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Maternity services principles checklist for the care of pregnant women arriving from Afghanistan

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Purpose

This checklist is intended to support maternity services in providing best care to women arriving in England from Afghanistan. Arrivals from Afghanistan will initially be cared for in Managed Quarantine Services, then relocated to bridging hotels where they may stay for some time and following this, local authorities will lead their resettlement throughout the country. Many of their immediate healthcare needs are being addressed on arrival, though individuals may present to healthcare facilities anywhere in the country.

Principles

It is highly likely that many women will not speak or understand English. The main languages in Afghanistan are: Afghan Persian or Dari [majority], Pashto, Uzbek, Turkmen, Urdu, Pashayi, Nuristani, Arabic and Balochi. They may also not read or write well even in their own language. Always use Interpreting Services, as commissioned by the CCG/NHS England- Language line.

Refer to the Afghan relocation and resettlement schemes: advice for primary care for detailed information about language, gender, cultural and religious considerations for individuals arriving from Afghanistan. Guidance on best practice when working with professional interpreters can be found in the Migrant Health Guide, along with translated guidance concerning COVID-19. Other useful resources, videos and translated materials can be accessed at www.migrantinfohub.org.uk.

Once the maternity unit is made aware of a pregnant woman or newborn, either through self-referral or by the onsite Managed Quarantine Service (MQS) or Managed Quarantine Facility (MQF) healthcare worker, a full antenatal, postnatal or neonatal assessment (urgent or non-urgent depending on the circumstances) should be completed.

If hospital attendance is required, all women should be treated in accordance with the established local COVID-19 positive pathways and where appropriate consider if maternity care can be provided in the bridging accommodation

Things to consider in women from Afghanistan arriving at a maternity unit:

- Impacts of culture, religion and gender on health.
- Explain to each women their entitlements to maternity care. Women arriving as part of the ARAP scheme are entitled to the same free NHS services as UK residents. Individuals may be eligible for reduced charges or free care for these services, and information about this is available in other languages.
- Access to antenatal care in Afghanistan is often limited. Pregnant women and women of childbearing age from Afghanistan may not be aware of the importance of antenatal care and how antenatal services work in the UK.
- Leaving their home country and being brought to the UK may also have an impact on women's mental and physical health.
- Think about their specific vulnerabilities to communicable diseases (refer to letter on Afghanistan relocations and assistance policy to COVID-19, TB, hepatitis B and C and HIV. Refer to the Afghan relocation schemes: advice for primary care for guidance on screening and referrals.
- They may have experienced war, conflict or torture; some will have witnessed the death of close family members and children. Therefore, consider trauma-informed approaches to care.
- Women may be separated from family, living in temporary accommodation and be socially isolated.
- Women and girls are particularly at risk of sexual and gender-based violence before, during and following migration. Refer to the women's health page of the Migrant Health Guide for further information about violence against women and girls and addressing their sexual and reproductive health needs.

Safeguarding: Interpreting best practice advises the interpreter to be neutral and therefore the use or children, family members, friends and other accompanying persons as interpreters is not recommended.

Please also consider the impact of honour-based abuse, child marriage and forced marriage for these women. Normal safeguarding processes for both the woman and her unborn child/new-born still apply regardless of the woman's asylum/refugee status in England. Assessment of any trauma and safeguarding concerns Refer to the NHS safeguarding policy. **More information, including maternity specific safeguarding information, can be found on our NHS Safeguarding App or web version.**

Ensure a robust and enhanced health assessment: Services may wish to consider a two-stage approach to assessing this group: an initial urgent care triage type assessment followed by a more in-depth health assessment. Given the health needs of this vulnerable population and the traumatic circumstances of their arrival, there should be a robust approach to identifying and managing women and baby's health and care requirements. Ensure that both mother and baby are assessed when either one presents for specific care.

In addition to the Antenatal and Newborn Screening programme, consider the specific vulnerabilities of these patient groups to communicable diseases as above. COVID-19, TB, hepatitis B and C, and other infections including HIV. Refer to the Afghan relocation schemes: advice for primary care for guidance on screening and referrals. The usual refugee pre-entry health assessment and screening process has not taken place for the majority of individuals.

Antenatal care

Maternity services should consider the most efficient way of providing planned care to this group: consider running specific planned antenatal clinics to enable specialist input and provision of interpretation services; consider extra 24/7 HCA for childcare or on-call system for childcare for labour ward.

All pregnant women should be offered regular urinalysis (with particular attention to ketones) and should be recommended early antenatal screening for diabetes where indicated.

Consider that the length of stay in your area may be short and therefore ensure that comprehensive Maternity Handheld notes are given to the woman and contain all necessary documentation, results and scan reports. Emphasise to the women that the notes always need to be carried. It will be increasingly difficult to track women through the system as they move on. Help ensure women know to contact maternity services and register with a GP on arrival in a new area.

