



RESEARCH ARTICLE

Maternal Healthcare to Migrants Immigrants Detained at the Heliport Facility in an Eastern Caribbean Nation - A Pilot Study

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Abstract:

Access to and the provision of adequate maternal healthcare services to any pregnant woman is a fundamental right championed not only by the World Health Organisation (WHO) but also by governments throughout the world. The provision of these services however becomes even more critical to immigrants and refugees who have left their homeland for political, economic, or social reasons. This is a unique situation in a developing country like ours with no past experience.

The aim of this study is to examine the reason for the establishment of maternal services and to assess the quality of maternal healthcare services provided by the medical department of the Trinidad and Tobago Defence Force to the immigrant women detained at the Heliport Facility, Chaguaramas.

This study also aims to identify the various challenges that are encountered in managing these immigrants, especially the pregnant women i.e. identification and training of appropriately skilled staff, the acquisition of specialized equipment, the identification of pregnant immigrants, and special accommodation for these individuals, access to antenatal and postnatal care by pregnant immigrants both internally and externally, and the management of unique challenges as communication and language barriers, and cultural practices which may impact the delivery of healthcare services to immigrants.

We would like to share our unique experiences with the rest of the world and how the medical services of the Trinidad and Tobago Defence Force have attempted to overcome these challenges and improve the quality of maternal healthcare services provided to immigrants detained and managed at the Heliport Facility.

Key words: immigrants, refugees, maternal health care, challenges

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1 | INTRODUCTION

Migration is a global phenomenon, with an estimated 281 million international migrants worldwide, which constitutes approximately 3.6% of the world's population (UN, 2022) and Trinidad and Tobago is no exception to this international trend.

Located a mere seven miles from Venezuela, Trinidad and Tobago has traditionally shared a close cultural and trading relationship with our South American neighbour. However, as a result of political conflicts, economic hardships, natural disasters, and other factors, there has been an exponential increase in the numbers of persons from Venezuela arriving into Trinidad and Tobago in recent years through both legal and illegal ports of entry. Unlike refugees who by definition are individuals fleeing war and conflict, according to the UNHCR, migrants unlike refugees are people who move by choice rather than to escape conflict or persecution, usually across international borders to either join family members already abroad, or to search for employment opportunities or for a better quality of life (UN, 2022).

In terms of the laws of Trinidad and Tobago, the Immigration Act Chapter 18:01 of 1969 does not address the issue of refugees and asylum seekers; hence the government of Trinidad and Tobago classifies those migrants entering through illegal means as undocumented immigrants and can therefore be turned away or deported back to their homeland. As a result, illegal immigrants face a range of challenges, including detention, poverty, exploitation and limited access to essential services, such as healthcare and education.

The COVID 19 pandemic has presented a unique twist to this unprecedented increase in illegal migration into Trinidad and Tobago. In response to the COVID 19 pandemic, the government of Trinidad and Tobago like many countries around the globe took several measures to prevent community spread of COVID 19 inclusive of officially closing the air and sea borders in March of 2020. These restrictions resulted in the limitation of nationals and non-nationals entering Trinidad and Tobago and was rigidly managed and monitored by the state. At that time, all repatriated individuals required state permission to enter Trinidad and Tobago and were also required to undergo mandatory quarantining at a national quarantine centre.

It was soon realized that the continued entry of illegal migrants into Trinidad and Tobago posed not only a national security risk but also a health security risk due to the possibility of 'new COVID 19 variants entering undetected and infecting the population. Although the Immigration Division of the Ministry of National Security is the entity responsible by law for the management and ultimate deportation of illegal persons into Trinidad and Tobago, they lacked both the infrastructure and technical expertise to quarantine, test and possibly manage COVID 19 positive immigrants and while the Ministry of Health was able to manage the health concerns of migrants, they were unable and reluctant to engage in the security aspect. Creation of the Heliport Quarantine and Detention Centre: At this juncture, the government of Trinidad and Tobago mandated the Trinidad and Tobago Defence Force (TTDF) to develop, outfit and provide the necessary skilled personnel to manage the health and security concerns for a National Quarantine and Immigration Detention Centre at the Heliport, Chaguaramas.

In terms of its infrastructure, the centre is a one hundred (100) bed facility which is divided into three (3) areas, an initial quarantine area, male and female dormitories and a medical area for care and convalescence of ill or injured immigrants.

A dedicated medical team comprising of TTDF doctors, nurses and medics was then assigned to said facility to provide a 24 hour medical service to immigrants brought to the centre.

