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Barriers to Reproductive Justice for Women Seeking Sanctuary in the UK: Narratives from Birth Companions and the Maternity Stream of Sanctuary

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Abstract

Women living in the UK with insecure immigration status are often from ethnic minority groups, have limited understanding of English, and have significant experience of trauma. Recent confidential inquiries into maternal deaths have repeatedly shown how intersecting and multiple disadvantage puts these women at higher risk of maternal mortality and morbidity. Multiple voluntary sector organisations are relied upon to support these women as they navigate the journey to parenthood. A reproductive justice framework is here employed to examine the multitude of factors intersecting to influence the access women with insecure migrant status have to maternity services. Narrative construction of three composite case studies took place to highlight the various ways reproductive justice is both violated and protected by the immigration and maternity systems in the UK. The discussion section comments on prevalent themes throughout each case study: gendered dynamics of insecure immigration status, structural barriers and complex systems, and reliance

on the fragile voluntary sector. This article concludes that, alongside the work of the voluntary sector, women's reproductive justice rights must also be emphasised and protected throughout statutory systems and services.

For over a decade the UK government has been embedding policies which constitute a 'hostile environment' for migrants to this country (Weller et al., 2019), including inadequate financial support, dispersal, charging for care received through the National Health Service (NHS), and the provision of unsuitable and unsafe accommodation (Arrowsmith et al., 2022). Recently, the Nationality and Borders Act was passed, restricting access to asylum and criminalising those seeking sanctuary in the UK via irregular routes (UNHCR, 2022). As this article was being written, more restrictive legislation was passed by Parliament, the Illegal Migration Act, which will dismantle the asylum system even further by removing the right to claim asylum for people arriving in the UK without permission (Pellegrino, 2023).

Drawing upon the reproductive justice framework, and the work of Birth Companions and the Maternity Stream of Sanctuary, this article uses three composite narratives to highlight the barriers to reproductive justice for women with 'insecure immigration status' in the UK – those whose asylum claims have been refused and are awaiting appeal, victims of human trafficking, people who have overstayed their visas, undocumented migrants, and those living in detention centres. The exact number of women currently living in the UK with insecure immigration status is unknown, though recent data show that this diverse population is increasing (Home Office, 2022).

In the UK, women with insecure immigration status are often from ethnic minority groups, have limited understanding of English, live in poverty, and have experienced trauma (Nellums et al., 2021). Recent research has repeatedly shown how these intersecting and multiple disadvantages put pregnant women at higher risk of mortality

and morbidity (MBRRACE-UK, 2022; Birthrights, 2022; Birthrights and Birth Companions, 2019).

All women in the UK, regardless of immigration status, have a right to safe maternity care which respects their fundamental human dignity (White Ribbon Alliance, 2019) and to have their human rights to life and family life protected (European Court of Human Rights, 1953). In this article, we use a reproductive justice framework of rights – the rights *not* to have children, to *have* children, and to *parent* children in safe and healthy environments (Ross and Solinger, 2017) – to examine the multitude of factors intersecting to disrupt access to 'self-determined family creation' (SisterSong, 2023) for women with insecure immigration status. We consider how material and political contexts have influenced women's access to the three interconnected rights of reproductive justice, and then turn to a discussion of the gendered dynamics of insecure immigration status; the structural barriers to maternal and reproductive health and care; and the reliance on the UK's non-governmental voluntary and community (VCSE) sector within a fragile and disjointed system.

A note on positionality

This article is written from a position of relative privilege, as neither author has themselves had to seek asylum in another country or held insecure immigration status. We have experience working with women who have had their rights to care and justice infringed, and have attempted to use these experiences to construct representative composite narratives in a meaningful and authentic way. This writing – like all writing – cannot be purely objective. However, we have endeavoured to base our composite narratives and our analysis in the external facts of real women's situations and experiences, rather than in our own interpretations or assumptions about their inner lives. As Susan Hodgett and Patrick James note, striving to articulate 'lived experiences, *interpretive approaches*, and *emotional subjectivities*' is a key scholarly concern within the field of New Area Studies, with its crucial commitment to 'obtaining deep understanding of places and peoples sufficient to address growing complex global challenges' (Hodgett

and James, 2018, 4-7). In this article, we apply these fundamental principles of this field to the experiences of pregnant women and new mothers seeking sanctuary in the UK, and their sources of support. The construction of our composite narratives will be discussed further below.

Background on the Maternity Stream of Sanctuary

The Maternity Stream of Sanctuary (Maternity Stream) is a national network of refugee charities, people with lived experience of the asylum system, midwives, obstetricians, educators, and researchers. The Maternity Stream is a project developed by City of Sanctuary UK, a charity aiming to build a culture of hospitality and welcome within towns and cities for asylum seekers and refugees (City of Sanctuary, 2022).

Since its grassroots beginnings in 2011, the Maternity Stream's work has grown to become a national project aiming to promote welcome, safety, and inclusion within maternity services. It aims to ensure that the voices of women in the asylum system are heard and considered when discussing the development of maternity-related services and support groups (Letley, 2022).

