

Table S1. Grey literature on migrant and refugee maternity health and social care in Greece.

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1	What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region	Report 45	2016	Keygnaert et al. Health Evidence Network Synthesis "WHO European Region.	HEN synthesis reports focusing on access to and quality of health services among irregular migrants, labor migrants, and refugees and asylum seekers.	In several countries (e.g., Greece, Italy and Croatia) this "emergency care" might cover delivery but not comprehensive access to ante- and postnatal care. Inclusion of pregnant women in a national framework does not, however, necessarily ensure their appropriate care; In Greece, Spain and Portugal, cuts in public funding for health and social care have induced high health risks for the most vulnerable. The implementation of criteria for accessing care based on financial resources increased the pressure, notably financial, on NGOs providing health care for both the general population and for migrants.
2	Postpartum Depression and Maternity Blues in Immigrants	Chapter from the book Perinatal Depression	2012	Fragiskos Gonidakis	This book presents ten chapters that give us important information about epidemiological, biological, clinical and psychological aspects of common mental disorders during pregnancy and in the postnatal period.	Cross sectional study, which attempts to investigate primarily maternity blues and postpartum depression in first generation immigrant mothers compared to a sample of native Greek women and secondly clinical and sociodemographic factors that are related with the occurrence of maternity blues and postpartum depression in immigrants.
3	Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries.	Observatory Report 2016	2016	Nathalie Simonnot, et al. International Network "MdM"	Report based on medical and social data collected throughout 2015 in 31 cities in 12 countries (Belgium, France, Germany, Greece, Luxembourg, the Netherlands, Norway, Spain, Sweden, Switzerland, Turkey and the United Kingdom). Reveals exclusion from mainstream health care systems within the data collected in face-to-face interviews with over 30,000 patients during 89,000 consultations.	A major law concerning health care was adopted on 20 February 2016: Law 4368/201619 opened access to the public health system to uninsured and vulnerable people (pregnant women, children, chronically or seriously ill individuals, etc.). The new law also introduces exceptions to the legislation prohibiting care beyond emergency treatment for adult undocumented migrants (Law 4251/2014), allowing the most vulnerable categories of people to access health care, including children up to 18 years old, pregnant women, chronically ill people, beneficiaries of a form of international protection, holders of a residence permit for humanitarian reasons, asylum seekers and their families, persons accommodated in mental health care units, victims of certain crimes, people with severe disabilities, seriously ill people and prison inmates. However, Greece is witnessing an unprecedented increase in the inflow of refugees and migrants to its territory and, even though the Greek

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4	Rights of third country nationals after their arrival at the entry points of Greece	Newsletter No 3 In the framework of European Network to reduce vulnerabilities in health	Nov 2015	MdM Greece	This newsletter describes the rights of third country nationals (non EU/EEA/Swiss citizens) who arrive in our country, before and after their registration and identification by the competent Greek authorities. Specific reference is made for the vulnerable group of unaccompanied minors.	<p>State and population have showed great solidarity towards them, the ability of the Greek health system to provide adequate health care to migrants upon entry is severely stretched. Practically speaking, access to health care is therefore still limited, particularly affecting the most vulnerable individuals.</p> <p>In Greece, 60% of patients did not have health coverage. Until the law changed in 2016, undocumented migrants had no access to care; nationals or migrants with permission to reside lost their rights to health coverage after two years of unemployment.</p> <p>In Greece, 46.4% of patients reported having no previous follow-up or treatment before their first consultation at MdM Greece, a substantial increase from last year's 37.8%. This may indicate frequent breaks in the continuity of health care</p> <p>Newsletter about Greece</p>
5	Cost of exclusion from healthcare The case of migrants in an irregular situation	Report	2015	FRA—European Union Agency for Fundamental Rights	This report presents an economic model to analyze and compare the costs of providing regular access to health care for individuals with the costs incurred if these persons are not provided such access and, as a result, need to use more expensive emergency health care facilities. It does so by analyzing two medical conditions:	The model compares the total costs that incurred between a situation in which 100% of pregnant migrant women in an irregular situation access prenatal care, to one in which none of them do. After two years (including the prenatal period in which care is either received or not, as well as the year after birth, during which additional costs may arise as a result of treating LBW) in Germany, Greece, and Sweden, it appears that providing prenatal care is cost-effective, compared to the costs of managing the additional cases of LBW associated with the non-provision of prenatal care. This means that the marginal costs associated with LBW babies whose mothers do not receive prenatal

