

# ORAMMA

## Operational Refugee And Migrant Maternal Approach

### Project Overview

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# VISION

ORAMMA: Operational Refugee And Migrant Maternal Approach” has a vision

- ✓ to develop an operational and strategic approach in order to **promote safe motherhood,**
- ✓ to improve access and delivery of **maternal healthcare for refugee and migrant women**
- ✓ and to improve **maternal health equality** within European Union.



# PROBLEM STATEMENT

- ✓ The undergoing **migration crisis** in Europe
- ✓ calls for **integrated models and approaches for healthcare provision** especially for the most vulnerable groups of migrants and refugees, like pregnant and childbearing refugee women.
- ✓ UNHCR has underlined that one the most vulnerable groups requiring a prompt, coordinated, and effective response (UNHCR, UNFPA and WRC, 2016) are all migrant and refugee women **with an emphasis on pregnant and lactating women, adolescent girls and early-married girl children – sometimes themselves with newborn babies.**
- ✓ specific health risks and challenges during perinatal period that need to be dealt by **well-trained multidisciplinary teams of health professional experts since they are characterized by a complex physical, psychological and mental state of health.**



# PROBLEM STATEMENT

The majority of the refugee pregnant women, their families and their communities:

- ✓ are not empowered to be healthy,
- ✓ do not always have adequate capacities to provide appropriate care during pregnancy or when the new baby has arrived,
- ✓ neither are they able to make healthy decisions and act upon those decisions, including the decision to seek care when needed .
- ✓ There is a lack of empower manifest in a number of levels while additionally gender constraints may prevent some refugee women from expressing the need for and obtaining care during perinatal period.



# PROBLEM STATEMENT

According to the European policies in response to the migration crisis: ***“States are responsible for guaranteeing refugee and asylum-seeking women’s full access to healthcare assistance, reproductive health services, and psychological assistance, considering their specific needs and eliminating the legal and practical barriers that prevent them from accessing the healthcare system”.***



# PROBLEM STATEMENT

However....

- the European countries face many difficulties in assuring the best possible access to healthcare services for refugee mothers and newborns
- health professionals may not always act in an evidence-based, coordinated and culturally appropriate way.

In this way, skills of healthcare professionals need to be enriched and placed within a more appropriate framework, which responds in a targeted way to migrants / refugees needs.



## ORAMMA project:

- will develop,
- pilot implement and
- evaluate by comparative analysis

an integrated and cost-effective approach on safe motherhood provision for migrant and refugee women,

### taking into consideration

- best practices in the field of compassionate maternal and perinatal healthcare,
- the special risks and characteristics of the pregnant refugees and their newborns and
- the transferability of the model in different healthcare systems across Europe: from camps and hotspot sites in Greece, to National Health Services in the UK and finally to community-based model in Netherlands.



