Antenatal care for asylum seekers

Despite the challenges, the provision of high-quality specialist antenatal health care in immigration detention is a constant

Recent commentaries have criticised health care provision in the Australian immigration detention environment, particularly in the areas of antenatal and postnatal care.[1,2] As the contracted health care provider, International Health and Medical Services (IHMS) acknowledges the inherent challenges the immigration detention environment presents. It is our wish to contribute current facts and observations to this topical public debate.

Ongoing enhancement to the antenatal and postnatal care of detainees in immigration detention centres on Christmas Island and Nauru has resulted in a specialist supervised obstetric service providing care at a standard comparable to that on the Australian mainland. Maternity care is provided from the diagnosis of pregnancy until the 6-week postnatal check, paralleling Australian community standards and Royal Australian and New Zealand College of Obstetricians and Gynaecologists guidelines.[3] Routine assessments, imaging, pathology tests, hospital referrals and referrals to mental health services all occur as per established Australian standards.

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Although there are no resident obstetricians on either island, specialist obstetricians have made visits to Christmas Island and Nauru. In the case of Nauru, this has developed into a continued care model involving subspecialist and specialist obstetricians (accompanied by specialist sonographers) providing obstetric services to detainees for 3 days a month, delivering care commensurate with that in Australian communities. This service is supplemented by 4-monthly visits from specialist paediatricians to both islands. The specialist care complements the primary care delivered by resident general practitioners, emergency physicians, midwives and nurses, both paediatric and adult, with the addition of telemedicine as necessary.

Currently, pregnant detainees on Christmas Island and Nauru are transferred to Australia at gestations of 34 and 28 weeks, respectively, to give birth. The former coincides with the gestation at which local residents "traditionally" depart Christmas Island to give birth on the mainland. Earlier transfers occur when there is a clinical need. In Nauru, this arrangement is pending the recruitment of a permanent obstetrician by the Republic of Nauru Hospital, where the hospital surgeon currently performs interventions such as caesarean sections. While it can certainly be stated that the Republic of Nauru Hospital has limited obstetric facilities when compared with secondary-level or metropolitan hospitals, it has two delivery beds, six postnatal beds, a special care baby unit with a neonatal incubator, an infant warmer, neonatal resuscitation equipment, nasogastric feeding capabilities and a dedicated blood bank, with blood supplied by the Australian Red Cross available to pregnant asylum seekers. Overall, the local perinatal capacity is not dissimilar to many rural obstetric services in Australia.

At Darwin immigration detention sites, antenatal care for detainees is provided by IHMS midwives and GPs. There is a close working relationship with the Royal Darwin Hospital, and a shared care arrangement has been established, similar to the delivery of antenatal care in many other centres on mainland Australia. These arrangements are enhanced by regular meetings between Department of Immigration and Border Protection staff, IHMS and the Department of Obstetrics and Gynaecology at the Royal Darwin Hospital, where situation-specific concerns such as security and patient transfers are formally discussed. The operational model in Darwin has been replicated at facilities in Melbourne and Adelaide.

Breastfeeding for all new mothers is actively encouraged by IHMS at all immigration detention sites. IHMS does not distribute welcome packs with bottles and formula, as reported elsewhere,[1] and does not endorse this practice.

We recognise that mental health is a concern in all forms of detention environments. Ready access to high-quality mental health services is provided to pregnant women within detention centres. Mental health care is delivered by a multidisciplinary team including GPs, mental health nurses, psychologists, counsellors and psychiatrists in both offshore and mainland centres. When a mental health disorder, including antenatal or postnatal depression, is diagnosed, it is managed according to established guidelines.[4]

IHMS takes its role as provider of health care within the immigration detention network seriously. We encourage informed commentary and debate among the public and the medical profession, as this helps us to continually improve the delivery of high-quality health care to people living in immigration detention.

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1 de Costa CM. Antenatal care for asylum seeker women: is "good enough" good enough? *Med J Aust* 2014; 201: 299-300.
2 Sanggaran JP, Ferguson GM, Haire BG. Ethical challenges for doctors working in immigration detention. *Med J Aust* 2014; 201: 377-378.
3 Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. College statement C-Obs 03b. Melbourne: RANZCOG, 2013. http://www.ranzcog.edu.au/doc/routine-antenatal-assessment-in-the-absence-of-pregnancy-complications.html (accessed Nov 2014).
4 beyondblue. Clinical practice guidelines for depression and related disorders — anxiety, bipolar disorder and puerperal psychosis — in the perinatal period. A guideline for primary care health professionals. Melbourne: beyondblue, 2011. http://resources.beyondblue.org.au/prism/file?token=BL/0891 (accessed Nov 2014). ■