In terms of the medical protocols, new immigrants brought to the facility were initially screened by the medical team on duty which consisted of a medical history and physical examination inclusive of temperature, blood pressure, COVID 19 PCR testing and pregnancy testing. These immigrants were then placed in the quarantine area for the prescribed quarantine period as outlined by the Ministry of Health. Once the quarantine period was completed and immigrants are asymptomatic with a negative PCR test, they are allowed into the dormitory area. Symptomatic, ill or COVID 19 positive immigrants are removed to the medical area for further management.

2 | METHODOLOGY

It is a pilot study conducted at the Heliport quarantine and detention facility of Trinidad & Tobago during the study period from its inception in 2019 to April 2023. All migrants' passes through this facility were prospectively entered into this study. Population characteristics and challenges encountered managing these immigrants especially the pregnant women and the neonates. As the targeted population had a language barrier between participants and the authors, all initial interviews were conducted in the presence of an interpreter and all participants were required to provide informed voluntary consent (consent forms were in Spanish).

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A mixed-methods approach was employed to gather information for this paper as several strategies were utilized to obtain information for this paper including focus groups, one on one in depth interviews and unstructured interviews by the authors of this paper.

Data extraction and analysis:

Quantitative data was collected through a comprehensive review of medical records at the Heliport Facility. This allowed for the identification of the number of pregnant detainees, the frequency of medical appointments, and the specific services provided. Additionally, as mentioned prior, qualitative data was collected through in-depth interviews with detainees who had received maternal healthcare services at the facility. The interviews aimed to develop a degree of comfort and trust between the participants and the authors, obtain insights into immigrants’ experiences, satisfaction, and

identify areas for improvement in the provision of services.

Migrant Demographics:

From inception in 2019 to April, 2023 a total of one thousand, seven hundred and fifty six (1,756) immigrants have been processed through the Heliport facility. As can be seen in the pie chart below (Figure 1), fifty one percent (51%) of immigrants recorded at the facility are female while forty seven (47%) of immigrants are male. Although at a glance, it may appear statistically even, for the first six months after opening, immigrants brought to the centre were predominantly male (approximately 90%). However as time elapsed, there was a significant increase in the numbers of young females being brought to the centre and the present trend indicates that appropriate 95% of immigrants being brought to the centre are female.

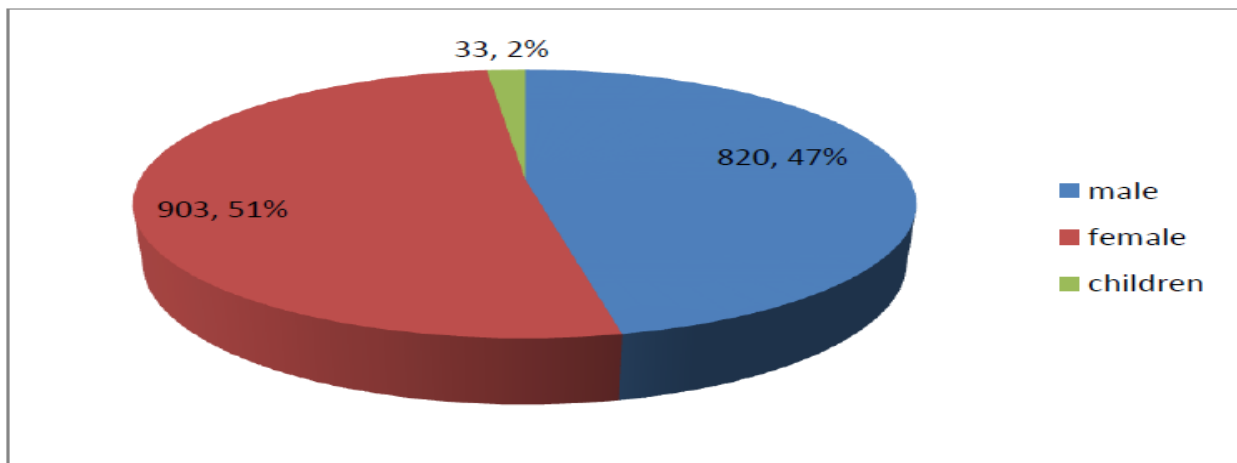


Figure 1: Sexual distribution of all migrants that passed through the facility

According to the UN High Commission on refugees, most migrants are usually young adults and as noted by Cooke (2003) there is an increasing trend of female migration worldwide. Cooke also stated that there are non-economic factors associated with a woman’s decision to migrate such as family reunion and marriage. The increase in women with children at the Heliport centre can partly be attributed to family reunion as husbands or partners are already established in country,

employed for several months with suitable housing and thus ‘sending’ for the family. Other factors which may be associated with the increase in young single women include domestic and recreational (bars, clubs) work opportunities, marriage to Trinidadian men and thus citizenship, prostitution, human trafficking and the illegal sex trade. Table 1 below outlines the age ranges of female immigrants that have been detained at the Heliport facility.

