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Meeting the health and social needs of pregnant asylum seekers, midwifery students' perspectives Part 1; dominant discourses and midwifery students

Current literature has indicated a concern about standards of maternity care experienced by pregnant women who are seeking asylum. As the next generation of midwives, it is important that students are educated in a way that prepares them to effectively care for these women. To understand how this can be achieved, it is important to explore what asylum seeking means to midwifery students. This article is the first of three parts and reports on one objective from a wider doctorate study. It identifies dominant discourses that influenced the perceptions of a group of midwifery students' about the pregnant asylum seeking woman. The study was designed from a social constructivist perspective, with contextual knowledge being constructed by groups of people, influenced by underpinning dominant discourses, depending on their social, cultural and historical positions in the world. In a United Kingdom University setting, during year two of a pre-registration midwifery programme, eleven midwifery students participated in the study. Two focus group interviews using a problem based learning scenario as a trigger for discussion were conducted. In addition, three students were individually interviewed to explore issues in more depth and two students' written reflections on practice were used to generate data. Following a critical discourse analysis, dominant discourses were identified which appeared to influence the way in which asylum seekers were perceived. The findings suggested an underpinning ideology around the asylum seeker being different and of a criminal persuasion. Although the pregnant woman seeking asylum was considered as deserving of care, the same discourses appeared to influence the way in which she was constructed. However, as the study progressed, through reading alternative sources of literature, some students appeared to question these discourses. These findings have implications for midwifery education in encouraging students to challenge negative discourses and construct positive perceptions of asylum seeking

Introduction and Background

A pregnant woman who is seeking asylum has fled her native country in fear of persecution and is looking for refuge in another country. The United Kingdom (UK) is a signatory to the 1951 Geneva Convention, with an obligation to offer protection to those seeking asylum ([United Kingdom Border Agency, 2011](#)). The UK receives the second largest number of asylum applicants in the European Union after France. Those who are accepted as refugees are granted leave to remain in the UK ([Home Office, 2009](#)). However, those whose asylum claim is rejected are usually returned to their home country.

Pregnant women seeking asylum can be described as a vulnerable group in society. They may have experienced gender specific violence such as sexual abuse, rape and female genital mutilation ([Ukoko, 2007](#); [Reed, 2003](#)). They may also have been the victims of human trafficking forced prostitution or slavery ([Dumper, 2005](#)). Some women originate from countries such as Rwanda, where it is acknowledged that "war rape" occurs. Other women report having been raped on passage or after arriving in the UK and may be pregnant as a consequence ([Refugee Council, 2009](#)). However, whilst rape is an important consideration, it should not be assumed, given the diverse backgrounds of individual asylum seekers ([Blackwell et al., 2002](#)).

Women seeking asylum are often in poor physical health suffering from malnourishment, iron deficiency anaemia, and infections including HIV and AIDS (Carolan, 2010; Burnett and Fassil, 2004). In addition, pregnant women who are seeking asylum are more likely to have a pregnancy ending in an unfavourable outcome (Bollini et al., 2009). Asylum seekers and refugees are six times more likely to die in childbirth than other pregnant women in the UK (Lewis, 2007). Half of asylum seeking women are alone in their claim (Refugee Council, 2009). These women are often detained in male dominated accommodation centres, sharing intimate living space with asylum seeking men (Dunne, 2007; Aspinall and Watters, 2010). Some women have reported feeling unsafe whilst being detained, experiencing verbal and physical abuse (Dumper, 2002). In addition, the asylum process itself and the accompanying poverty and deprivation can be damaging to the pregnant woman's health (Reynolds and White, 2010). This, together with the possible emotional impact and cultural ramifications, if the woman is pregnant as a result of rape, can lead to these women experiencing psychological issues including depression, anxiety and post-traumatic stress disorder (Burnett and Fassil, 2004).

When considering the bleak situation in which pregnant women who are seeking asylum may find themselves, it is essential that they receive quality maternity care by knowledgeable and caring midwives who have undertaken appropriate midwifery education. However, this does not always appear to be the case. Evidence suggests that pregnant women who are seeking asylum often have negative experiences when accessing maternity services in the UK (McLeish, 2002; Lockey and Hart, 2004; Harper Bulman and McCourt, 2002; Gaudion and Allotey, 2008). Reported experiences include attitudes of rudeness, indifference and racism (McLeish, 2002) and stereotyping and discrimination (Gaudion and Allotey, 2008). Negative attitudes often deter these women from attending antenatal appointments (National Institute for Health and Clinical Excellence, 2010). Although guidelines published by the National Institute for Clinical Excellence (NICE) recommend more training for staff (National Institute for Health and Clinical Excellence, 2010), health professionals do not always appear to have the competence to care for asylum seekers (Suurmond et al., 2010; Feldmann, 2006).

