



Facilitators and Barriers of Maternal and Infant Healthcare Access for Undocumented Migrants: A Systematic Review

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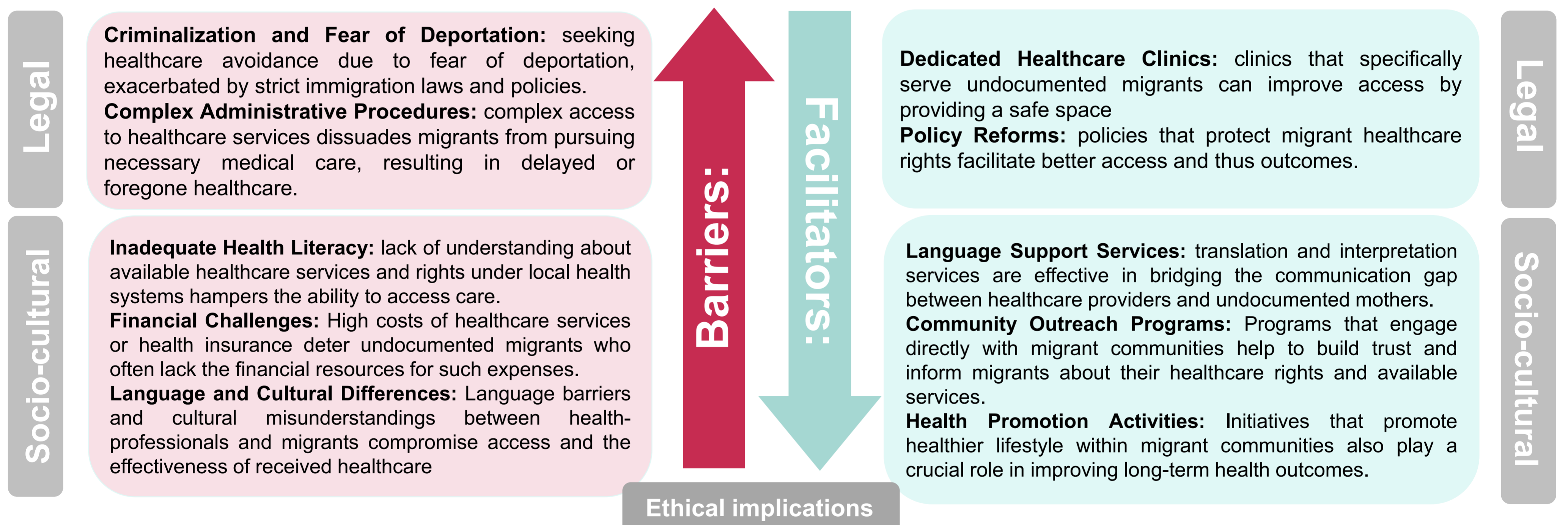
Introduction

Adequate access to healthcare in the first 1000 days of life is concurrent with lifelong well-being and should be guaranteed regardless of nationality, legal status, and social conditions. By exploring how migration status affects the social determinants of health, this review provides a nuanced understanding of the barriers and facilitators encountered by undocumented migrant women and their infants in the first 1000 days of life when accessing healthcare.

Methods

Adhering to PRISMA guidelines and registered on PROSPERO (CRD42022328220), this review conducted a comprehensive search across PubMed, Embase, CINAHL, PsycInfo, and Scopus databases from 2000 to 2022. The selection criteria focused on studies that explored barriers and facilitators to healthcare access among undocumented migrant women and their infants during the first 1000 days of life. Forty-five articles met the inclusion criteria.

Results



Barriers not only affect immediate health outcomes but also pose long-term social and economic consequences. Ethical considerations emphasize the need for compassionate healthcare policies that uphold the dignity and rights of all individuals, regardless of their legal status.

Discussion

Legal barriers significantly deter access to necessary healthcare services for undocumented migrants. These barriers are compounded by socio-cultural challenges, such as limited health literacy and economic hardships, which further restrict healthcare engagement. Facilitators indicate potential pathways to improve healthcare access. The results underscore the importance of understanding the interplay between legal restrictions and socio-cultural barriers to devise effective strategies that address these issues holistically. By integrating ethical considerations, healthcare systems can evolve to support the well-being of all individuals, particularly the vulnerable undocumented migrant population.

Conclusion

This systematic review highlights the critical healthcare access disparities faced by undocumented migrants in their first 1000 days of maternal and infant care. It calls for a multidisciplinary approach to reform policies and implement facilitative measures that ensure healthcare equity. The findings advocate for a shift from exclusionary practices to inclusive, compassionate healthcare provision that supports the health and dignity of undocumented migrants and their children. Pursuing universal health coverage and integrating socio-cultural support mechanisms are essential steps towards mitigating the adverse effects of current barriers and improving long-term health outcomes for this marginalized group.