



RANZCOG Position Statement

Health of women seeking asylum, refugees and women held in detention

All women have the right to quality medical care regardless of social, political and economic status. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) believes that the same standard of health care should be provided to women seeking asylum, refugees, and women held in detention as that provided to Australian women.

All people seeking health care, including refugees, asylum seekers and those held in detention, should be treated with compassion, respect, and dignity.⁽¹⁾ In order to achieve the best possible health outcomes, a collaborative approach is required between the Federal Government and medical health bodies.

RANZCOG endorses Article 25 of the United Nations' Universal Declaration of Human Rights 1948 which declares that everyone has the right to a standard of living that is adequate for their health and that of their family "including food, clothing, housing and **medical care** and necessary social services." ⁽²⁾ RANZCOG believes that these principles apply to all Australian residents and citizens, and equally to refugees, asylum seekers and those held in detention.

Maternity care

RANZCOG supports the Australian Medical Associations (AMA) view that:

- "Refugees, and asylum seekers living in the community, should have continued access to culturally appropriate, patient-centred health care, including specialist care, to meet their ongoing physical and mental health needs, including rehabilitation." ⁽³⁾
- "To determine their specific health needs, all asylum seekers and refugees should undergo comprehensive and timely health assessments in a culturally appropriate manner by suitably trained medical practitioners as part of a primary health care team. This assessment will be used to establish ongoing care with appropriate and descriptive records of asylum seekers' health being recorded on a regular basis to enable multidisciplinary teams and healthcare providers to give effective ongoing care."⁽³⁾

Screening and assessment

RANZCOG endorses the following recommendations from the Royal Australasian College of Physicians on health screening of women seeking asylum, refugees, and women held in detention ⁽¹⁾.

- All refugees and asylum seekers should be offered a voluntary assessment of their physical and mental health on arrival in Australia or New Zealand. This should include assessment of acute or chronic medical conditions, developmental issues and disability, screening for nutritional status and infectious diseases (which may include tuberculosis, blood-borne viruses, parasites and sexually transmitted infections), mental health and trauma screening, oral health screening and appropriate women's health screening.
- Consideration of pregnancy and birthing issues is an essential part of post-arrival health screening for women of childbearing age.

- Health assessments and screenings should be completed as recommended by expert guidelines, with informed consent and with the assistance of a qualified interpreter as needed, and screening should be followed up with appropriate management and linkage to ongoing primary care. In women of childbearing age, pregnancy should be considered when planning catch-up immunisation or radiological investigations. Screening is required to ensure early preventive healthcare and appropriate immunisation, to assess whether specialist referral is required and to exclude conditions of individual and public health significance.
- Health issues specific to women may include the consequences of female genital mutilation, sexual abuse, the development of sexually transmitted infections, menstrual disorders and premalignant and malignant disease of the breast and genital tract.

Family planning

It is imperative that all women receive access to a broad range of family planning options including long-acting reversible contraception (LARC). Women requesting abortion should also be provided with unhindered access to abortion services.

Perinatal Anxiety and Depression

In addition to being susceptible to the same health problems as the general population, asylum seekers, refugees and those held in detention are at particular risk from a range of mental health conditions including psychological disorders such as post-traumatic stress disorder, anxiety, depression, and the physical effects of persecution and torture.(4) It is therefore likely that pregnant women seeking asylum, refugees and those held in detention are at greater risk of perinatal anxiety and depression.(5) Antenatal depression in pregnant women is likely to merge into postnatal depression (PND) and, left untreated, can result in impairment of the bonding and attachment between mother and child that is essential for healthy mental and physical development. RANCOG's position is that all women including asylum seekers, refugees and those held in detention should be screened for perinatal anxiety and depression and that timely and appropriate treatment should be provided to those women diagnosed with perinatal depression.

Definitions

1. **Asylum seeker** is a person who has left their country and applied for protection as a refugee.
2. **Refugee** is someone who, "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality, and is unable to, or owing to such fear, is unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence, as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

References

1. RACP. Refugee and Asylum Seeker Health Position Statement May 2015: (<https://www.racp.edu.au/docs/default-source/default-document-library/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=2>). (Accessed on 8 September 2016).
2. The Universal Declaration of Human Rights (UDHR). United Nations General Assembly. 10 December 1948 (Paris). Accessed at <http://www.un.org/en/universal-declaration-human-rights/> (Accessed on 8 September 2016).
3. Health Care of Asylum Seekers and Refugees - 2011. Revised 2015. <https://ama.com.au/position-statement/health-care-asylum-seekers-and-refugees-2011-revised-2015> (Accessed on 8 September 2016).
4. Physical and Mental Health Subcommittee of the Joint Advisory Committee for Nauru Regional Processing Arrangements. Nauru site visit report 16–19 February 2014. <http://s3.documentcloud.org/documents/1175048/hmhsc-jac-site-visit-report-final-1.txt> (Accessed on 8 September 2016).
5. de Costa CM. Antenatal care for asylum seeker women: is "good enough" good enough? Medical Journal of Australia. 2014; 201:299-300. <https://www.mja.com.au/journal/2014/201/5/antenatal-care-asylum-seeker-women-good-enough-good-enough> (Accessed on 8 September 2016).