EU BORDER AND ASYLUM POLICIES AS A DETERMINANT OF MATERNAL AND PERINATAL HEALTH IN APPLICANTS FOR INTERNATIONAL PROTECTION

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Aims:

Health as a human right has been well established under international and EU law. The Common European Asylum System (CEAS) provides that applicants for international protection (AIP) are entitled to necessary healthcare. Yet, maternal and perinatal health inequities persist among AIP compared to their European host populations. As restrictive migration policies have repeatedly been linked to adverse migrant health outcomes, this interdisciplinary research project aims to explore how current EU border and asylum policies affect maternal and perinatal health in AIP and where healthcare providers can take their responsibility in defining and providing necessary antenatal care (ANC).

Methods:

Following the critical interpretive synthesis (CIS) approach, a broad search strategy preceded a more structured literature search in both medical (PubMed, Embase/MEDLINE) and law databases (HeinOnline, KluwerLawOnline, EURLEX). Extracted quantitative and qualitative data were grouped under recurring themes, which were then integrated in the WHO Conceptual Framework for action on the Social Determinants of Health (CSDH) as structural and intermediary determinants of maternal and perinatal health in AIP. Aiming to define necessary ANC as a clinical concept, the AGREE II tool was used in reviewing existing clinical guidelines on routine ANC for low-risk pregnancies.

Results:

Three recurring themes were identified as structural (global mobility infrastructure, transit, reception) and four as intermediary (sexual and gender-based violence, migration stress, access to care, continuity of care) determinants of maternal and perinatal health in AIP. Unequal access to the global mobility infrastructure, gendered transit policy effects and fragmented reception conditions contribute to migration related stress in AIP, increase their risk of experiencing sexual and gender-based violence and interfere with their access to and continuity of ANC. Clinical guidelines on routine ANC for low-risk pregnancies remain fragmented, complicating a clinical conceptualisation of necessary ANC.

Conclusions:

Current EU border and asylum policies create and maintain maternal and perinatal health inequities in AIP. Healthcare providers' adherence to a patient-centred approach in defining and providing necessary ANC for AIP can prove to be of transformative potential in this implementation gap between migration management and health as a human right.