Intrapartum

All births must be entered onto the Maternity Information System (eg E3). Complete the Maternity Information System as normal. If the woman is not registered with a GP, she may not have an NHS number at that point; therefore, an NHS number cannot be created immediately for baby.

Baby to be labelled as normal – the baby label will have DOB and hospital number but may not have the NHS number. If so, ensure that three identifiers are used for all labels – name, date of birth and hospital number.

All midwives should remember to use the opportunity to ensure that basic public health information is relayed to Afghanistan women: safe sleeping, not overwrapping, feeding, hygiene, etc.

Postnatal

Admission and discharge information should be given to the woman, the GP (where one has been identified) and health visitor, with details of their intended date to return to the accommodation. Essential postnatal care such as neonatal screening may require a midwife to attend a quarantine/bridging hotel. If so, arrangements should be made to access a suitable room for the visit and to have interpreting services. All infection control measures will be observed in accordance with best practice and local policies.

Other specific information to consider

Challenge/background	Testing/management
COVID-19 Afghanistan is currently a 'red' list country for COVID-19 risk. Individuals should have completed at least 10 days in a managed quarantine hotel and been tested for COVID-19 at days 2 and 8.	COVID 19 pathways must be used for all women from this group, unless confirmed COVID negative. Recent arrivals from Afghanistan with a cough should also be considered as at risk of TB and managed in respiratory isolation while under investigation. Ensure individuals are offered COVID-19 vaccination as appropriate. First dose may have been given in quarantine hotels; arrangements will be needed for second dose.
Hep B x10 more common	Offer test to all pregnant women and ensure post-exposure prophylaxis is provided to infants of hepatitis B-positive mothers. Greenbook_chapter__18.pdf (publishing.service.gov.uk)

Challenge/background	Testing/management
Hep C more common	As incidence in Afghanistan is higher than in the UK, consider screening for hepatitis C if other risk factors apply. Test babies of infected women or women of unknown Hep C status.
Tuberculosis (TB) is more prevalent in Afghanistan than the UK with higher rates of multi drug resistant TB. The urgency of the current situation means that most of those arriving will not have been screened for TB; therefore, it is important that this happens after arrival.	All women should be offered testing for active pulmonary TB as soon as possible after arrival: usually a chest X-ray with shielding or sputum test (the latter may take longer). Women should be screened for latent TB once registered in primary care as per NICE guidance (Tuberculosis and the national latent TB infection (LTBI) testing and treatment programme.
Typhoid/enteric fever Typhoid fever is highly contagious. An infected person can pass the bacteria out of their body in their poo (stools) or, less commonly, in their pee (urine).	Enteric fever should be considered in the differential diagnosis of any illness following arrival. The main symptoms of typhoid fever are: a high temperature that can reach 39 to 40°C, headache, aches and pains, cough, constipation. Diagnosis is possible through testing of faeces. Typhoid fever requires prompt treatment with antibiotics.
HIV screening	Offer testing to all women at booking/arrival. Point of care testing should be carried out if not yet tested but in labour.
STI screening	Take a sexual history and: • screen for STIs and HIV according to risk as specified in the UK national standards and guidelines • test all sexually active patients under the age of 25 for chlamydia.

Challenge/background	Testing/management
MMR/polio Polio is endemic in Afghanistan and measles is common.	Professionals need to consider a wider differential diagnosis for individuals who have recently arrived from Afghanistan and investigate as appropriate. This includes vaccine preventable diseases (including measles and polio), typhoid and malaria. All new entrants should be brought up to date with the UK immunisation schedule as soon as possible, including flu and pertussis. Consider offering postnatal MMR vaccination at discharge. For advice about signs and symptoms of measles and/or polio and pictures of measles rash see https://www.nhs.uk/conditions/measles/symptoms/ https://www.nhs.uk/conditions/polio/
Anaemia and vitamin deficiency There is a moderate prevalence of anaemia in adults from Afghanistan and a high risk of vitamin A deficiency. Vitamin D deficiency may also be possible, particularly for individuals who cover their body for cultural or religious reasons or have darker skin.	Testing for anaemia should be done at booking/arrival and as clinically indicated. If vitamin A deficiency is suspected, seek advice on diagnosis and treatment from local endocrinology/medical team. Refer to NICE guidelines on vitamin D to determine which individuals should be tested. Advise women of the importance of taking vitamin D supplements.
Multidrug resistance infections The widespread use of antibiotics in Afghanistan, results in a high prevalence of multidrug-resistant organisms (MDROs).	All Afghanistan women who have recently travelled to the UK and are admitted to hospital should have a risk assessment to determine the requirement for pathogen screening. Consider sending microbiological specimens early before initiating antimicrobial treatment (eg for urinary tract infections), particularly where first-line empiric treatment has already been given and failed. Microbiologists should be

