For many years the RCM has called for an end to the practice of detaining pregnant women for immigration purposes. Stephen Shaw's Review into the Welfare in Detention of Vulnerable Persons, and the All-Party All Party Parliamentary Groups on Migrants and Refugees similarly concluded that the scandal of detaining pregnant women must end.²

An absolute ban on the detention of pregnant women was rejected by Parliament during the passage of the Immigration Bill 2016, but instead a time limit of 72 hours (extendable up to a week with Ministerial discretion) was introduced. The RCM believes this is a positive development which takes us closer to our end goal of ending the detention of pregnant women for good.

Women who are pregnant are uniquely vulnerable in so far that they (and their babies) will always have specific, and sometimes serious healthcare needs which are time critical and may impact on health outcomes. Pregnant detainees are subject to interrupted care, which is the antithesis of what is central to good practice in maternal care, as outlined in national and international guidance.³ Many of these women are vulnerable, may have suffered traumatic experiences, been victims of sexual violence or human trafficking. They may have significant and complex physical health and psychological problems, and may be in need of urgent and continuous care from a midwife that they know and trust. Women from vulnerable populations still have a disproportionate risk of maternal death in the UK, possibly as a result of the multiple health and social challenges they face.⁴ Across Europe, research has found that refugees have higher rates of stillbirth and neonatal and perinatal mortality compared to the respective majority population.⁵

The detention system makes it very difficult for midwives to put women at the centre of their care. Research from Medical Justice in 2013 has found the needs of the detention centre have in some cases been put before the needs of mothers and babies, and some staff within detention centres seem to have a culture of disbelief, and a lack of training. Women do not

always receive NHS equivalent care in detention and the factors that could put them and their babies at risk are not always identified. Information given to detained women about antenatal care is limited; informed consent is sometimes jeopardised; mental illnesses are frequently not detected or treated effectively; high risk pregnancies are not always identified; and there have been instances when inappropriate malaria prophylaxis was prescribed. Continuity of care is impossible, despite the benefits it brings particularly to vulnerable women with high risk needs. Further, pregnant women are only meant to be detained when removal from the UK is imminent, but fewer than 5 per cent of pregnant detainees held between 2005 and 2011, known to Medical Justice, were eventually removed.⁶

The RCM is of the view the limiting of detention to 72 hours will go some way to reducing harm from detention. However, we still believe that even a 72 hour detention has an adverse effect on the welfare of a pregnant woman for the following reasons:

- It increases the stress placed on a pregnant woman at a time when she is increasingly vulnerable; maternal stress can lead to poor neonatal outcomes
- It interferes with on-going antenatal care to the detriment of the woman's health and wellbeing, and that of her unborn child
- Detention prevents the implementation of the NICE guidelines on antenatal care for women with complex needs
- It interrupts the care given by midwives, especially when women are detained without notice.

To this end the Royal College of Midwives will continue to call for improving the care given to pregnant women whilst in detention, and for better support and training for midwives, GPs and nurses providing that care. All pregnant women, regardless of their immigration status, must receive maternity care in line with their needs, respecting their autonomy and their right to make choices about their care. The RCM continues to call for an end to the practice of detaining pregnant women.

Position Statement

Detention of pregnant women

RCM Position

The detention of pregnant women for immigration purposes can be harmful to women and babies. The Royal College of Midwives believes detention disrupts care and places additional stress upon mothers. Many women who are detained may have complex healthcare needs and staff within detention centres struggle to provide care appropriate for this complexity.

By virtue of the Immigration Act 2016, pregnant women may not be detained for longer than 72 hours, extendable up to a week in total with ministerial approval. The RCM supports this limitation and continues to call for an end to the detention of pregnant women for immigration purposes.



- 1 The Migration Observatory. Immigration Detention in the UK. University of Oxford, May 2017. <http://www.migrationobservatory.ox.ac.uk/resources/briefings/immigration-detention-in-the-uk/>
- 2 Review into the Welfare in Detention of Vulnerable Persons A report to the Home Office by Stephen Shaw. Cm 9186. January 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490782/52532_Shaw_Review_Accessible.pdf and the Report of the Inquiry into the Use of Immigration Detention in the United Kingdom. A Joint Inquiry by the All Party Parliamentary Group on Refugees & the All Party Parliamentary Group on Migration. March 2015 <https://detentioninquiry.files.wordpress.com/2015/03/immigration-detention-inquiry-report.pdf>
- 3 National Institute of Health and Care Excellence. Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. CG110. September 2010. <https://www.nice.org.uk/guidance/cg110> and World Health Organisation. Integrated Management of Pregnancy and Childbirth (IMPAC) http://www.who.int/maternal_child_adolescent/topics/maternal/impac/en/
- 4 MBRRACE-UK Confidential Enquiry into Maternal Death. 'Saving Lives, Improving Mothers' Care: Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. December 2015. <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202015.pdf>
- 5 Gissler, M., Alexander, S., Macfarlane, A., et al. 2009. Stillbirths and infant deaths amongst migrants in industrialised countries Acta Obstetrica et Gynaecologica Scandinavica, 88(2): 134-48.
- 6 Medical Justice. Expecting Change: The case for ending the detention of pregnant women, 2013. <http://www.medicaljustice.org.uk/wp-content/uploads/2016/03/expectingchange.pdf>

Further reading

300+ organisations have signed up to the 'Charter of rights of women seeking asylum', which includes the call to end the detention of pregnant women. <http://www.asylumaid.org.uk/charter-endorsements/>

Medical Justice, 2013, Expecting Change: The case for ending the detention of pregnant women. <http://www.medicaljustice.org.uk/wp-content/uploads/2016/03/expectingchange.pdf>

The Report of the Inquiry into the Use of Immigration Detention in the United Kingdom. A Joint Inquiry by the All Party Parliamentary Group on Refugees & the All Party Parliamentary Group on Migration. March 2015. <https://detentioninquiry.files.wordpress.com/2015/03/immigration-detention-inquiry-report.pdf>



15 Mansfield Street
London W1G 9NH
0300 303 0444
info@rcm.org.uk

Published: October 2017

www.rcm.org.uk