The Maternity Stream works to develop useful resources, and to raise awareness through research publications, webinars, and engagement with midwifery education programmes and health professionals. The Maternity Stream facilitates courses for women with lived experience of the asylum system, to help them use their stories of accessing maternity services to enact change. This is supported by the philosophy of enabling and empowering people with lived experience to be change agents themselves. In addition, there is a Maternity Stream of Sanctuary Award accreditation programme. The award is given if an organisation can demonstrate that their service meets certain criteria to illustrate their commitment to our shared values. So far, the Maternity Stream award has been granted to various groups across the UK, including NHS teams, volunteer doula

organisations and National Childbirth Trust groups (Maternity Stream of Sanctuary, 2022a).[1]

Background on Birth Companions

Birth Companions is a charity dedicated to supporting women facing inequality and disadvantage during pregnancy, birth, and early motherhood. Founded in 1996 to support pregnant women and new mothers in Holloway Prison, Birth Companions has developed expertise in meeting the needs of women facing some of the most challenging situations, in prisons across England and in the community in London and the Southeast. Birth Companions supports pregnant women and mothers of infants affected by a wide range of issues, including contact with the criminal justice system, insecure housing and homelessness, poverty, mental ill-health, domestic violence, trafficking, and immigration issues. Many women supported are at risk of separation from their infants by children's social care, and many are navigating the complex and deeply hostile immigration system. The organisation's services include specialist antenatal education, birth support, practical and emotional support during early parenthood, and advocacy with other services and professionals.

In addition to frontline support services, Birth Companions works to improve policy and practice across the maternity, criminal justice, children's social care and immigration systems, and campaigns on several issues, including for an end to the imprisonment of pregnant women and mothers of infants, and for limits on the detention of pregnant women seeking sanctuary in the UK (Women for Refugee Women et al., 2023). This work is supported by a Lived Experience Team of over 50 women with experience of inequality

[1] Doulas are trained, non-medical professionals who provide flexible, continuous physical, emotional, and informational support to women and families before, during and after childbirth, working to facilitate the best possible experience of pregnancy, birth and the postnatal period. See *Doula UK*, the non-profit membership association for UK doulas, for more information: https://doula.org.uk/about-doulas/

and disadvantage during the perinatal period – most of whom have been previously supported by Birth Companions. Members of the Lived Experience Team are committed to using their personal understanding to influence change, and contribute their experience, insight, and expertise at every level of the organisation.

Reproductive justice

Reproductive justice is an intersectional feminist activist movement and rights-based framework that integrates reproductive rights, human rights, and social justice. It was developed in the 1990s by women of colour in the USA, who saw that existing movements focusing on abortion legality, bureaucracy and individualist notions of choice were insufficient to address the full range of reproductive experiences and needs faced by women of colour, Indigenous women, the LGBTQ community and other marginalised groups (Ross and Solinger, 2017). They proposed a new framework to help understand and tackle the multiple, intersecting systems of oppression that undermine access to full reproductive health and rights. SisterSong, the US-based collective who developed the reproductive justice movement nearly thirty years ago, remains at the forefront of thinking and action in this area. Loretta Ross (SisterSong's co-founder) and Rickie Solinger (2017) have defined reproductive justice as centred on three core human rights:

1. The right *not* to have children
2. The right to *have* children
3. The right to *parent* the children we have in safe and healthy environments.

Reproductive justice is based on an understanding that all forms of injustice and oppression intersect and overlap (Ross and Solinger, 2017), and helps one to 'interrogate a host of injustices that may seem tangential' to reproduction (ibid., 72). Reproductive justice expands our focus beyond the legal and bureaucratic obstacles to reproductive choice, to allow us to consider the wider contexts of oppression that restrict women's choices, even where those choices are legally sanctioned (Lonergan, 2012). Experiences of migration have long been a key concern within reproductive justice work, with

scholars paying close attention to histories of immigration policy, and how these have shaped reproductive experiences (Ross and Solinger, 2017; Ross, 2017; Lonergan, 2012).

Within the UK, there can be a misplaced assumption that the relative ease of access to free abortion and contraception via the state-funded National Health Service (NHS) is sufficient to ensure women's reproductive rights. This ignores both the practical, structural, and discursive contexts in which women make decisions around having children, and the resources women require to make those decisions freely and in their own best judgement (Lonergan, 2012). It also overlooks the enormous economic, bureaucratic and structural barriers to care faced by migrants in the UK in general, and by those with insecure immigration status in particular. This article contributes to a growing body of work applying the reproductive justice framework within UK settings to demonstrate the intersections between forms of injustice, including migration discourses (Lonergan, 2012), food insecurity (Fledderjohann, Patterson and Owino, 2023), the cost-of-living crisis (Delap and Kitchen, 2023), and the climate emergency (Birth Companions and Women's Environmental Network, 2024).

