

Migrant women's mental health & wellbeing

Maternity and Motherhood

It is estimated that 1 in 5 women will develop a mental illness in the perinatal period.¹ The most prevalent peripartum mental health problems are depression and anxiety. This adversely affects the mother and her overall health and the infant's health and development, disrupting mother-infant and family relationships. These depressions or anxieties are not just the result of a hormonal imbalance, they are linked to the tremendous physiological, psychological and social changes in women's lives during this period. It is well established that the transition to motherhood increases women's vulnerability to the development of mental disorders.

Evidence shows that perinatal mental disorders have increased since the COVID-19 outbreak. The causes are varied: changes in birth protocols (separation of the baby from the mother, obligation to wear masks during labour, prohibitions to being accompanied during labour), reduced access to health care (some pregnant women have been forced to travel to distant hospitals for check-ups and perinatal examinations), de-prioritisation of non-urgent care, etc.

If native mothers already experience a very vulnerable and critical period during pregnancy and postpartum, migrant mothers are even more affected, and the impact on their mental health is also greater.

Migrant mothers experience the existence of barriers in accessing maternal health care in Europe such as high out-of-pocket payments, language barriers and the absence of clear policies and information, a fear of being deported, the distances to medical facilities, and biases among health care professionals.

Mothers, in general, report disrespectful and discriminatory practices, physical abuse and abandonment at health care facilities on a daily basis. These practices are also present among vulnerable groups, such as migrant women.

Mothers complain of poor relationships and communication with health care professionals, including inadequate clarification or explanations regarding the ordinary procedures. Language barriers and the absence of clear policies and information available in various languages create further problems.

Disrespectful practices could be manifested in many different ways, such as negligent, reckless, discriminatory acts performed by health professionals. To cite some: episiotomies without consent, the use of unnecessary force such as abdominal compression and the lack of information on the procedures,.

Many pregnant migrant women do not enter the health care system for fear that health care professionals or social welfare authorities will share their information and their immigration

¹ Rise up PPD, *Research Innovation and Sustainable Pan-European Network in Peripartum Depression*, see <https://www.riseupppd18138.com>

status with the authorities, leading ultimately to their deportation. In some countries (such as Germany, Croatia) health professionals are required to report the immigration status of their patients; in others, (such as Denmark, the Netherlands) this is prohibited.

RECOMMENDATIONS

In order to overcome the biggest obstacles preventing women from safe access to maternal health care, all EU Member States have not only acceded to the core UN human rights treaties but also committed themselves to achieve the goals set out in the UN 2030 Agenda for Sustainable Development. In these human rights treaties the right to health care and even more precisely, sometimes the right to a maternal health care, is addressed.

It is important to raise awareness among policymakers, the general public but also among health care professionals and migrant women and other vulnerable groups of mothers. Mothers need to know their rights, and to receive the necessary information on how to access proper maternal care.