POSITION STATEMENT

on Maternity care for Women Seeking Asylum when held in Immigration Detention

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The Australian College of Midwives’ Position Statement on Maternity Care for Women seeking Asylum when held in Immigration Detention

The Australian College of Midwives (ACM) supports the rights of women and their newborn babies who are seeking asylum in Australia. The following key principles and best practice guidelines focus on women seeking asylum and currently detained in on-shore or off-shore immigration detention centres in Australia.

Women who are seeking asylum, who are compulsorily detained in immigration detention centres are generally from culturally and linguistically diverse backgrounds and likely to have experienced significant trauma and loss.

The ACM believes that the immigration detention environment is inappropriate for the mother, newborn baby and family during the pregnancy, birth and the postnatal period because of negative impacts including the potential for increased mental health disorders in the mother; reduced growth and development of the baby; reduced attachment between mother and baby; and impediment of the mother’s ability to develop parenting skills.

Definitions

The Refugee Council of Australia (RCoA) defines someone who is seeking asylum as “a person who has fled their own country and applied for protection as a refugee, but whose claims have not yet been recognised by a government.”

A refugee is defined as “a person who has fled their own country and is unable or unwilling to return due to a fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion, and applied for protection as a refugee.” Most refugees will have sought asylum at some point and found to have valid claims which entitle them to international protection and assistance.

Key Principles

1. Women who are seeking asylum must have equity of access to culturally appropriate and quality maternity care that meets expected Australian standards\(^4\) as equal to that of all women in Australia.

2. Women must be respected in the choices that they make. Informed decision making, informed consent and right of refusal are accepted legal principles in Australia. Each and every woman has the right to make informed decisions, including consent and refusal of any aspect of her care.

3. Women, whatever their visa status or situation must be treated with compassion, respect, dignity and cultural sensitivity without discrimination.

4. Families seeking asylum should have community-based living.

5. Maternity care should be provided taking a multi-disciplinary approach. The care provided must be gender sensitive\(^5\) and trauma informed\(^6\). As the primary care giver during pregnancy, childbirth and the postnatal period, the midwife must be enabled to consult on or refer a woman to the wider primary health care team as appropriate.

6. Midwives must meet regulatory and professional standards, policies and guidelines including the NMBA Code of Ethics for Midwives and Code of Professional Conduct for Midwives.

7. Midwives have the right to speak out against poor quality care, sexual abuse and other violence or conditions in detention centres that may compromise women's, newborn babies' or families' physical or mental


\(^6\) “Trauma-informed care acknowledges the ongoing impact of trauma on people’s health, wellbeing and behaviour, and ensures that the care provided is sensitive to trauma-related issues. In particular, trauma-informed services take care to avoid practices that may exacerbate or retrigger previous experiences of trauma and undertake routine enquiry about people’s experience of abuse.” Department of Health, Victoria Government. (2011). Service guideline on gender sensitivity and safety. Promoting a holistic approach to wellbeing: https://www2.health.vic.gov.au/Api/downloadmedia/%7B6DED03D5-D320-4C93-B56F-DE4E08109909%7D.
health and well-being or violate their human rights, as per midwives’ regulatory requirements.

8. Midwives should be provided with appropriate professional development about the complex clinical, cultural and social issues associated with caring for women seeking asylum.

Achieving Best Practice

1. The Australian Government to end mandatory detention for women and families who have the right to claim asylum, as per Article 14, Universal Declaration of Human Rights signed by member countries in 1948, including Australia.

2. The Australian Government to repeal the Australian Border Force Act 2015 which prevents midwives from fulfilling their regulatory and professional duty to advocate for best maternity care. Urgent amendments to the security provisions must be made to this Act to ensure midwives can comply with their regulatory and professional requirements and that protections are provided for midwives to advocate for best practice care and speak freely against harmful conditions or practices which may impact on those detained, without fear of imprisonment.

3. The Australian Government to appoint an independent panel of health professionals to provide advice and oversight of health and healthcare in detention facilities on and off shore. This panel should include midwives with the remit to provide advice on maternity issues. Part of the panel’s terms of reference should be to consult with the peak bodies involved in maternity care including the ACM.

4. All women should have access to a known midwife during pregnancy, labour and birth, and the six-week postpartum period. The midwife is the “responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant”7.

5. Maternity care must be planned and provided holistically being mindful of the woman’s spiritual, gender, cultural, mental health and emotional needs as well as physical requirements. This should take into consideration the impact that seeking asylum has on the woman’s pregnancy and baby. This is best provided in a woman-centred, continuity of midwifery care model.

6. All women to have access to evidence-based, tailored information about

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pregnancy and childbirth in communication modes and language that the
woman and families fully understand. This includes access to qualified
interpreters who provide a confidential service at all interactions when
the midwife and woman do not speak the same language. The woman’s
gender preferences for interpreter should be respected.

7. Appropriate support should be provided to mothers to initiate and
exclusively breastfeed to six months, with continued breastfeeding to 12
months and beyond as recommend by the National Health and Medical
Research Council Infant Feeding Guidelines: Information for Health
Workers\(^8\). Infants who are partially or fully formula fed should be
considered a group at high risk and treated accordingly, especially in an
offshore detention situation. When babies are not breastfed, mothers
must receive appropriate education on formula preparation, provided
access to a clean water supply, and provided the ability to safely sterilise
and store feeding equipment.

8. Pregnant women, newborns and families must not be forcibly detained
in detention centres. Families should be kept together at all times,
especially when it is time for women to give birth. Women should not be
separated from their babies.

9. Midwives must be supported to carry out actions, procedures or
treatments according to their regulatory and professional standards.
Midwives should be enabled to practice according to their scope of
practice.

10. Midwives should be provided with appropriate ongoing support such as
clinical supervision, mentoring or counselling in order to maintain their
own physical and mental health and well-being whilst working in
immigration detention centres.

11. The Australian Government to complete the last steps toward
ratification of the Optional Protocol to the Convention against Torture
and Other Cruel, Inhuman or Degrading Treatment or Punishment
(OPCAT) and demonstrate Australia’s commitment to transparency and
human rights for people deprived of their liberty. The prohibition and
prevention of torture and other forms of ill-treatment in places of
detention is a cornerstone of human rights and an ethical imperative for
midwives providing healthcare and welfare support to those in places
of detention\(^9\).

\(^8\) National Health Medical Research Council. (2012). Infant Feeding Guidelines: Information for Health Workers:

\(^9\) ACM joins peak bodies to call for the Australian Government’s ratification of the Optional Protocol to the Convention
against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT):
12. The Australian Government to implement the findings of the Australian Human Rights Commission National Inquiry into Children in Immigration Detention report, *The Forgotten Children*, in particular remove babies and children and their families from detention centres on and offshore, and release them into community facilities. Should detention be deemed necessary, families should be accommodated separately from other asylum seekers, in appropriate facilities.10

**Resources to Guide Practice**

- Australian College of Midwives et al. 2015, *Joint statement on infant feeding support for individuals who have sought asylum in Australia 2015*. Retrieved from [http://tinyurl.com/hnxle82](http://tinyurl.com/hnxle82)
- Nursing and Midwifery Board of Australia, 2013, *Code of Professional

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