Composite narratives

The three composite narratives that follow are amalgamations of the experiences of multiple women supported by Maternity Stream and Birth Companions, intended to be illustrative of the multiple forms of reproductive injustice faced by women with insecure immigration status in the UK, without reflecting any one individual's story.

Women supported by both Birth Companions and the Maternity Stream routinely share experiences in group settings, in individual conversations with staff members and volunteers, as lived experience experts in research projects, and for publication in reports. Through working in our respective organisations, we have heard a great number of such stories. While both Maternity Stream and Birth Companions work to amplify the real voices of women, and prioritise first-hand accounts in many contexts, there remain occasions when composite narratives are more appropriate.

Composite narratives provide generally representative accounts, capturing the 'essence of… multiple lives, experiences and perspectives' within a single story (Willis, 2019), and allowing an accessible, holistic, and contextualised emotional authenticity to be conveyed (McElhinney and Kennedy, 2022). The use of composite narratives allows complete anonymity to be maintained for the individual women our organisations support – important for a group deemed by many to be 'vulnerable' (Arjomand, 2022). As such, composite narratives have been described as 'enhancing the collective, [while] protecting the personal' (McElhinney and Kennedy, 2022).

The reproductive justice framework conceives narrative form as 'an act of subversion and resistance, that allows the reader to attend to someone else's story, inviting them to "shift the lens" and "imagine the life of another person"' (Ross and Sollinger, 2017, 59). As Ross and Solinger explain, 'no one story can describe everyone's experience'; instead, we must 'embrace polyvocality—many voices telling their stories that together may be woven into a unified movement for human rights' (2017, 59-60).

To this end, we will examine each of our composite narratives using the reproductive justice framework, with the aim of illustrating the multitude of intersecting factors that influence access to 'self-determined family creation' (SisterSong, 2023) for women with insecure immigration status in the UK.

Roze

Roze was kidnapped near her home in Albania at the age of 17. She was taken to Manchester and placed in a house with many other women trafficked for sexual exploitation. Roze often went hungry and didn't have access to a private bathroom or hot water. She feared becoming pregnant but didn't always have access to contraception.

When she was 19, Roze missed a few periods and realised she might be pregnant. She felt unable to speak to the 'aunty' in her house, for fear that the traffickers would become physically violent. She did not want a baby, particularly in her current situation, but was

unsure how to access support as she spoke little English and was unfamiliar with the healthcare system. She had heard that migrants could be charged a lot of money for healthcare provided by the National Health Service (NHS) in England, and she had no idea how she would pay (Feldman, 2018; Pellegrino et al., 2021).

Eventually, Roze managed to escape the house and went to a local GP practice, hoping to enquire about an abortion. She was told that to register she would need a passport and proof of address, which she didn't have. Due to the language barrier, she wasn't able to explain her situation. She was worried that if she told them the truth about how she arrived in the UK, or about her current living situation, they would report her. While she missed her home and family, she felt she could never go back for fear that the gangs would find her.

Roze returned to the house but knew that she would need to leave for good if she had any hope of accessing an abortion. Two months later, with the help of another woman, Roze managed to escape. The women travelled to London together but, with no way to access housing support, Roze ended up sofa surfing, finding places to stay through people she met at a church.

Roze still didn't know how she could access support to end her pregnancy and, now alone in London, became focused on survival. She knew that the gang that had trafficked her would always be looking for her, and believed they would find her if she made herself known to healthcare or any other public services. Her abdomen was growing, and she knew that time would be running out to get an abortion, but she didn't know how or where to get support.

Roze started to feel severe pains in her abdomen and decided to go to a hospital. This time, the reception staff were able to help her access a telephone translation service, and Roze was able to explain her situation. A midwife explained that it sounded like Roze was a victim of human trafficking, and therefore would be exempt from NHS charging. Roze should have been able to access both free maternity care and termination support,

but by this stage she was over 6 months pregnant and therefore ineligible for termination. Roze was devastated, but she also finally felt a little safer knowing that she could now access healthcare.

The specialist midwife referred Roze to the perinatal mental health service and to Birth Companions, who told her they would be able to support her through the remainder of her pregnancy, at her birth, and through her early motherhood. Roze was terrified at the thought of birth and had no trust in the health service. Birth Companions worked with her to develop her birth choices, and to communicate these to the midwife. Having faced so much trauma and sexual violence, Roze was experiencing symptoms of PTSD. As such, the only way she felt safe during birth was to elect for a Caesarean section.

Odachi

Odachi sought safety in the UK from Nigeria, having escaped her violent husband from a forced marriage. Upon claiming asylum, Odachi was housed in shared accommodation in Luton which was overcrowded, dirty and infested with vermin. Odachi became close to a man from her church who was aware of her difficult living situation and offered for her to live with him. When Odachi became pregnant, he threw her out and did not want anything to do with her.

At 8 weeks pregnant, Odachi was destitute and reliant on help from the church. She often felt hungry, and her mood became very low. She visited a walk-in health centre because she was worried about the baby. She was prescribed anti-depressants and the doctor took her blood to check for anaemia.

