

Giving birth in transit through Greece

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Pregnant refugee women en route through Europe are having to give birth in extremely difficult conditions. They face appalling choices, and their babies risk being stateless.

Many of the women travelling through Greece to escape conflict and reach safety are already pregnant when they leave home or they become pregnant during the journey. Their journey may take months and they are likely to have limited access to the quality of nutrition they need during pregnancy. Added to that is the physical impact on their health of the journey itself, and the psychological stress of becoming displaced, losing their home and belongings and probably family members.

When the time comes to give birth, they face a dilemma. Makeshift refugee camps or temporary housing may provide certain sanitary facilities but there is unlikely to be any specialist gynaecological care available; local health workers and NGO volunteers may be providing some assistance but do not have specialist equipment or knowledge. The alternative, especially when the birth proves to be difficult, is for the woman to give birth in a local hospital.

According to women's testimonies,¹ this is often a poor alternative. In Greece, access conditions to the refugee camps are bad, and this obstructs the arrival of ambulances

(which are in short supply anyway). Many women have found that it took two to three hours for an ambulance to arrive, and the crowded state of the temporary camps makes it difficult for the ambulance or medics to access the tent where the woman is in labour. Ignorance in many cases (especially among younger women and those who are unaccompanied) and the paucity of translators add to their anxiety and sense of helplessness.

Those who go to hospital are very seldom asked if they want to give birth naturally or by caesarean section. Most have their babies delivered by caesarean section without their prior informed consent, without information about the risks and without consulting them about their medical history. In many cases women are given a basic medical examination to check for infections or injuries, and are then discharged, often only a few hours after delivery, which is against most medical advice. Given that in hospitals they are given little option other than to have a caesarean (with all the additional complications that brings with it), many women choose to give birth in their tents – in dirty conditions but at least being helped by professionals who respect their wishes.

Some of the women suffer pain and infections after childbirth, often due to the nature of the delivery, and the lack of post-partum care exacerbates their problems. Most of them seek help in local clinics but queues are usually long; others prefer to buy over-the-counter medications or may not wish to attend a clinic if they



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cannot be guaranteed to be seen by female medical staff. Furthermore, some of them had become pregnant after being raped and may opt out of attending the clinic because of the shame they feel.

There has been an increase in acute post-traumatic stress disorders among post-partum women since many of them have experienced severe pain in delivery, and have suffered from the lack of sympathetic care. If the circumstances around the birth have been traumatic, this may have an effect on their relationships with their children – both the newborns and children with whom they came to the refugee camp.

Alongside this, the difficulty of accessing care and the lack of resources to care for

their newborns lead to these women feeling isolated, and this in turn may damage relationships within the family, specifically with their husbands. And to compound it all, many of these newborns do not have their births registered and so are, in effect, stateless, deprived of access to a legal status, to certain rights and to protection.

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1. Drawn partly from conversations with refugee women at the Refugee Reception Centre in Valencia, Spain, who have travelled through Europe.