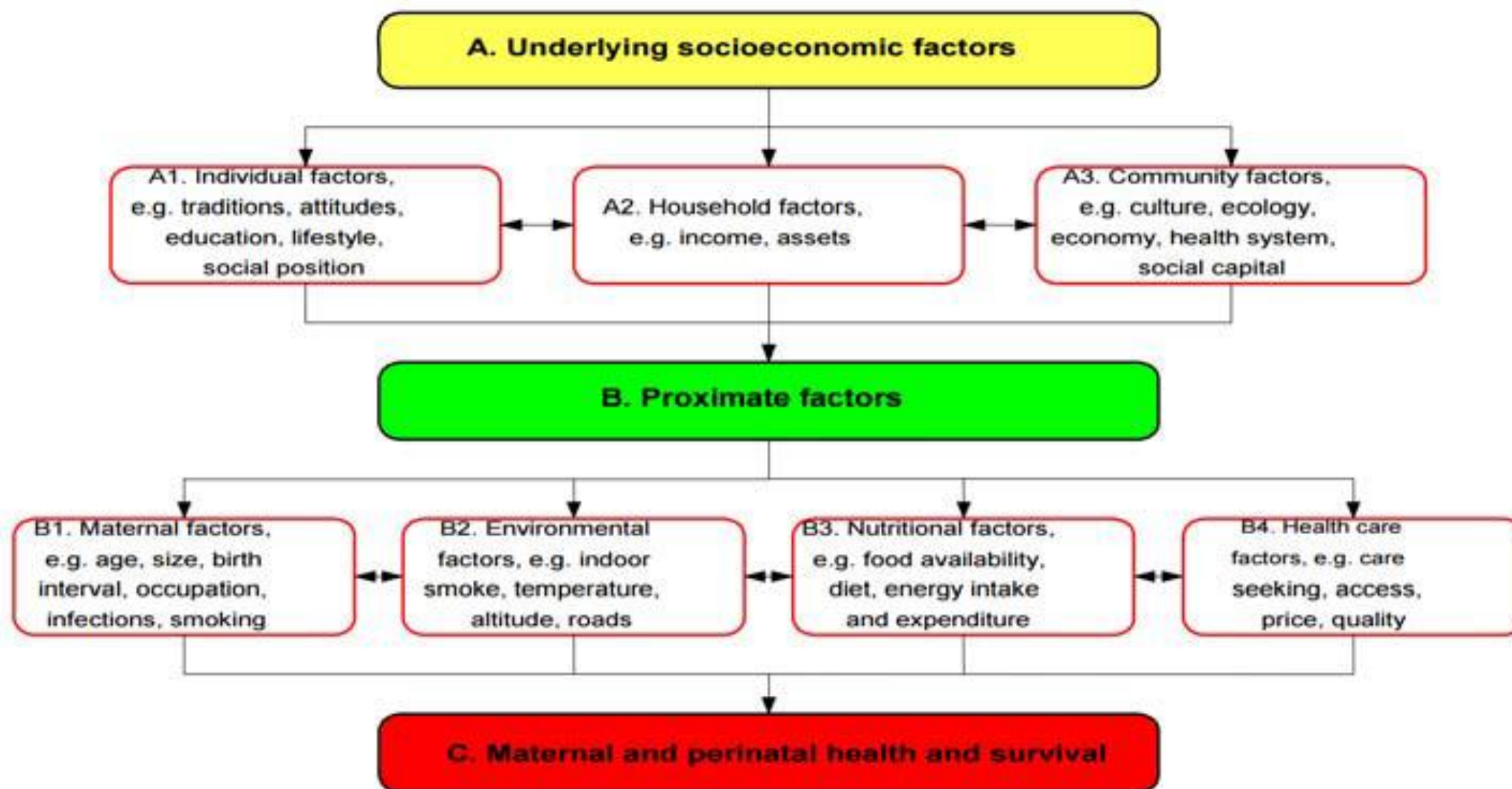
# Analysis of the cause

The European Commission, the UN's Refugee Agency (UNHCR) and the Women's Refugee Commission (WRC) have all highlighted in their recently published official reports during 2016 :

- The need to provide compassionate and quality maternal and perinatal healthcare to refugee women
  - and address their special needs.
1. An estimated of **20% of all refugees are women**
  2. A high number of **pregnant women** have been observed among the refugees and migrants in entry points.
  3. In addition a large number of **infants** have been observed also suggests a high number of **lactating women** among this refugee and migrant population.



# Improving maternal and perinatal health: European strategic approach for making pregnancy safer (WHO)



# Special high risk factors for migrant and refugee women during the perinatal period related to physical health

- Many refugee mothers' lives are **not conducive to good health** since many underlying determinants of ill health in mothers and newborns lie beyond the reach of health sectors.
- Pregnant adolescent girls (more exposed to gender-based violence (GBV), including early and forced marriage).
- Psychological and mental stress, emotional and psychological trauma, such as the post-traumatic stress, of migrant and refugee pregnant women



# Empowering refugee women, families and communities

It is important to strengthen their capacities to:

- a) provide appropriate care in the refugee community for the woman and the newborn;
- b) make healthy decisions and act upon those decisions, including the decision to seek holistic and compassionate care when needed; and
- c) assume their full role as propagating keys and action players in improving maternal and newborn health of refugees.