At 12 weeks pregnant, Odachi found out her asylum claim had been rejected. A Home Office representative found her at the church and informed her she would be taken to a detention centre to await deportation. Odachi was frightened to tell them she was pregnant, as she did not want this to act against her in a potential appeal. She was handcuffed and taken what felt a long way from Luton, to a detention centre called Yarl's Wood. While in detention Odachi was informed that, as her husband in Nigeria had

recently died, he was no longer deemed a threat and that she would be safe to return. This terrified Odachi who knew that his family members also posed a significant threat to her safety. She decided she would appeal her claim.

At Yarl's Wood Odachi was watched by men all the time, including when she was using the bathroom, which caused her distress. She was frightened someone would notice her growing abdomen. Odachi was sick, light-headed, and dizzy but the staff were not empathetic, and nobody offered her a medical check for 5 days. After being unable to tolerate any food, she was eventually seen by a nurse who offered a pregnancy test. Upon seeing the positive pregnancy test, the nurse immediately offered Odachi a termination, though this was not something that Odachi had ever considered due to her religious beliefs. She explained this to the nurse, who did not appear to understand the significance of her beliefs. Odachi was offered a termination twice more that day, and once prior to being released.

Odachi stayed in the detention centre another two nights until alternative accommodation in a shared house was found for her in Bradford. She was able to claim financial asylum support of £45 per week from the UK Home Office (NRPF Network, 2023), and was supported to register with a midwife. She was psychologically scarred from the experience in detention, felt very isolated, and continued to struggle with her mood throughout her pregnancy.

Odachi's midwife put her in contact with a local peer support group of other new mothers from asylum-seeking and refugee backgrounds, the Yorkshire and Humberside Maternity Stream. The connections she made through this group helped build her confidence after a difficult and isolating time in detention. One of the women she met accompanied her to hospital when she went into premature labour, and others visited her regularly throughout her subsequent stay in hospital while her baby was in neonatal intensive care. When Odachi was discharged, she had to rely on these new friends to help her get to the hospital to visit her baby, as she did not have enough money for the bus. Through peer support, Odachi found out she could apply for an additional maternity payment, a

one-off grant of £300 (Refugee Council, 2021). She felt very lost at this time and would not have been able to complete the paperwork if it had not been for the support of those around her.

When her baby was two months old, Odachi received notification that her asylum appeal had been considered and that her refugee status had been granted. This was a huge relief for Odachi, she finally felt safe and able to think positively about the future.

A few weeks later, Odachi received a bill for her care under the National Health Service (NHS). Odachi was confused and thought she was entitled to free care. Odachi was very anxious about the bill, as it was for a large sum of money which she did not have. Odachi ignored the letter, thinking it was a mistake. However, the letters kept coming, which made her anxious and stopped her from sleeping. Odachi was embarrassed about this problem and sought help from one of the women in her peer support group. She was told about the organisation Maternity Action who might be able to help. Odachi contacted the charity, and they helped her investigate the charges. It turned out Odachi had been wrongly billed, and Maternity Action helped her to get the bill cancelled.

Ayu

Ayu was encouraged to apply for a student visa and enrol on an MA in London by her employer, a financial company in Malaysia. She was doing well on a graduate pathway within the firm and earning a good wage, and the opportunity to study in London would be an excellent addition to her CV. A few weeks into the course, Ayu became incredibly tired and nauseous, unable to tolerate food and felt weak. Ayu went to her GP and found out she was pregnant. This was a huge shock, as she had always been very careful about using contraception. She was well aware of the stigma associated with sex before marriage in Malaysia and had always felt that stigma would be too much to bear should she become pregnant by accident. She believed her family would disown her, and that her career would be severely damaged. The GP prescribed her some anti-sickness pills,

but they did not work. She ended up being hospitalised for hyperemesis gravidarum (extreme morning sickness). As a result, she was forced to pause her studies.

Although Ayu was physically unwell and frightened of the prospect of being a single mother, she quickly felt excited to have a child and did not wish to terminate her pregnancy. She decided the only realistic option for her was to start a new life in London. She had made some friends on the course and already felt at home in London.

Once she was 12 weeks pregnant, Ayu started to feel better and took on a job as a home help for a family. The family were very hospitable and after a few weeks they suggested Ayu move into their spare room, where she could board for free and would be more readily available for work. This suited Ayu as her room in a shared house was small and the housemates were very loud. She had also been using her savings to pay her rent, so this felt like a sensible choice – she knew she had a stable income, and the family would allow her to bring her baby to work. However, when Ayu was 36 weeks pregnant, the family told her suddenly that they would be moving out of London soon and would no longer require her help. Ayu felt helpless, unsure of where she would live or how she would find another job so late in her pregnancy.