Targeting pre-registration midwifery education is one way of addressing this issue and evidence suggests that some young people, including university students in the UK have negative perceptions of asylum seekers (Amnesty International UK, 2003; Wray et al., 2007; Goodman and Burke, 2010). It is possible that midwifery students are amongst these and it can be argued that in order to facilitate the provision of appropriate midwifery education, it is important to understand what asylum seeking means to midwifery students. Consequently, this article reports one aspect of the findings from a broader doctorate. It focuses on identifying and critically analysing discourses which may influence midwifery students' perceptions of the pregnant asylum seeker.

Methodology

The study was approached from a social constructivist perspective; understanding around asylum seeking, being socially constructed by groups of people interacting in particular contexts and being influenced by different discourses depending on their social, cultural and historical position in the world. Consequently, distinct social

groups will construct alternative versions of social reality that will change with time and context (Burr, 2003). Lupton (1992, pp 145) describes a discourse as “patterned ways of thinking which can be identified in textual and verbal communications and located in wider social structures”. By examining the language used in interactions within a group of midwifery students, patterns of thinking around the pregnant asylum seeker could be explored. From a Foucaudian perspective, this pattern of thinking is (re)produced through dominant discourses originating from powerful social structures (Jager and Maier, 2009). By critically analysing discourses around asylum seeking, possible social structures could be explored and issues addressed.

Sampling

A cohort of thirty, year two midwifery students, enrolled on a pre registration programme in the North of England (an asylum dispersal area), was purposively selected and eleven volunteered to take part in the study. These students had experienced clinical practice in year one and were familiar with the use of problem based learning (PBL) as the teaching methods used within their programme. Year two students were selected as prior exposure to clinical practice was key to their participation.

Data Generation

Multiple methods of data generation were undertaken. Firstly, two focus group interviews were conducted and video recorded, using a PBL scenario as the trigger for the discussion (see Fig. 1). The discussion was student led with the researcher saying very little. Students followed the PBL process (see Fig. 2), identified learning objectives which they researched and subsequently uploaded their findings onto an intranet discussion area. They then discussed their findings in the second focus group interview. Following this, three students were invited back for a semi-structured individual, which was audio recorded, to discuss issues that they highlighted in the focus group which weren't followed through at the time. In addition, over the course of the following year, students were requested to provide a short reflection on practice if they met and cared for any asylum seeking women. However, only two written reflections were received.

Ethics

Permission to undertake the study was gained from the head of department and following a formal application to the university ethics panel. In addition, process consent (Polit and Beck, 2004) was obtained from the participants. Information was provided at every stage of the research process to allow participants to withdraw should they change their mind. Confidentiality was assured and anonymity as far as possible within the limitations of a small, local sample (Ford and Reutter, 1990). It was identified that participants may disclose specific clinical examples of substandard care of asylum seeking women. This could lead to a conflict of role for the researcher with an obligation to maintain confidentiality and also as a health professional with an obligation to report such practice (Nursing and Midwifery Council, 2008). To avoid this, participants were advised in this context to disclose only the informal talk about asylum seeking that they may have experienced within the NHS environment but away from women.

Data Analysis

The verbatim from the focus group and individual interviews, the discussion area on the intranet and the written reflections were transcribed verbatim. In addition, the video recordings from the focus groups were watched carefully and any non-verbal cues from the individual participants added to the transcripts such as nodding, long pauses, times when they appeared to disengage and when interruptions occurred. This was useful when interpreting the findings, assessing the comfort with the subject matter and identifying the dominant and quiet participants.

A critical discourse analysis (CDA) was undertaken on the transcribed verbatim. This involved examining the language used by the participants and illuminating patterns of key words and phrases which implicitly reflected power and ideology within underpinning dominant discourses around asylum seeking. These were then categorised and “discourse strands; common topics represented by a number of utterances” (Jager and Maier, 2009, p.46) were identified, coded and discussed, using quotes to support the developing argument. To increase the credibility of the research process, counter discourses were included where possible to offer an alternative perspective. In addition a critical friend (Bassegy, 1999) reviewed the discourse strands for consistency. Personal reflexivity was considered essential throughout the research process and this was recorded using a reflexive journal, making explicit personal constructs of asylum seeking and reading the data reflexively.