# ORAMMA project

The general objective of the ORAMMA project is

- a) to promote safe pregnancy and childbirth through efficient provision of, access to, and use of quality skilled care for all migrant and refugee women and their newborn babies
- b) to strengthen the refugee maternal healthcare in primary care settings,
- c) and to promote community-based healthcare models for migrant and refugee populations.



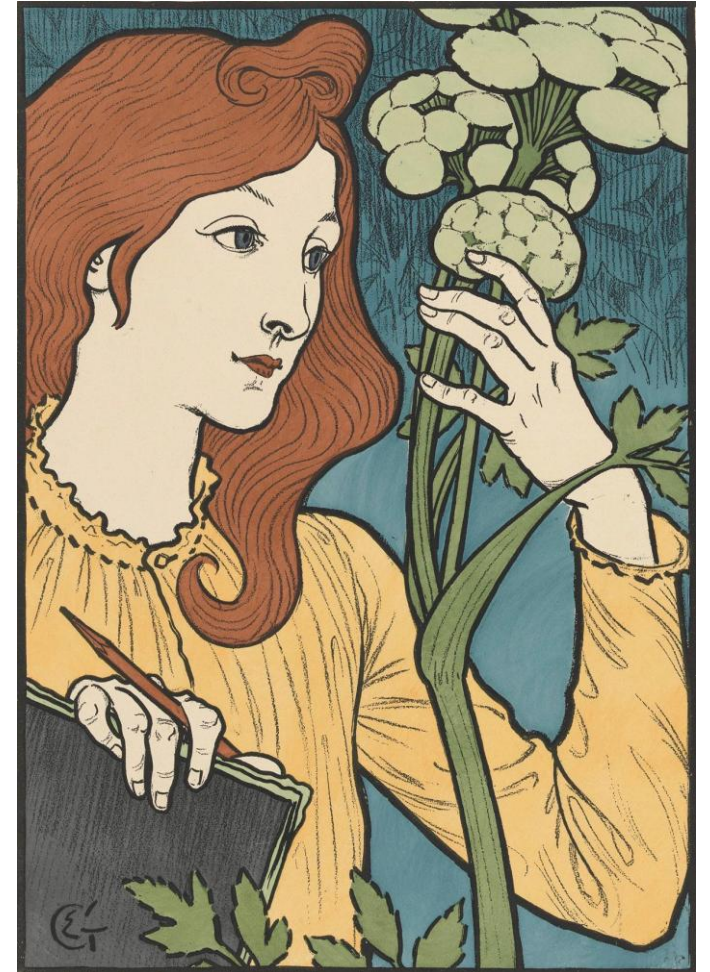
# Underpinning philosophy - Core values & principles

- Promotion of the rights of women and newborns.
- Promotion of gender equality as the basis of maternal and newborn health approaches.
- Ensuring equity in access to quality care, regardless of socio-economic status, with special attention to the poor and populations that are currently underserved, ensuring that all women survive and are healthy during pregnancy and childbirth and that newborn babies have a healthy start in life.
- Ensuring responsiveness to the needs of the migrant and refugee communities.