Ayu went to the local authority for advice on housing and income support. As Ayu was not a British citizen and in the UK on a student visa, they were unable to help. They advised that they would be able to support more once the baby was born, but that this would extend mainly to safeguarding the baby, and that she herself was in a difficult situation. Ayu spoke to her midwife, who informed her about Birth Companions and made a referral to them. Birth Companions advocated for Ayu with her university and the local authority, and eventually she was able to secure a small flat on the fifth floor in a building with no elevator, poor cooking facilities and very little room for a cot.

Birth Companions organised for a companion to support Ayu during her labour, arranged for volunteers to visit her after birth, and made it clear they would continue to support her around any further housing, social care or immigration issues. Not long after giving

birth, Ayu's student visa expired. She was contacted by the Home Office and informed that she needed to leave the UK as she was now here illegally. Ayu went back to Birth Companions, who worked with Maternity Action to help her claim asylum on the basis that she could not safely return to Malaysia as a single mother – her family had disowned her due to the pregnancy, it was unlikely she would be able to find any employment, and she had nowhere safe to go on her return. The authorities informed Ayu that it was possible she could be deported to Malaysia, while her baby could be kept in the UK – this was presented as the safest option for the baby, to ensure she would not be exposed to the discrimination and destitution awaiting Ayu on her return. One official suggested that she must have known about the pregnancy prior to arriving, and had been manipulating the system to secure better healthcare and a 'free pass' to life in the UK.

Ayu found it difficult to buy everything she needed on just the asylum support payments she was eligible for. Birth Companions made a referral to a local baby bank, to ensure she had access to essential baby items, and she relied on food banks. She found breastfeeding very difficult, and became extremely concerned that she wasn't producing enough milk for her baby due to stress and malnutrition. Through Birth Companions' mother and baby group, Ayu was able to access breastfeeding advice and support to begin mixed feeding. This reassured her that her baby was being properly fed, though the need to purchase formula put her under even more financial strain. After several months of stress and insecurity, Ayu heard that her asylum application had been refused. She appealed this decision, with the support of various professionals and agencies, and around her baby's second birthday she finally heard that her appeal had been successful and she had been granted leave to remain.

Analysis

We will now consider some of the ways each of the rights presented by the reproductive justice framework is undermined for Roze, Odachi and Ayu. While we do not have space here to examine in turn each of the many ways in which reproductive justice is made unattainable for these three women by their status within the UK's immigration system,

we use this framework to offer an overview of some of the mechanisms through which this happens.

The right not to have children

For women facing insecure immigration status in the UK, we see how the right not to have children can be undermined in multiple ways. Roze was brought to the UK against her will by human traffickers, and did not plan or wish to become pregnant. We know that Roze is not alone in this experience, with evidence suggesting one in four women become pregnant whilst trafficked (Bick et al., 2017).

Roze eventually found a way to seek medical care, but was failed by services in several ways. Structural barriers including confusing rules around GP registrations and inadequate language support meant Roze was denied essential healthcare from the outset. Anyone is eligible to register with a GP in England regardless of immigration status or formal proof of identity (Doctors of the World, 2021). However, as in Roze's case, these rules are often poorly understood and implemented by GP surgeries (Carlson and Pepper, 2022). Inadequate language support is another widely recognised issue preventing access to NHS maternity services (Birthrights and Birth Companions, 2019; Cull et al., 2022). This impacted Roze's access, despite NHS guidance stipulating that professional interpreters must be offered to all those who require them (Gov UK, 2021c). Opportunities to support Roze through the UK government's anti-trafficking mechanism, the National Referral Mechanism (Gov UK, 2023), were also missed. Combined, these three significant structural barriers led to a delay in healthcare that meant termination of Roze's pregnancy was no longer an option. Had the structures and bureaucratic processes surrounding migrant healthcare been different, Roze's right not to have children might have been upheld.

For Odachi, termination of pregnancy was supported by the medical professionals she encountered in detention – but this was not what she needed from them. The assumption that Odachi would not want her baby because of her immigration status and current living situation, incomprehension of her position and beliefs around abortion, and their

repeated 'offer' of a termination, appear based in prejudice surrounding who should give birth and become a parent, and under what circumstances (Murray, 2022). Key to reproductive justice is the access to healthcare that supports and enables both the termination *and* the continuation of pregnancy, as per women's own wishes, and reproductive justice cannot be said to be attainable if one or other of these is withheld.

For Ayu, the right to not have a child had been challenging to realise in her home country, where stigma and shame around sex before marriage and single parenthood may have led her to consider an unwanted termination more seriously. Through Ayu's story, we get a glimpse of how the UK could provide sanctuary for those whose lifestyles, identities, beliefs or actions put them at risk of harm in their countries of origin. Ayu quickly felt safe and at home in the UK and was able to envision a better future for herself in a place that she could exercise her rights to bodily autonomy and the prevention of pregnancy. While Ayu was clear in her desire to remain pregnant, we see how the UK can, in some cases, provide a safe environment for women to freely choose to end their pregnancies without social and cultural stigma.