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					hypertension and prenatal care. To better illustrate its application in practice, the model has been applied to three European Union (EU) Member States, Germany, Greece and Sweden.	care are higher than the costs of providing regular access to health care to all migrant mothers in an irregular situation.
6	Global AIDS Response	Progress Report 2014 GREECE	2013	Hellenic Centre for Disease Control and Prevention	Data are reported from all infectious diseases units, reference centers and hospitals to the office of HIV infection and sexually transmitted diseases in Greece	Report on Greece
7	Refugee women in Greece: A qualitative study of their attitudes and experience in antenatal care	Research paper, <i>Health Science Journal</i> , 2008, 2 (3)	2008	Maria Illiadi	Qualitative study aiming to examine whether refugee women, resettled in Greece, receive antenatal care and to explore possible factors that may influence their attitude towards maternal care.	Study carried out in Greece Key findings: refugee women enter antenatal care in the first trimester of their pregnancies, but they may miss from one to many appointments due to the language and financial barrier, the unfamiliarity with the national health system, and the women's view of pregnancy as a natural event.
8	Health and asylum seekers in Europe	Scientific paper, <i>World Medical Journal</i> , Nr. 3, October 2015, vol. 61	2015	Isabel Tourneur et al.	Descriptive article with a focus on the health of refugees and asylum seekers in Europe. It presents dangers specific to routes and border-crossings on the health of refugees.	Greece faces an unprecedented economic crisis that has led the country to a continuous depression since 2010. The current refugee crisis creates therefore tremendous problems in Greece, which the Greek state cannot handle by itself. As a common point of entry to Europe, lack of first reception and accommodation infrastructure in Greece may exacerbate public health issues and prove hazardous to refugee populations and local societies. It is a humanitarian need that health care services and infrastructure in Greece, a country at Europe's doorstep, be financially supported by European funds to ensure refugees have access to holistic care upon arrival in Europe.
9	Work in refugee camps, IFRC Basic Health Care in Clinic in Greece	Master's Degree in Global Health	2016	Laine Jaana	Personal experience with work in refugee camp in Greece, including camp functioning, laws, national and international,	In Red Cross Basic Health Care clinic, we are sharing condoms and giving information about family planning. To our work belongs also give support to women who wants more safe way to protect from unwanted pregnancy. Support and accept has been important to