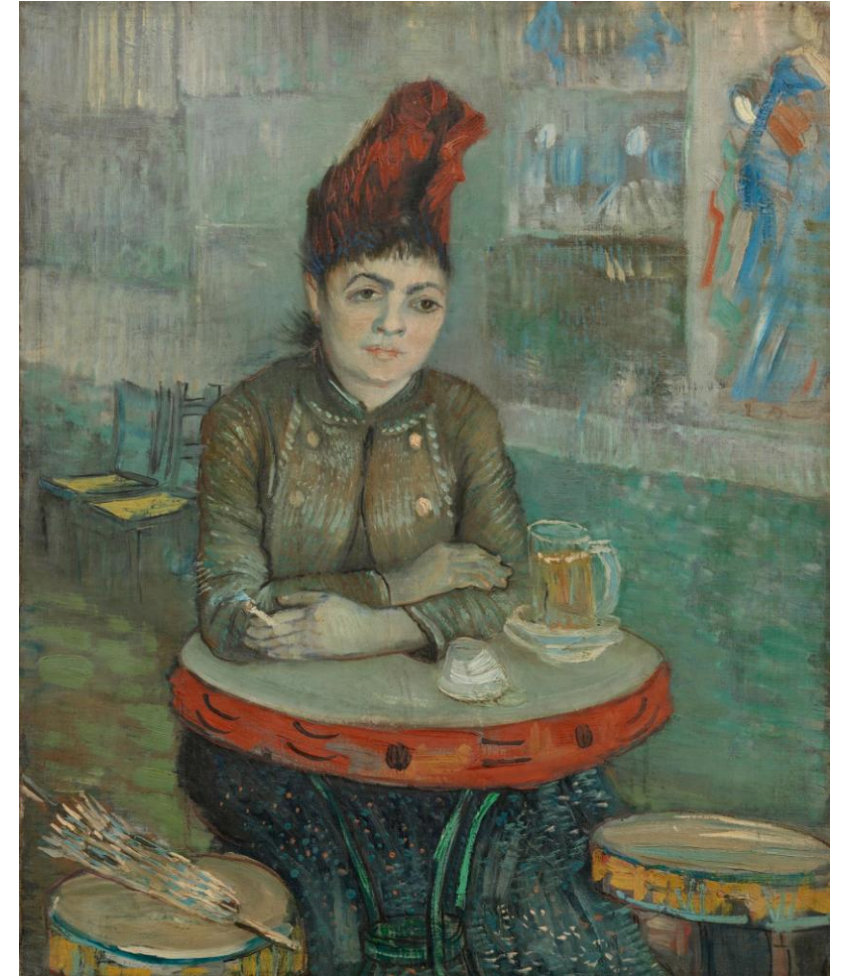
# Specific Objectives of the project

- ❖ Coordination and monitoring of the project activities in order to guarantee the highest quality of the desired outcomes and deliverables.
- ❖ Dissemination of the project and its contribution in the field of perinatal healthcare for migrant and refugee women throughout Europe
- ❖ Evaluation of the project's progress, activities and outcomes and recommendations for improvement.
- ❖ Map the European and national context of perinatal healthcare for migrant and refugee women.



# TARGET GROUPS

- ❖ Migrant and refugee pregnant women, mothers and their newborns.
- ❖ Health professionals as midwives and GPs, social workers
- ❖ Intercultural doulas
- ❖ Policy makers
- ❖ Other relevant stakeholders in the field of healthcare for migrant and refugee women.



# Added value at EU level in the field of public health

- ❖ Added value for the health status of migrant and refugee populations
- ❖ Added value in the field of public health (Promotion of safe motherhood)

*Pregnancy and childbirth have a huge impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income*

- ❖ Produce deliverables such as reports, scientific papers, pilot implementation of the model, important findings, recommendations on health policy and EU health strategy.
- ❖ Table summarizes key public health indicators affected by perinatal health.