The right to have children

The right to have a child can be ignored, undermined, and jeopardised in numerous ways as women navigate arrival in the UK, immigration detention, and multiple statutory systems that are poorly set up to deal with their needs. Further, women's right to have a child *under the conditions of one's choosing* (Ross, 2017) is significantly inhibited by the circumstances they are confronted with in the UK.

Regardless of their immigration status, pregnant women in the UK are entitled to access all healthcare essential for carrying a healthy baby to term and should not face any barriers or restrictions to this access (Gov UK, 2021a). Barriers to essential healthcare during pregnancy put the health of both pregnant women and babies at risk, and pose a clear threat to the right to have a child. This is true even for Roze – who did not *wish* to be pregnant or to carry her foetus to term – but who should have had this right protected through the provision of appropriate healthcare as and when she needed it. Instead, we

see her face multiple practical barriers to accessing healthcare that put both her own health, and that of her baby, at risk. For Odachi, the lack of attention from detention centre staff meant delays in her receiving the healthcare she needed, increasing her risk of poor outcomes and putting the survival of her baby at risk. While UK Home Office guidelines stipulate that healthcare must be provided to all detained women with 'suspected, claimed or confirmed' pregnancies (2016, 8), it is widely recognised that many women in detention centres do not receive adequate maternity care (Women for Refugee Women, 2023; Royal College of Midwives, 2017; Williams, 2008).

It is evident, in all three composite narratives, that stress, fear and trauma are significant features in the lives of pregnant women with insecure immigration status. Ayu's pregnancy and preparation for motherhood were made unnecessarily stressful by the fact that she was ineligible for local authority support and treated with suspicion rather than care by health and social care services. For Roze, the fear of deportation and return to her home country meant that statutory services represented hostility and danger rather than support. For Odachi, experiences in detention caused high levels of stress and fear – a frequent occurrence among pregnant detainees (Royal College of Midwives, 2017). Stress during pregnancy causes surges of cortisol which may affect foetal development, and which have been found to increase the risk of preterm birth (Tranpradit and Kaewkiattikun, 2020), low birth weight, intrauterine growth restriction, and poor foetal neurodevelopment (Caparros-Gonzalez et al., 2022).

Roze requested to give birth via an elective caesarean section, which is not uncommon for women whose pregnancies are the result of exploitation (Anti-Trafficking Monitoring Group, 2016). Women who have been trafficked are more likely to have poor mental health, with increased risks of post-traumatic stress disorder and suicide (Stanley et al., 2016). The facilitation of an elective caesarean section is a positive example of how the right to have a child *under conditions of one's choosing* (Ross, 2017) may be supported for women who have faced significant trauma as part of their immigration journey.

On arrival in the UK, Odachi, Roze and Ayu were all faced with inadequate and unsafe accommodation. We see how Odachi was forced to rely on the apparent kindness of strangers to house her, opening her up to the risk of sexual exploitation (Bryant, 2023; UNHCR, 2022); and we see the precarity of Ayu's housing as it was linked to her insecure employment. Appropriate and secure housing are essential both to the realisation of the right to have a child, and to the right to do so under the conditions of one's own choosing (Gandy, 2020; Ross and Solinger, 2017, 228).

The right to parent one's children in safe and healthy environments

Perhaps most clearly in the composite narratives we see numerous ways in which the right to parent one's children in safe and healthy environments is not protected. All three women faced barriers to this right from the outset of their pregnancies – the lack of privacy and protection while in detention; barriers to medical care; poor accommodation provision; financial precarity; and difficulties accessing adequate nutritious food all constitute a deeply unsafe environment in which to be pregnant, and to prepare for and begin parenting.

In the UK, maternity care is free for all at the point of access via the National Health Service (NHS) and is deemed 'immediately necessary', meaning it must not be refused or delayed due to immigration or charging issues (Maternity Action, 2023). While those who have claimed asylum or been granted refugee status in the UK are entitled to free NHS maternity care, women with insecure immigration status, including those who have been denied asylum, are often later faced with significant bills (ibid.). The complexity of NHS charging rules, misinterpretation of the rules by professionals, and inefficient bureaucratic processes mean that incorrect bills like that received by Odachi are common (Arrowsmith et al., 2022). It is well known that the threat of charges and debts deter many women from accessing maternity care even if they are eligible (Feldman, 2018; Pellegrino et al., 2021). While Odachi was eventually able to access support to help cancel the bill, the anxiety, shame, and confusion around it caused her significant stress during the first few months of her baby's life, a period well known to be crucial for mother-baby bonding and infant development (First 1001 Days Movement, 2021a). NHS

charging for maternity care therefore poses a significant threat to the right to parent one's children in safety (Arrowsmith et al., 2022.; Lonergan 2012).