Table 1: Age distribution of the female migrants that passed through the heliport facility

Age	No.
16- 20	115
20- 30	408
30- 40	257
>40	40

As can be elucidated from the table above, 80% of female immigrants that have been detained at the Heliport facility are between the ages of 20 to 40. Due to the significant numbers of female immigrants at the centre, several trends pertaining to female immigrant health concerns are being monitored including the

number of pregnant immigrants arriving at the centre and the provision of adequate healthcare services to these individuals. Thus far, sixty (60) pregnancies have been managed at the Heliport Centre and the bar graph below reflects the trimester of pregnancy on arrival at the facility.

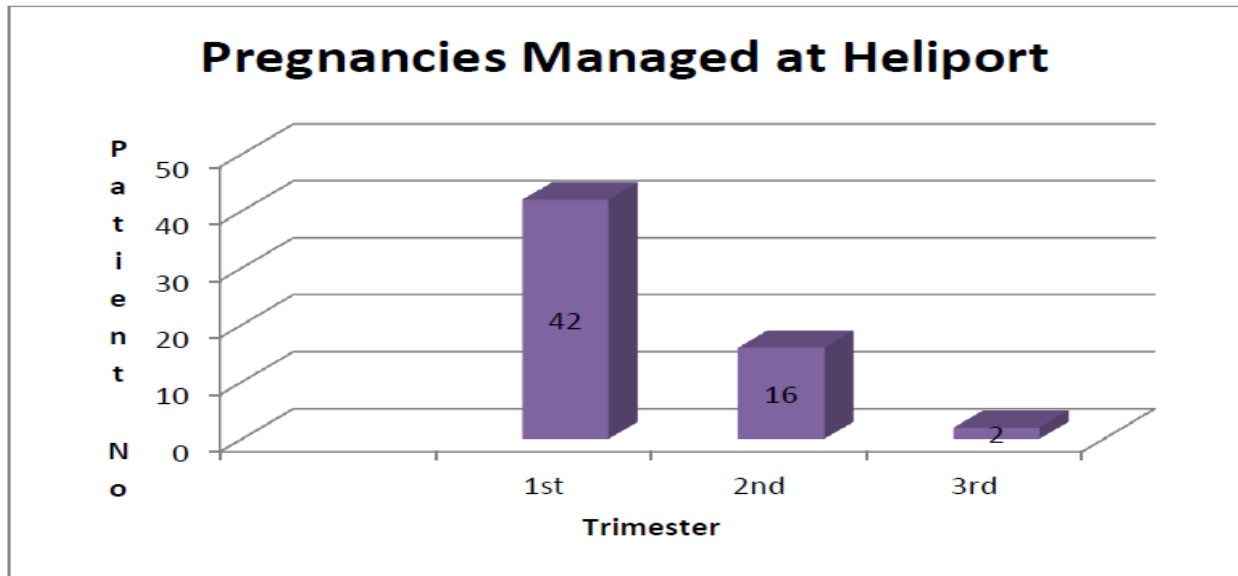


Figure 2: Bar graph showing number of pregnancies managed at the heliport facility

As can be seen from the bar graph above, the majority of pregnancies (70%) are in the 1st trimester with most of these individuals only knowing of their pregnancy status after we have completed routine pregnancy testing of all female immigrants arriving at the Heliport (Figure 2).

3 | DISCUSSION

The Importance of Maternal Healthcare Services to Migrant Care:

According to the UN Refugee Agency (2022), women constitute half of the international migrant population and as highlighted by Sudbury (2016), Fair (2020) and Anderson (2017), pregnant migrant women face significant barriers to accessing obstetric care. Coupled to this are challenges associated with dangerous migration journeys, gender based violence, discrimination and sociocultural barriers to maternal healthcare (Fair 2020, WHO 2018). These factors can ultimately culminate into higher perinatal mortality rates, miscarriages and stillbirths (Sturrock 2020).

Maternal healthcare comprises healthcare services aimed at ensuring not only healthy pregnancies and childbirth but also some level of postnatal care. The 1987 'Safe Motherhood Initiative (Starrs 2006) and Millennium Development Goal 5 (UN, 2010) aimed specifically to advance maternal health and reduce maternal morbidity and mortality. As noted by the WHO (2014), maternal healthcare plays a pivotal role in reducing maternal and neonatal morbidity and mortality, especially in communities with poor access to healthcare services.