European Core Health Indicators (ECHI) related to the field of perinatal healthcare	
Demography and socio-economic situation	<ul style="list-style-type: none"> <li>– Birth rate, crude</li> <li>– Mother's age distribution</li> <li>– Total fertility rate</li> </ul>
Health status	<ul style="list-style-type: none"> <li>– Infant mortality</li> <li>– Perinatal mortality</li> <li>– Selected communicable diseases</li> <li>– HIV/AIDS</li> <li>– Low birth weight</li> <li>– Psychological well-being</li> </ul>
Determinants of health	<ul style="list-style-type: none"> <li>– Pregnant women smoking</li> <li>– Breastfeeding</li> </ul>
Health interventions: health services	<ul style="list-style-type: none"> <li>– Timing of first antenatal visits among pregnant women</li> <li>– Equity of access to health care services</li> </ul>
Health interventions: health promotion	<ul style="list-style-type: none"> <li>– Policies on healthy nutrition</li> <li>– Policies and practices on healthy lifestyle</li> </ul>

# Pertinence of geographical coverage

- ❖ The project involves the following European countries which will be involved in the development and pilot implementation of the proposed model:
  - ❖ (1) Greece,
  - ❖ (2) Belgium,
  - ❖ (3) UK,
  - ❖ (4) Netherlands and
  - ❖ (5) Sweden.



# Pertinence of geographical coverage

- ❖ The project results are expected to be widely disseminated in all European countries since the consortium includes two major networks of health professionals:
- ❖ the European Midwives Association and
- ❖ the European Forum for Primary Care.
- ❖ Both of the organization have extensive networks of health organizations and are able to communicate the project and its deliverables throughout Europe.
- ❖ Collaborating Stakeholders (from other European countries as well) who will actively support the consortium throughout the project's lifecycle, communicate the important message of the project and increase awareness among the health professionals in the Union.



# Added value in European level in the following ways

- ❖ Promoting and strengthening the notion of “intercultural doulas” all over Europe as a best practice in the field of maternal care and advocacy especially for migrant and refugee women.
- ❖ Promoting safe motherhood among the migrant and refugee population of Europe.
- ❖ Contribute on the prevention of communicable and transmitted diseases.
- ❖ Increase the access to health care for migrant and refugee women, thus facilitating the integration of the migrant and refugee women in the host countries.



# Consideration of the social, cultural and political context

- ❖ The project will take into great consideration the special characteristics of the migrant and refugee women in relation to the social, cultural and political context related not only with their country of origin but also with the host countries.
- ❖ A very important consideration of the project is the integration of **“cultural doulas”** into the approach, the guidelines and the multidisciplinary teams of health professionals who will implement the model.
- ❖ Role of cultural doulas as cultural brokers and advocates.
- ❖ According to recent research **“Doulas fill an important role with pregnant immigrant women; their advocacy can greatly aid women in gaining access to information and effective care, and their emotional and social support can significantly improve women’s emotional experience during childbirth and perinatal periods”**. Hye-Kyung Kang, 2014



# Consideration of the social, cultural and political context

The cultural doulas have the ability to help the migrant and refugee mothers to some of the most important factors for what is considering a ‘good, pleasant and safe” birth:

- ❖ (a) mothers being able to make informed choices,
- ❖ (b) mothers feeling supported and respected by care providers, and natural if possible.
- ❖ **advocate for immigrant women who seek help and support during vulnerable times such as childbirth and perinatal periods.**



# “ORAMMA: Operational Refugee And Migrant Maternal Approach”

## Integrated model on perinatal healthcare for migrant and refugee women

### Phase 0: Detection of pregnancy

- Coordination by the GP or health professional on the community (camp, municipality, social services, NHS, ect.)
- Detection of pregnancy
- Raising awareness on the special needs and risks of the target group



### Phase 1: Care during pregnancy

- Coordination by the midwife
- Multidisciplinary team
- Personal operational plan (including chronic diseases, communicable diseases, health risks, cultural issues, etc.)
- Visits with midwife



### Phase 2: Support after birth

- Coordination by the social worker
- Midwife visits (breastfeeding, nutrition, post-natal check, clinical tests)
- Social worker: psychological support, referrals to social services, assistance with benefits

Community Capacity Building & Empowerment



**ΕΥΧΑΡΙΣΤΩ ΠΟΛΥ!  
THANK YOU!**

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