

## WHAT IS THE SERVICE?

The service provides specialist midwives to look after refugee and asylum seeker birthing people.

It also focuses on community engagement and making the NUH maternity services more inclusive and culturally aware. They work closely with the Maternity and Neonatal Voices Partnership and community volunteers.

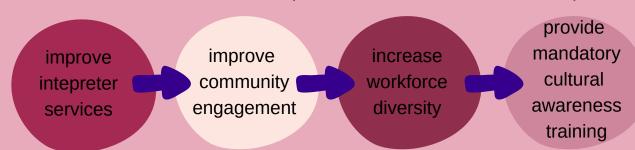
The service is a collaborative partnership, enabling midwives to signpost to other relevant services for financial advice, welfare assistance and housing support.

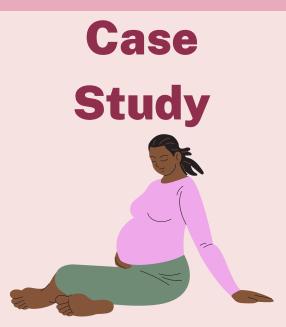


## SERVICE DEVELOPMENT

The service was developed by Debrah Neale, Matron for Community Engagement and Innovation, and Pavanpreet Bahra, Consultant Midwife for Health Inequalities, using learning from the Independent Maternity Review at NUH, themes from national maternity review reports and 'Whose Shoes?' events.

4 main themes were identified for prioritisation within NUH maternity services:





- Abrihet\* was pregnant and living in a refugee and asylum-seeker hotel
- She spoke Tigrinya and had limited social support
- A specialist midwife provided care continuity, building trust & understanding
- Person-centred collaborative approach taken
- Abrihet subsequently joined local women's groups and refugee forums increasing her autonomy, confidence and social connections.
- Meeting her in community settings with peers enabled better learning about her needs and preferences and improved information sharing
- Cultural respect shown and communication adapted for her needs

  \*Name altered

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## KEY LEARNING POINTS



Partnerships are powerful!
Multi-agency working
enables information
sharing and faster
responses, improving
safeguarding



Holistic, personcentred support is essential leading to cultural sensitivity and flexibility such that care is meaningful and empowering

Trust is transformative and takes time and patience - clients are more likely to disclose risks and trauma with consistent support from people they trust



Safe, informal, genderspecific places act as both preventative and therapeutic interventions where disclosures and insights into lived experience are more likely to occur