With uncertainty around her immigration status, and the possibility of deportation, Roze was unable to access a safe environment in which to parent. Ayu's right to parent in a healthy environment was infringed by the Home Office's intent to send her back to her home country, where she felt both she and her baby would be unsafe. The local authority's suggestion that her baby could be forcibly separated from her and kept in the UK when she was deported is not a rare occurrence (BID, 2020). The exact number of parents separated from their children by deportation each year in the UK is unknown, but charity Bail for Immigration Detainees estimates it to be 'hundreds or possibly thousands' (ibid.). Unexpected and forced physical separation, as in the case of deportation, has been found to lead to increased emotional and behavioural distress among children, and to heighten their risk of developing sleeping disorders, depression, anxiety, and post-traumatic stress disorder (ibid.). Such threats of separation pose a clear and significant barrier to the right to parent one's children in safety. For Ayu, these threats were never realised but their impact was still significant; evidence shows that living in a state of high anxiety and stress can impact bonding and attachment, as well as early parenthood capabilities (Anis et al., 2022). The UK government has developed a manifesto for ensuring all children have the healthiest start to life, which evidence shows requires input specifically from conception up until 2 years of age, the '1001 critical days' (Gov UK, 2021b). For Ayu, the lengthy asylum process meant that the entirety of the '1001 critical days' were over before she and her baby could enjoy real safety and security, putting the social and emotional wellbeing and development of them both at risk (First 1001 Days Movement, 2021b).

The immigration system poses significant dangers to the health of mothers and infants. Without the support of charities, foodbanks and baby banks, Ayu and her baby would have been at risk of homelessness, malnutrition, unsafe infant sleeping, and poor mental and physical health outcomes. Roze was eventually supported to actualise her right to parent her child in a safe and healthy environment through the practical and emotional

support she received from Birth Companions, which helped reduce the risk of re-traumatisation from her violent past. Such support is key for protecting against potential future exploitation, as evidence shows people who have been victims in the past may be unable to recognise further signs of exploitation (Anti-Trafficking Monitoring Group 2016).

The eventual acceptance of Odachi's asylum claim provided her with some safety, security, and a chance to begin a more settled life. We see here the important role that positive immigration decisions can have on ensuring reproductive justice; but also the precarity of that safety, even for those granted asylum. While refugee parents can face significant hurdles throughout their lives, including restrictions on work and access to public funds (Eltanamly et al., 2022), the granting of asylum is an essential basis for the provision of a safe environment in which to parent a child.

While support from the health service came too late to facilitate Roze's desired termination, the eventual support she did receive helped her to finally feel a little safer in the UK. For pregnant women seeking sanctuary, the importance of feeling safe cannot be emphasised enough. Safety, security and support are key to ensuring women's access to a healthy pregnancy and positive birth, and to ensuring a positive transition to motherhood and the best possible start in life for their babies (Maternity Stream of Sanctuary, 2022b; Bohren et al., 2019; Thompson and Balaam, 2016).

Discussion

Gendered dynamics of insecure immigration status

While reproductive justice is essential for all people, regardless of gender and parenthood, we have examined some of the ways in which reproductive justice is particularly undermined for women with insecure immigration status. Using the reproductive justice framework in this way highlights how migration experiences are highly gendered (Abji et al., 2021; Burman, 2010; UN, 2020). All the women in our

composite narratives face challenges to their reproductive rights, choices and autonomy that are specific to their position as women, and as mothers.

The facts of current migration patterns can often make for harrowing reading. Women are more likely than men to seek sanctuary from gender-related persecution such as rape, domestic violence, forced marriage, and honour-based violence (UN, 2018). Further, as sexual violence is often intensified during wartime, many women fleeing conflict have also faced serious gender-based violence (UN, 2020). Human trafficking as a mode of forced migration disproportionately affects women and girls, who make up 71% of all victims globally (UN, 2017); for trafficking for sexual exploitation, this percentage increases to 96% (ibid.). Whilst in transit, women face specific risks including a significant risk of sexual violence and rape, with an estimated 90% of women migrating along the Mediterranean route being raped at some point during their journey (Mixed Migration Centre, 2018). Women are also more likely to be malnourished whilst in transit, as they are more likely to give up food rations to support their children or elderly companions (ibid.). Home Office mechanisms of recording reasons for seeking sanctuary in the UK are often lacking in compassion and unable (or unwilling) to deal with the complexities of migrant women's circumstances (Freedom From Torture, 2020). Many women find disclosing gender-based violence very difficult and shameful, with some not identifying what has happened to them as domestic violence, honour-based violence, or human trafficking. Women may have to divulge complex, traumatic details on multiple occasions, making use of interpretation services, to male Home Office officials, in situations where they already feel vulnerable. These barriers mean many women do not disclose the full extent of their reasons for seeking safety until their initial claim is denied, if ever.

Once in the UK, women seeking sanctuary continue to face significant barriers on account of their gender. Female migrants are less likely than male to be supported to learn English (Darby et al., 2016), and domestic work, far more likely to be undertaken by women, is associated with higher rates of labour and human rights abuses (UN Women, 2020). The current government's 'hostile environment' policies restrict access to welfare support and

freedom of movement, enable detention and dispersal, and withhold rights to work; all factors which present specific threats to women and their access to reproductive justice. These policies can be weaponised by perpetrators of abuse and exploitation. When asylum claims are rejected, women may lose their access to public funds and can thus become uniquely vulnerable to sexual exploitation (Chandtler, 2010; Harris and Hardwick, 2019).