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		Care, master thesis			regulations, and ethical dilemmas during work	women who have come from the other culture. We also guide them to the other NGO where is possibility to star contraceptive pills and set IUDs (intra uterine devices). We have taken care of some patients who have needed abortion of pregnancy. It has been critical to find out the ways how to take care of clients in a safe way.
10	Female genital mutilation in Greece	Prospective study	2011	Vrachnis et al.	The aim of this prospective study was to explore and analyze the effects and consequences of FGM in women that visited our department and address relevant issues. This is a prospective study that was undertaken from January 2009 to December 2009 by the 2nd Department of Obstetrics and Gynecology at Aretaieion Hospital in Athens. An anonymous questionnaire was given to women with FGM who attended the family planning clinic.	During birth, most infibulated women need to be cut open (difibulation). Problems during labor and birth are prolonged second stage of labor, increased perinatal mortality, difficulties with vaginal assessment for progress of labor, bladder catheterization, perineal lesions, fistulas, and post-partum hemorrhage. Although no difference in cesarean section rates have been reported for women with FGM in many countries, women with FGM living in Greece have an increased risk for cesarean section due to obstetricians' unawareness of the condition and the fear of handling women with FGM. The increased cesarean section rate for cases with FGM in Greece is in accordance with rates reported in Germany and Norway
11	Report in relation to the implementation of the International Convention on the Elimination of all forms of Racial Discrimination (ICERD) in Greece	Report	2016	Greek National Commission for Human Rights	Greece's combined twentieth and twenty-first periodic report on the implementation of the International Convention on the Elimination of all forms of Racial Discrimination (hereinafter ICERD) including legislation and info on migrant access to health care	More recently, in February 2016, Law 4368/2016 on Measures for the acceleration in the government's work and other provisions 137 was adopted. Article 33(1) of this Law provides for the right of uninsured people and socially vulnerable groups to have free access to public health care and hospitalization.
12	Initial Assessment Report: Protection Risks for Women and Girls in the European	Report	2016	United Nations Refugee Agency	Qualitative research methodology focused on making direct contact with refugee and migrant women and girls, men and boys, as well as key	Although medical services are available to pregnant women in both Greece and the former Yugoslav Republic of Macedonia, pregnant and lactating women, even those with health problems, are reluctant to access health services, as they do not wish to delay their journey and that of their families. Humanitarian agencies on the ground gave

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	Refugee and Migrant Crisis—Greece and the former Yugoslav Republic of Macedonia				stakeholders involved in the protection and humanitarian response in Greece including UN agencies, international humanitarian organizations, government agencies and CSOs. The assessment team employed multiple research methods, including site observations, individual interviews (with women, girls and men), group interviews (families and young males) and focus group discussions (women and girls only).	examples of refugee and migrant women who left hospitals less than 24 hours after having given birth, some after Caesarean sections. Despite seeing many women in advanced stages of pregnancy, in only one instance, where the assessment team identified a pregnant woman suspected of being in active labor, was the couple receptive to undertaking the necessary medical examination and staying on to give birth in the local hospital. Interviews and recommendations also provided
13	The Use of Detention for Asylum Seekers and Migrants in Europe and Greece	Policy paper	2017	Advocates Abroad/University of Baltimore, School of Law	This policy paper focuses on the legality of and terms of detention in regards to migration in Europe. The analysis is mainly focused on the legal instruments of the Council of Europe, the European Union, and the Greek domestic system.	Alongside the special arrangements established for disabled persons, pregnant women, elderly, victims of torture and sexual violence, the EU must define and provide a non-exhaustive list of potential vulnerabilities that could be considered in detention situations. This should include such vulnerabilities as mental, physical, and emotional health, language (foreign and disability), and basic legal competence. This non-exhaustive list would enhance uniformity
14	What are the reasons that refugee children seek emergency health care in Lesbos island, Greece: a cross-sectional study; Primary data collection	Master program in International Health International Maternal and Child Health (IMCH) Department of Women's and Children's	2016	Christina Krikigiann	The aim of this study is to investigate the reasons that the refugee children seek for emergency help in the hospital of Lesbos, Greece. Primary data collection from the medical records of the Pediatric department of the hospital of Lesbos	Moreover, there were around 20 births in Lesbos island from refugee/migrant mothers by the shore, when the boat was landed in the island or even in the boat. Many infants came after their birth, mainly on the way in the mountains of Turkey, to be properly examined by the pediatricians of the department, since as mentioned before Lesbos and the other Greek islands were the first points where they could receive health care and specialist consultation. It is important to mention that in the medical records there was also one case of a 14 years old pregnant girl that came in the hospital with severe abdominal and pelvic pain.