Challenge/background	Testing/management
	involved in antibiotic prescribing if required to enable adequate cover for infections
Female genital mutilation (FGM) Prevalence varies, but is high in some parts of Afghanistan.	Enquiry should happen at booking/arrival and be recorded on the national system. Deinfibualtion should be offered antenatally, where possible, via specialist clinics (see RCOG green top guideline – https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf) Management of delivery – plans to be put in place. Women should be assessed for deinfibulation and repair, with access to clinicians with relevant skills. Mandatory reporting still applies if FGM is discovered or disclosed for a woman/child under the age of 18. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf You may also access specialist clinics for women who have FGM and are not pregnant but may have ongoing health/psychological/ social needs. https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/#:~:text=National%20FGM%20Support%20Clinics%20(NFGMSCs,pregnant%20when%20they%20seek%20support. Female genital mutilation (rcgp.org.uk) https://www.rcm.org.uk/promoting/professional-practice/violence-women-girls/ https://www.rcn.org.uk/clinical-topics/female-genital-mutilation/professional-resources https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/ Migrant Health Guide FGM guidance: https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide

Challenge/background	Testing/management
	Male circumcision is highly prevalent in Afghanistan. consider relevance to mothers who give birth to a baby boy. Ensure individuals know how to seek advice and understand the appropriate procedures for men and boys in the UK.
Cardiac The age-adjusted death rate for rhematic heart disease is 27.57 per 100,000 people.	Enquiry at booking – possibility of rheumatic heart disease. Cardiac assessment and auscultation should be considered as part of the medical examination in women admitted to maternity units or by GP if registered in the community for primary care.
Liver disease In 2013, almost 30,000 cases of viral hepatitis were diagnosed.	Women should be offered testing for hepatitis B at booking/arrival and for other types of viral hepatitis if clinical concerns.
Mental health Women affected by war and conflict are at higher risk of mental disorders, including PTSD.	Mental health and wellbeing should be assessed. Trauma-informed approaches to care provision should be used. Advice should be sought from specialist mental health services through the IAPT or local voluntary-sector service providers. Professionals should be alert to issues in perinatal mental health and early referral to perinatal mental health services.
Recto-vaginal fistulas/uro-vaginal fistulas	Clinicians should be aware of the possibility and have access to specific surgeons for assessment and repair when required.
Helminths/treatment of worms	Helminth infection may be particularly detrimental during pregnancy (maternal anaemia and adverse effects on birth outcomes) and should be treated. Consider requesting Strongyloides serology and refer to further guidance for testing. Albendazole in pregnancy has high cure rates for soil-transmitted helminths and is thought to be safe for the mother.

Challenge/background	Testing/management
TB vaccination for babies – 1 year follow-up responsibilities	Services will need to consider the pathway for following up babies requiring TB vaccination as they may move across the UK and be difficult to track. Early vaccination is recommended to reduce the need for tracking.
Neonatal services	Capacity in neonatal unit needs to be considered early, as there is a risk of preterm or complex births in asylum groups. Services need to consider a planned neonatal surge capacity plan: region/national. Existing guidelines for asylum seeker communities should be utilised.
Co-sleeping is likely	Tommy's safe sleeping leaflets for use. https://www.tommys.org/pregnancy-information/blogs-and-stories/im-pregnant/pregnancy-news-and-blogs/safer-sleep-babies https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/ with an easy read card also in different languages https://www.lullabytrust.org.uk/professionals/publications/

Temporary maternity care assessment template (kept by woman)

Name:		**Language/interpreter required**	
Religion:		**Date of arrival in the UK:**	
DOB/age		**Able to read/write:**	
Current residence		**Onward destination - if known.**	
Estimated due date		**Baby's DOB:**	
Parity if known		**Previous pregnancies**	

General health and wellbeing	**Mental health and wellbeing**	**History of medical conditions:**
	Social considerations	**Screened for diabetes:**
	Obstetric history if known.	**Screened for cardiac: rheumatic heart disease**

Known or suspected communicable diseases	**Screened for:** COVID-19 TB Measles Polio Hep A, B, C Helminths/worms	**Date**	**Result**	**Sexual health assessment:** STI screening HIV Chlamydia (under 25) **FGM assessment**	**Date**	**Result**
Vaccinations administered: COVID-19 MMR	**Date**			**Follow-up**		
Antenatal booking information	**Gestation:**	**BP**		**Urinalysis**	**Blood group**	**HB**
USS performed	**Date**	**Result:**		**Fetal wellbeing/abnormalities**		
Birth details Date:	**Mode of delivery**	**Sex**		**Complications/considerations mother**		
TB follow-up baby		**Feeding**		**Complications/considerations baby**		