

ORAMMA: The Results



The ORAMMA project formally finishes on the 31st March 2019, and the partners would like to share with you the work of the project, and the results so far.

The ORAMMA project ran from 1st January 2017 to the 31st March 2019, and developed the ORAMMA approach, aiming to improve the experiences of the journey to motherhood for migrant women. The project was delivered by **7 partners**, and the pilot project was implemented in Greece, the Netherlands and the UK. **73 migrant women** were supported during their perinatal period.

All the ORAMMA e-newsletters and products, including the Approach, the Practice Guide and the Perinatal Operational Plan, are available [here](#).

The following ORAMMA webinar recordings are also available to watch free, available anytime: [One](#), [Two](#), [Three](#), and [Four](#).



The ORAMMA project was funded through the European Union's Health Programme to develop an approach to maternal healthcare for migrant and refugee women. The project has:

- Assessed the current state of women's health provision for migrants and refugees in project countries.
- Developed the ORAMMA approach to perinatal healthcare which features multi-disciplinary teams of midwives and doctors, maternity peer supporters and social care providers.
- Developed and implemented training for health professionals on working with migrant women, both face to face and through e-learning.
- Built the capacity of migrant populations to increase their ability to access healthcare and advocate for themselves, including training migrant women as maternity peer supporters.
- Pilot implemented and assessed the ORAMMA approach in Greece, the Netherlands, and the UK.



Our Greek partner trained **6** Maternity Peer Supporters and supported **33** women.

The Netherlands team trained **23** MPSs and supported **18**

women.

The UK partner trained **14** MPSs and supported **21** women.



Project Findings

Maternity Peer Supporters provided help in many areas:

- **Improving access to care and communication:** “She knows how everything works here. Without we are in a difficult situation and we don’t know where to go” (NL)
- **Information and practical support:** "I had someone who understood me, standing next to me all the time. [...] I could share all my thoughts. She was a mother too and knew a lot about baby care."(GR)

- **Emotional support:** "Earlier I felt totally alone. I could not talk with anyone about my pregnancy. But now I can call her. She will answer me or help me" (NL)
- **It is crucial that the MPS and the woman share the same language:** "The MPS was not from Syria. She was from Libya. Does this matter? No! We are talking the same language, we are Arabs. All I care about is to understand each other." (GR)

To view a video of a UK Maternity Peer Supporter talking about her experience, [click here](#).

There are some barriers to the MPS model which would need to be addressed when replicating and expanding the project:

- Time required from women, MPSs and healthcare professionals (HCPS)
- Unrealistic expectations of women
- HCP not understanding role of MPS

Healthcare professionals

ORAMMA trained health professionals across all 3 countries, including midwives, doctors, and social care providers.

The training aimed to inform healthcare professionals of the challenges migrants face accessing care and the impact of their status on their health, and to equip participants with an awareness of their own cultural beliefs. The

training identified and provided information on specific considerations for migrant women during the perinatal period including epidemiology, specific morbidity, and culturally determined aspects of care, and outlined the ORAMMA approach and project. It is intended to develop in healthcare professionals the ability to apply communication skills for culturally sensitive care and techniques for working with migrants with language barriers and low literacy.

The training package will shortly be available as a free e-learning module via the [ORAMMA website](#).



What next for the ORAMMA project?

Recommendations:

- Further dissemination of the ORAMMA project findings with educators and professional associations
- Amplify the voices of migrant women and share project findings with migrant communities
- Share project with WHO, PICUM, EUPHA, ERASMUS
- Integrate into international education resources and global projects
- Repeat the project on a larger scale to demonstrate generalisability

- Gather evidence on the wider impact of the approach: health workers, community, policy



EUROPEAN MIDWIVES
ASSOCIATION

CMTProoptiki
CONSULTING MANAGEMENT TRAINING

**Sheffield
Hallam
University**



eu
ropean forum
for primary care



TEI of Crete
Technological Educational Institute of Crete

Radboudumc
university medical center

