NHS maternity care response to human trafficking in the UK: views of women and clinicians

Objectives

NHS clinicians have a key role in the identification, referral and care of people trafficked in the UK. However, little is known about clinicians' response to trafficking or their training needs in this area. In addition the views and experiences of trafficked individuals who accessed NHS services or which NHS services they were likely to access were unknown. We aimed to provide evidence to inform the NHS response to human trafficking, specifically the identification and safe referral of trafficked people and provision of appropriate care to meet their health needs. Data relevant to maternity will be presented today.

Methods

Evidence was obtained from cross sectional surveys and face-to-face interviews with trafficked women and NHS staff. Data from women included socio-demographic details, trafficking history, physical, psychological and reproductive health, substance abuse, unmet social care needs. NHS clinicians were asked about human trafficking knowledge, confidence in responding to human trafficking and interest in future training.

Results

Ninety-eight women trafficked from a range of countries completed the survey (18-59 years, mean 30.0, SD 9.4). Women were trafficked for sex work (43%), domestic servitude (40%) and labour (14%). Twenty-eight (29%) women had had one or more pregnancies when trafficked, but only 10 had seen a midwife. Of 136 trafficked women interviewed, 9 (6%) were pregnant at the time of interview and all had exited the trafficking situation. Their views of maternity care were generally positive, with staff reported as sensitive and helpful, with some reports of disrespectful or unkind care. Access to GP care was problematic.

Of 782 NHS clinicians surveyed, 137 (17.5%) worked in maternity care. 28 (20.4%) of 102 clinicians who reported prior contact with a trafficked person worked for maternity services.

Of 29 NHS clinicians interviewed, 5 worked in the maternity services. Clinicians reported confusion about trafficked women's rights and entitlements to care, lack of guidance on how to refer women suspected of being trafficked, difficulties making referrals to the voluntary sector and concerns about long-term follow up.

Conclusions

The UK maternity services have an important role in the identification, referral and provision of care for trafficked women. The advocacy role of the midwife was highlighted as was need for all women to be offered kind and respectful care. Implementation of NICE guidance on complex social factors should be supported by all trusts, and training to raise awareness of trafficking and knowledge of women's rights made available to maternity staff.