Migrant and Refugee Maternal and Perinatal Health

What is **Perinatal Health?**

The perinatal period refers to the time immediately before pregnancy through to the first year after birth. Birthing people are more likely to experience adverse physical and mental health outcomes during this period than at other times in their lives. The social determinants of perinatal health include racial, gender and health inequity. Research indicates that migrant and refugee women tend to experience poorer perinatal health outcomes than the Australian-born, non-indigenous population.

What does the **data tell us?**

- Over one third of people giving birth in Australia are migrants, with the majority coming from mainly non-English speaking countries (AIHW, 2023)
- Migrant and refugee birthing people are more likely to experience adverse maternal and child health outcomes than the general population. For instance, they:
  - Have limited access to timely antenatal care.[1]
  - Have a higher risk of pregnancy-related conditions such as gestational diabetes mellitus (GDM), which can lead to serious complications including preterm birth.[2]
  - Experience higher rates of neonatal deaths.[3]
  - Have a higher risk of adverse perinatal mental health outcomes.[4]
- Migrant and refugee women and non-binary and gender diverse people face barriers to accessing timely, affordable and culturally responsive perinatal health support, including:
  - A complex health care system, which requires significant health-system literacy and self-advocacy skills to navigate.
  - Residency and visa restrictions which deny Medicare to temporary residents.
  - The overseas student health cover (OSHC) deed, which denies private health insurance cover of pregnancy and abortion care to international students during their first 12 months in Australia.
  - Monolingual (English-language) service delivery, and service-provider reluctance to engage interpreters.
  - Increasing gap-fee charges for Medicare-subsidised primary care services, such as GP appointments.
  - Limited transport options for those who are geographically isolated.
  - Race and sex discrimination.

  (Poljski et al., 2014; Rees et al., 2019; Rogers et al., 2020; Shafiei & Flood, 2019; Shannon, 2021; Callander et al.,2019)

Data Gaps

More research is needed into the perinatal health needs and outcomes of migrant and refugee non-binary, trans and gender diverse birthing people, and how transphobia, racism, gender inequity and migration policy shape their access to culturally responsive and trauma-informed healthcare.

Emerging evidence indicates birth trauma substantially impacts maternal and perinatal mental health outcomes. More research is needed into migrant and refugee experiences of birth trauma, perinatal support needs, and preferred interventions.

[1] In 2021, 76.7 % of women born overseas had their first antenatal care visit at less than 14 weeks gestation, compared with 81.1% of women born in Australia (AIHW, 2023)

[2] In 2021, 22,8% of women who were born overseas had gestational diabetes, compared with 12,9% of women who were born in Australia (AIHW, 2023)

[3] In 2020, the neonatal mortality rate for babies of women born overseas was higher (2.6 neonatal deaths per 1,000 births) than the rate for babies of women born in Australia (2.4 neonatal deaths per 1,000 births) (AIHW, 2023)

[4] Pregnant refugee women report a higher rate of major depressive disorder in the antenatal period than pregnant Australian-born women: 32.5% compared to 14.5% (Rees at al., 2019)

Key **Recommendations**

- **Developing policies using an intersectional approach** Examining the impact of policy approaches across all portfolios on the maternal and perinatal health of migrant and refugee women and non-binary and gender diverse people.
- **Removing visa restrictions** Ensuring support services are available regardless of visa status, avoiding a multi-tiered discriminatory system.
- **Collaborating on federal and state migrant and refugee health strategies** Ensuring funding for all preventative and clinical health programs are proportionately linked to the yearly migration intake, and account for the specialised needs of humanitarian entrants and forcibly displaced LGBTIQA+ people.
- **Providing sustainable funding for multilingual outreach programs** Supporting multicultural organisations to deliver community health education and equity programs, produce accessible multilingual information and deliver gendered cross-cultural awareness training to health workers.
- **Investing in equitable and accessible healthcare** Engaging migrant and refugee people in the co-design of service options through active outreach by bicultural staff.
- **Facilitating community health education** Delivering bilingual health education sessions to raise understanding about maternal and perinatal health.
- **Promoting equitable research** Developing a national framework for collecting disaggregated maternal and perinatal health data, and ensuring medical research reflects the principles of racial and gender equity.

Sources

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