This is particularly true for immigrants arriving at Heliport as the vast majority of pregnant individuals in the 1st trimester are either as mentioned unaware of their pregnancy, never consulted a physician or received antenatal care.

According to the World Health Organization (WHO), maternal mortality refers to the death of a woman during pregnancy, childbirth, or within 42 days of termination of a pregnancy (WHO, 2010). Globally, maternal mortality remains a significant public health issue, with an estimated 295,000 women dying during childbirth in 2017 (WHO, 2019). The majority of these cases occur in developing countries due to poor access to maternal healthcare services.

The provision of maternal healthcare is therefore crucial to reducing maternal and neonatal mortality rates. In Trinidad and Tobago, maternal mortality rates have significantly reduced over the years, from 78 deaths per 100,000 live births in 2001 to 67 deaths per 100,000 live births in 2017 (Macrotrends, 2023). The country's healthcare system has played a critical role in this decline, by making maternal healthcare services easily accessible. However, the provision of maternal healthcare services to immigrants in detention presents a unique challenge that requires a unique approach as these immigrants lack the freedom of movement to access maternal healthcare services at either a public or private institution. The TTDF medical department therefore saw the urgent need to provide these crucial

maternal services to pregnant immigrants and bridge this gap.

The Challenge of Providing Maternal Healthcare to Detained Immigrants:

As mentioned prior, the provision of or access to adequate maternal healthcare services is critical to ensure successful outcomes and prevent complications during pregnancy which can lead to significant health risks to both the woman and the unborn child. According to Almeida et al (2013) immigrants are at greater risk of maternal and neonatal morbidity and mortality due to multiple factors including substandard healthcare in their country of origin and in their ability to access healthcare in a new country. Additionally, they face issues as discrimination, social exclusion and stress related mental health challenges (Hadgkiss 2014, Nielsen 2010).

Detention facilities often present significant challenges when it comes to the provision of healthcare services, especially maternal healthcare. In most cases, such facilities lack adequate resources to provide quality healthcare services as they are challenged by limited staff that may lack the required expertise and insufficient or inappropriate medical supplies or equipment (Sullivan et al., 2022). Furthermore, access to healthcare services and the quality of services received by immigrants in these detention facilities is often poor, with detention facilities located in remote areas, making it difficult to access adequate healthcare services. Equipping and staffing the Heliport Centre with specially trained staff to manage pregnant immigrants was a major concern to the TTDF.

A significant challenge to both staff and immigrants at the Heliport Facility was that of language and cultural barriers. According to Binder 2012 and Wray 2014, women with migrant backgrounds face significant challenges in healthcare due to linguistic and cultural factors.

It is well known that communication is essential in any healthcare setting, but it becomes even more critical when dealing with pregnancy-related matters. Language barriers can impede the ability to obtain accurate medical histories, explain procedures or complications,

and establish a trusting patient-provider relationship. Inadequate communication due to language barriers can lead to misunderstandings, inadequate care, or medical errors, potentially jeopardizing the health and safety of the pregnant detainees (Diamond 2019).

The majority of immigrants at the centre are Spanish speaking while the medical and security personnel are English Speaking. This language barrier made communication between healthcare workers and pregnant immigrants problematic which may have resulted in basic information related to maternal health care being lost in translation. In an effort to minimize this language barrier several measures were instituted at the Heliport including the reassignment of translators to the facility (however, their services was not a 24hour service), members of the medical staff learning Spanish or using phone apps like google translator and at times utilizing other detained immigrants who knew English to help translate.

Although there is a lack of consensus on the most effective methods of improving the cultural competency of healthcare providers, it is believed that improving their knowledge and understanding of a patient' beliefs and traditional practices may improve patient- healthcare provider trust and communication and ultimately patient outcomes (Truong 2014). Understanding the cultural beliefs and practices of immigrants detained at the Heliport is essential to provide culturally sensitive care in a difficult environment for the pregnant immigrant as they lack both partner and family support. Without proper understanding and implementation of these cultural practices and customs, the pregnant detainees may feel neglected or misunderstood, potentially affecting their mental well-being resulting in maternal or fetal consequences (Coast 2016, Jones 2017). A concerted effort was therefore made to allow migrants to practice their religious and cultural beliefs and efforts were also made to allow relatives to bring items for these purposes for detained immigrants.

Other challenges seen at the Heliport are listed in the table below and have been divided into maternal and neonatal challenges.