Findings

Some participants contributed little to the focus group discussion therefore the findings predominantly represent the discussion from the more vocal participants. The quotes from the participants are identified with the participant number (P) and the data sets from which they originated labelled ‘fg 1 or 2’ (focus group), ii (individual interview), and r (reflections). There were different perspectives offered; some positive and others negative, with negative perceptions often being portrayed as those of the general public. There were two main underpinning dominant discourses identified which could be argued as influencing the language used by the participants when constructing the pregnant asylum seeker.

The Asylum Seeker as Different

Language was used, which suggested an underpinning discourse around “them” and “us”, the asylum seeker as being different to UK citizens. This difference was often expressed in a negative way:

P8 ii “...there's just a general prejudice about asylum seekers. ‘Oh, they're coming into our country. What are they doing here? Why are they coming here?’”

In addition, there was a perception that the volume of foreign asylum seekers was a threat to the UK:

P4 ii “..we're only a small island, so there's got to be rules and there's got to be cut-offs as to who can come. Otherwise things like the NHS, services that, that are provided for people, they wouldn't be able to carry on being provided because there'd be so many people. And housing, I mean asylum seekers are given housing, aren't they?...there isn't..an infinite amount of housing for everybody to go round.”

There was also a discussion around the need to control asylum seekers whilst in the UK and ensure that they conform to expected behaviour. This was expressed when discussing who an asylum seeker actually is:

P4 fg1 "But they've gone through the proper channels, like they've gone through the authorities and not, they haven't just arrived in our country and started living in our country. Like hiding, you know."

There was no evidence of an alternative discourse when considering the pregnant woman seeking asylum. Although she was considered "vulnerable" and "deserving of care", the language used still mirrored this perceived difference. One example of this related to welfare benefits that she may be able to claim:

P10 fg1 "is there anything separate for asylum seekers, like not necessarily health and pregnancy grant or anything, but there might be something separate, you know, for asylum seekers and pregnancy."

And also in relation to planning midwifery care:

P2 fg1 "I suppose like sort of in extreme circumstances, still sort of making space for what's going on, which is she's having a baby. The normal in the abnormal. What is normal for her."

The words "normal in the abnormal" suggest a discourse strand around pregnancy being considered a normal event but being pregnant and an asylum seeker as abnormal.

The Asylum Seeker as a Criminal

The language used by participants suggested an underpinning discourse around criminality. There were several strands to this discourse, one being that asylum seekers are not who they say they are. The discussion focused around bogus asylum seekers coming to the UK for economic rather than genuine reasons. Participants used language which reflected this perceived threat:

P4 ii "... made up a reason so that they can stay in this country because there are, you know, more employment prospects, although at the moment, probably not. Probably aren't as many asylum seekers at the moment..."

In contrast, the language used by some students reflected a counter discourse to this. There were suggestions that they may have genuine reasons for seeking asylum in the UK:

P8 fg1 "(Africa) it has got quite a few genocides and stuff going on."

One strand around criminality related to the language used when describing the asylum process in the UK:

P3 fg1 "When I was on placement, I met a couple of women who were having to travel to (big city) once a week to sign in, like, you know like when people are on parole and they have to sign in at the police station? It's a similar kind of thing."

This continued when one participant described the role of the presenting officer during the hearing in which the asylum decision is made:

P4 fg1 “go to court...question illegal immigrants and asylum seekers. And there's a judge there and they have a barrister... put the case against them....”

The words here reflect the language used in a criminal court case, categorising the asylum seeking with the illegal immigrant. “Putting the case against” suggests trying to prove that the asylum seeker is a criminal to facilitate removal from the UK. Pregnancy did not appear to offer a counter discourse to criminality. The pregnancy appeared secondary to her identity as an asylum seeker. However, she was considered vulnerable and deserving of care whilst accessing maternity services:

P4 ii “I think once the baby's born, then it's,well, it's up to the authorities, isn't it, as to what the situation is back home, whether they should go home. She's still in a vulnerable position. She's got a new baby to care for. You don't want to be sending her travelling back to wherever she's come from straight away, just because, you know, she maybe wasn't genuine in the first place.”

Questioning Dominant Discourses

At the end of the first focus group interview, participants had learning objectives which they addressed through reading. They had a two week period, before the group reconvened to identify their own reading materials based on their learning needs. Some participants referred to the UK Border Agency website. However, others chose alternative material including work by Sheila Kitzinger, a midwife and social anthropologist campaigning to give a voice to pregnant women in custody (Kitzinger, 2006). Also, literature produced by the Refugee Council was considered. This is the largest non government organisation working with refugees and asylum seekers in the UK. When the group reconvened, participants discussed their findings. As this proceeded, it became apparent that some participants had learned more about asylum seeking from their reading and this learning appeared to begin a questioning of the dominant discourses around difference and criminality.