Structural barriers and complex systems

The reproductive justice framework helps to demonstrate how complex, intersecting structural barriers work together to significantly inhibit women's ability to realise their rights not to have children, to have children, and to parent in safe and healthy environments. We see how these barriers layer up and accumulate, obstructing women's access to the 'resources necessary to make the best choices, in her judgement, about managing her fertility and deciding whether, when and with whom to have a child' (Lonergan, 2012). Women face difficulties accessing reproductive health services due to suspicion from health professionals, language barriers, bureaucratic processes, and fears of Home Office involvement, deportation, NHS healthcare charges, and further exploitation. This can have long-lasting effects on women's physical and mental health, and on their healthcare seeking behaviours for both themselves and their children in the future (Ahmadinia et al., 2022; Brown and Ashman, 1996; Conner and Norman, 1996).

The reproductive justice framework helps us to engage with the complex social contexts in which women make decisions about their reproductive health and parenthood, and with all the various systems, discourses, and policies that restrict access to the full range of reproductive options (Lonergan, 2012). We see in all three case studies how women's experiences of seeking sanctuary in the UK are shaped and defined by multiple complex and bureaucratic systems. In addition to the hostile immigration system itself, women must contend with a health service that is overstretched and poorly set up to care for women who don't speak English; anti-trafficking mechanisms that are poorly understood by professionals in other systems; and a poorly regulated housing sector that is run for profit rather than for the provision of safe homes for all.

Reliance on a fragile voluntary and community sector to plug the gaps

Through the case studies, we see time and again how it is non-governmental voluntary and community (VCSE) sector organisations, and dedicated individual professionals, that support women to navigate these complex systems to access the care they need. Birth Companions and Maternity Stream of Sanctuary are by no means the only sources of this support – up and down the country, small, often poorly-funded, grassroots organisations are stepping in to fill the gaps in statutory support for people seeking sanctuary.

There are different ways to view this scenario. There are, of course, glimmers of hope. It is encouraging to see communities working together to welcome women who need safety and care, and to provide them with ongoing protection as they navigate an often-hostile new country. It is encouraging to see the midwives who become advocates for women, working to secure basic human rights and freedoms on top of providing routine and specialist maternity care; and to see the charity case workers who work tirelessly to connect the dots between women's needs and existing services.

But there is also much that is deeply disheartening. The UK government's Illegal Migration Act has, at the time of writing, just passed into law. While Birth Companions, Maternity Stream, and others in the sector successfully campaigned for an amendment to the original Bill to protect the pre-existing 72-hour time limit on the detention of pregnant women (Women for Refugee Women et al., 2023) – a vital protection for reproductive justice – we know that this cruel new Act poses numerous other significant threats to the health, wellbeing, and reproductive justice of people seeking sanctuary from violence, oppression, and persecution.

Charities and dedicated individuals cannot, and should not be expected to, plug the many, many holes in the care and support that vulnerable people seeking sanctuary in our country need. This kind of support is precarious – dependant on good will, energy and sustainable funding, all of which can quickly dry up when not underpinned by a strong and responsive public sector.

Conclusion

This article has used composite narratives to help the reader 'shift their view' to that of another (Ross and Sollinger, 2017). By analysing the narratives through the reproductive justice framework, we illustrate how the immigration system in the UK violates women's rights *not* to have children, to *have* children, and to *parent* the children they do have in safe environments. Through use of this framework, we have highlighted how barriers to care and support are not isolated factors, but intersecting and cumulative, to the detriment of women's physical and mental health and well-being; and to the reproductive rights and choices they are able to access.

The three rights of reproductive justice – based as they are on the internationally-accepted Universal Declaration of Human Rights (SisterSong, 2023) – should not be radical. Regardless of whether they are eventually granted asylum, pregnant women, new mothers, and babies with insecure immigration status in the UK must have their rights to life, and to respect for private and family life upheld. These are universal human rights, which the UK is obliged to protect; failing to do so breaches both British equalities legislation pertaining to pregnancy (Equality and Human Rights Commission, 2022) and the European Convention on Human Rights (European Court of Human Rights, 1953).
This article is published at a time of intense political change and discourse surrounding migration, and we hope that it has highlighted some of the real-life consequences these discursive and legislative changes can and do have for the lives of women seeking sanctuary in the UK. As highlighted in the discussion, excellent practice does exist across the UK to support pregnant women and mothers of infants seeking sanctuary, but this is fractured, disjointed, and reliant on dedicated individual professionals and a chronically underfunded voluntary and community sector. In order to achieve reproductive justice in the UK, the rights of this group of women *not* to have children, to *have* children, and to *parent* children, with dignity, in safe and sustainable communities, must also be emphasised and protected through statutory systems and services.

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