Maternal Challenges	Neonatal Challenges
Access to Specialist Antenatal Clinics	Nutritional Support e.g. Baby formula, cereals
Nutritional Support	Registration of birth
Clothing and Personal Hygiene Items	Paediatric clinics for Immunization
Antenatal and Postnatal Depression Support	Cleaning supplies e.g. wipes, diapers, lotions
Breast Feeding Support	
Antenatal Medication e.g. folic acid and iron	
Deportation of pregnant individuals	

Overcoming the Challenges:

In an attempt to manage these challenges the medical department of the TTDF focused on 3 specific areas: assignment of a specialized, dedicated midwife to the Heliport, procurement of medication and equipment required for managing pregnancy and early involvement of the Ministry of Health.

Integral to the management of the pregnant detained immigrants at the Heliport was the deployment of a dedicated midwife to the centre and as shown by Sandall (2016) the use of midwives in the community setting can improve the wellbeing of patients and assist with the early detection of complications. Through the midwife's intervention, several strategies were instituted at the Heliport including areas of policy development for the care and support of the detained pregnant immigrant and the establishment of special antenatal clinics where examination of the expectant mothers including the monitoring of fundal height and fetal heart rate with the use of a Doppler Ultrasound was performed.

As mentioned, the midwife instituted group antenatal clinics for the detained immigrants where different aspects of pregnancy were discussed including nutritional education, the importance of supplements as folic acid and iron tablets, expected changes with the progression of pregnancy, labour and breast feeding. As shown by Catling (2015) and Carter (2016) group antenatal clinics have the potential to improve antenatal attendance, improve satisfaction with care and reduce the risk of depressive symptoms. In terms of assisting with the prevention of depression, the midwife also supported these women emotionally, spiritually and psychologically as many did not have partners nor any form of family support and according to Barkensjo (2018) and Balaam (2013), this psychological support can improve the mental well-being of detained pregnant immigrants and have positive impacts on the pregnancy. The midwife also ensured that those pregnant detainees who had hospital visits were allowed to attend their visits under supervision and that appropriate transport and all logistical requirements were in place Post - delivery, the midwife was also involved in administrative procedures as the registration of birth, management of both mother and the neonate and ensuring that breast feeding was being done properly by the 'new mothers'.

Several pieces of specialized equipment was procured to assist with the special needs of detained pregnant immigrants including fetal monitors, hand held fetal Doppler machines, baby scales, infant cots and obstetric kits. Medication which included maternal supplements such as iron, folic acid and calcium, antibiotics, diabetic and antihypertensive medication were also procured by the TTDF for the detained pregnant immigrant.

Partnering and collaborating with the Ministry of Health has also been crucial for managing and providing care to pregnant detained immigrants at the Heliport. By collaborating with the Ministry of Health, we were able tap into their expertise in prenatal care, delivery, and postnatal care as it ensured that the pregnant detainees received the same standard of care as any other pregnant woman in the country. In addition to ensuring medical care, networking with the Ministry of Health has provided access to specialist antenatal clinics, obstetricians and gynaecologists as well as investigations as ultrasounds and blood tests, which are essential for monitoring the health of both the mother and the baby. By providing these services, the Ministry of Health has helped alleviate the stress and anxiety that pregnant detainees may experience, which can ensure a healthier and safer pregnancy journey (WHO 2018). Collaborating with the Ministry of Health also allows for a unified voice in advocating for the rights and well-being of pregnant detained immigrants which can drive policy changes to ensure that the unique healthcare needs of this vulnerable population are acknowledged and addressed at a governmental level.

4 | CONCLUSION

Pregnant immigrant women who are held in detention facilities face unique and significant health risks due to the stressful and often inadequate conditions they are subjected to. The provision of maternal healthcare services at the Heliport, Chaguaramas ensures that the pregnant immigrant receives essential prenatal care, monitoring the health and development of both mother and fetus. This intervention allows for timely diagnosis and treatment as it can help identify and address any potential complications or risks, improving the chances of a safe and healthy pregnancy and childbirth. Additionally, this article emphasizes the importance of the early intervention of government services as the public hospitals where specialist care and investigations can be obtained.

Furthermore, the provision of maternal healthcare acknowledges and respects the inherent dignity and rights of pregnant immigrants. It recognizes that regardless of their legal status or circumstances, pregnant women deserve access to the same level of care and support as any other expectant mother. This not only promotes equality and justice but also contributes to a more humane and compassionate approach to immigration detention.

Lastly, providing maternal healthcare to detained pregnant immigrants showcases a commitment to the broader principles of public health and societal well-being. By safeguarding the health and well-being of pregnant women, we are ultimately protecting the health of the entire community.

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