The perception that asylum seekers come to the UK due to the generous benefits was questioned:

P3 “the amount of money that asylum seekers are getting. I, I was quite horrified at how little it is. How are they supposed to support them, family and a child with that amount of money?”

In addition, some participants appeared to question the belief around the large volume of asylum seekers coming into the UK:

P2 “I was quite surprised at how many people when you sort of hear politicians and people in the news going on about, ‘Oh, let everybody in, we'll let anybody in. We're open to all.’ And I found a chart in one of the books, which told you how many people actually were gaining asylum and I was quite shocked at how many people were refused.”

Some participants questioned the reasons why some asylum applicants are refused:

P3 “a 52-year-old woman who'd been refused asylum because she couldn't possibly be at risk of rape because she was too old. But while I was reading that, it was on the news about that pensioner being raped in (large city) and the guy being put in prison, and she was 82 year old. And I thought, 'How can they say that she's too old?'

In the first focus group interview, the dispersal of asylum seekers around the UK was not discussed by the participants, suggesting that they were unaware of the policy. Through their reading, they learnt that this happened:

P10 “They're shipped out to anywhere, aren't they; horrific” P3 “...two pregnant women being placed in the same place. And they were comforting each other and they were really supporting each other. And then before one of the babies was due, they got split up with only couple of days notice and sent to different places. And it really thought, you know, finally these women have got some support and then when they make a friend and they've got somebody who knows what they've been through. And they get separated. I think that's awful.”

Also, during the course of their reading, they learnt about detention centres and a detailed discussion followed around the impact of these on asylum seekers:

P8 “I found how asylum seekers are put in detention centres and if, if there's not space in detention centres, they're put into prisons...that's awful and then that can lead to asylum seekers because their initial step when they come to this country is freedom, but then they feel imprisoned.”

The asylum hearing was discussed in relation to the new material that the participants had read which appeared to question the underpinning discourse around the asylum seeker as a criminal:

P3 “It's like what you were saying that some people all have same story. That's probably why because it gets passed on this worked. This worked for me. Tell them that. But if you don't tell the right story when you get to the port...the authorities then make the decision whether or not...however many months it's taken you to get to that point. You just don't want to risk it, do you? If you can”

Discussion

The findings above suggest that some midwifery students' perceptions of pregnant women who are seeking asylum may be influenced by underpinning dominant discourses around the asylum seeker as different and of a criminal persuasion. These findings appear to support other studies which explore the UK general public's beliefs around asylum seeking (Ward, 2008; Finney, 2004; The Equality and Human Rights Commission, 2010; Lewis, 2005). In addition, studies which have focused on qualified midwives' perceptions of pregnant women who are seeking asylum had similar findings (McLeish, 2002; Lockey and Hart, 2004; Harper Bulman and McCourt, 2002; Gaudion and Allotey, 2008; Kennedy and Murphy-Lawless, 2003). An example is a relatively recent study in a UK dispersal area, which included quotes from midwives, that arguably reflect the underpinning discourse around difference “those people from Heathrow” as opposed to the “white British population” and

criminality “health tourists” arriving at the hospital to benefit from the National Health Service (NHS) and then leave again ([Gaudion and Allotey, 2008, p 23](#)).

When considering the findings from this study in conjunction with other published studies, it can be argued that there is a wider negative perception of asylum seeking in the UK today, which appears to influence the midwifery profession. This presents challenges for midwifery educators, who in preparing students to care for pregnant women who are seeking asylum, arguably need to facilitate students in contesting negative dominant discourses, which [Jager and Maier \(2009\)](#) argue can be so powerful that they can be difficult to overcome.

The starting point could be to understand how discourses work in society in (re)producing negative perceptions of asylum seeking. From a Foucaudian perspective ([Fawcett and Featherstone, 2000](#)), it can be argued that it is the symbiotic relationship between the powerful UK Government and popular press, which further legitimises negative dominant discourses around the asylum seeker, which are then (re) produced by social groups in different contexts in the UK. Arguably, negative discourses around asylum are reinforced through Government policy. On arrival in the UK, asylum seekers appear to be treated like criminals with policies encompassing identity checks, detention and rapid deportation. In addition, the discourse around difference appears to be reinforced through a lack of integration of existing asylum seekers into the local community. They are often housed in large accommodation centres and excluded from the job market ([Gedalof, 2007](#); [Sales, 2002](#)). The language contained within the UK Government Border Agency website ([United Kingdom Border Agency, 2011](#)) appears to deliberately increase public hostility with comments such as: “We are determined to refuse protection to those who do not need it, and will take steps to remove those who are found to have made false claims”. Also, the website includes asylum seekers within general immigration web pages, which could potentially lead to them being perceived in the same way as other migrants. Immigration in general is often perceived negatively and categorising asylum seekers with voluntary migrants may increase public hostility towards asylum seekers ([Aspinall and Watters, 2010](#); [Ward, 2008](#)).

Arguably, this has become exacerbated by the worldwide economic crisis where in times of recession, immigration in more general terms, is perceived as a major socioeconomic problem ([Somerville and Sumption, 2009](#)). Popular press coverage appears to have fuelled this public hostility with headlines around the asylum system in the UK being out of control and generous welfare benefits being offered in the UK, encouraging bogus asylum applicants ([Greenslade, 2005](#); [Lewis, 2005](#)). Interchangeable terms are often used in articles when discussing the asylum seeker, including economic migrant and illegal asylum seeker. This may have contributed to the public perception around the similarity between the asylum seeker and other migrants and the hostility associated with this ([Aspinall and Watters, 2010](#); [Somerville and Sumption, 2009](#)).

It is argued that as a kneejerk reaction to such reporting, the government has focused on cutting numbers and speeding up the asylum process through legislating six asylum acts over a thirteen year period ([Mulvey, 2010](#)). This could contribute to the public perception that asylum seekers are not welcome in the UK which is then

(re)produced within social groups, apparently including maternity services. Consequently, some asylum seeking women who are pregnant may have poor experiences of maternity care in the UK due to these negative dominant discourses and being perceived in the same way as other migrants.

It can be argued that midwifery education provides the ideal opportunity to address the issues raised in this article. The findings above suggest that when some midwifery students read alternative sources of literature, they appeared to begin to question the negative discourses around asylum seeking. Midwifery educators, through encouraging students to discriminate between different reading materials, could facilitate them to construct new versions of reality around the pregnant woman seeking asylum, which offer counter discourses to those around difference and criminality. To complement this, engaging asylum seeking women in midwifery education, talking to students and relating their stories about their experiences of asylum and maternity services in the UK, could provide a useful insight for students. Thirdly, more general asylum issues can be explored through education, ensuring that midwifery students have a wider understanding of some of the difficulties that these women may face whilst accessing maternity services in the UK.

Conclusions

This article has argued that some midwifery students appear to be influenced by negative dominant discourses around asylum seeking when exploring their understanding of the health and social care needs of the pregnant woman seeking asylum. However, there are limitations to this study and it would be salient to consider that this study is limited by its epistemological assumption that knowledge is constructed within social, cultural and historical contexts and therefore new knowledge is only one interpretation of social reality (Burr, 2003). It can be argued therefore, that one group of midwifery students may not be representative of other students in different contexts and may not depict perceptions of midwives more generally.

Despite these limitations, when applying the concept of theoretical generalisation (Yin, 2003), the findings appear to support existing studies and together, they can be argued as credible in building on theory around discourses influencing perceptions of asylum seekers. The discourses around difference and criminality have been explored from a Foucauldian perspective; power being exercised through the complex relationship between political and media locations and how they work together to (re)produce these dominant discourses, which are diffused and (re)produced through social interaction in different societal contexts.

Finally, this article has focused on the way forward and how midwifery educators can address these issues when preparing midwifery students to care for pregnant women seeking asylum in clinical practice. It has been identified that students need to learn more about these women, focusing specifically on their perceptions of asylum seeking. They also need preparing to access alternative sources of literature to offer counter discourses. To address these issues, a new model for midwifery education was conceptualised and developed and is discussed in the third article of this series (Haith-Cooper and Bradshaw, submitted). “The pregnant woman with the global context” model was designed to address a number of findings from the wider doctorate study, including the need to consider how dominant negative discourses

around asylum seeking and immigration more generally may influence individual perceptions of pregnant women seeking asylum. The model is designed to facilitate the user to challenge these negative discourses.

Fig. 1.

PBL scenario: An asylum seeker
Martha, a heavily pregnant young woman arrives in Hull from the Sudan with a toddler. She speaks only a few words of English

Fig. 2.

The PBL process

1. Clarify terms and concepts not readily comprehensible
2. Identify learning issues
3. Analyse problem, brainstorming prior knowledge
4. Formulate learning objectives
5. Collect information
6. Synthesise and check new information

Adapted from [Schmit \(1983\)](#) the seven “jumps” of problem-based learning.

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