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		Health Uppsala University				
15	Health problems of newly arrived migrants and refugees in Europe	Review paper	2017	Pavli and Maltezos	<p>The objective of this article is to assess migrants and refugees' health problems, and to recommend appropriate interventions.</p> <p>A PubMed search of published articles on health problems of newly arrived migrants and refugees was conducted from 2003 through 2016, focusing on the current refugee crisis in Europe.</p>	Most common/prevalent diseases in camps in Greece
16	Migrant screening: Lessons learned from the migrant holding level at the Greek-Turkish borders	Research paper, <i>Journal of Infection and Public Health</i> 2017 , 10, 177–184	2016	Eonomopoulou et al.	<p>The aim of this study is to describe common syndromes, the communicable disease profile and vaccination patterns in newly arrived migrants through a surveillance system that was based on medical records data as well as screening procedures. Data were collected prospectively using one standardized form per patient.</p>	<p>7% of the women were pregnant upon arrival and referred for appropriate obstetrics and gynecology follow-up at the local hospital. The fact that many female migrants were pregnant made the situation more difficult. Pregnancy is a factor of vulnerability requiring specialized medical care, which must be taken into consideration when planning for programs or designing a reception center for migrants. Other factors of vulnerability include unaccompanied minors and victims of trafficking.</p>
17	Screening for Infectious Diseases among Newly Arrived Migrants in EU/EEA Countries—Varying Practices but Consensus on the Utility of Screening	Research paper <i>Int. J. Environ. Res. Public Health</i> 2014 , 11	2014	Karki et al.	<p>There is limited information on screening programs targeted for newly arrived migrants in EU/EEA countries. Our aim was to investigate the implementation, practices and usefulness of these programs. We conducted a survey among country experts from EU/EEA</p>	<p>It is also clear, that screening is not to be seen only as a tool for cost-effectiveness of health care, but also as a tool for improving the situation of vulnerable populations, and it could be simply considered as a part of routine health care in most of the immigrant subgroups. Screening among newly arrived migrants was implemented in 59% (16/27) of the responding countries. National guidelines for screening among newly arrived migrants, at least for one disease, were available in 56% (15/27) of the countries. Forty-eight percent (13/27) of the countries had both implemented screening programs and guidelines</p>

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18	Registry data for cross-country comparisons of migrants' healthcare utilization in the EU: a survey study of availability and content	Research paper, <i>BMC Health Services Research</i> 2009, 9:210	2009	Nielsen et al.	<p>countries and Switzerland, asking whether their countries had implemented screening programs.</p> <p>Of the 28 country experts enrolled, 27 (96%) submitted a valid completed questionnaire. All the respondents were infectious disease experts from national institutes of public health or from national ministries of health, from 27 different EU/EEA countries.</p> <p>The objective of this paper was to reveal which registry data on health care utilization were available in the EU countries in which migrants can be identified; and to determine to what extent data were comparable between the EU countries.</p> <p>A questionnaire survey on availability of health care utilization registries in which migrants can be identified was carried out among all national statistic agencies and other relevant national health authorities in the 27 EU countries in 2008–2009 as part of the Migrant and Ethnic Minority Health Observatory-project (MEHO).</p>	<p>for screening; the implementation of screening and the existence of national guidelines was associated</p> <p>Available registry data on health care utilization which allow for identification on migrants on a national/regional basis were only reported in 11 EU countries: Austria, Belgium, Denmark, Finland, Greece, Italy, Luxembourg, the Netherlands, Poland, Slovenia, and Sweden. Data on hospital care, including surgical procedures, were most frequently available whereas only few countries had data on care outside the hospital.</p>

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19	Public health aspects of migrant health: a review of the evidence on health status for undocumented migrants in the European Region	Report 42	2015	Health Evidence network	<p>The objective of this report is to synthesize research findings from a systematic review of available academic and grey literature to address the following question: What policies and interventions work to improve health care access and delivery for undocumented migrants in the European Region?</p>	<p>Most countries provide undocumented migrants with only access to emergency care and/or sometimes to some services for specific conditions (e.g., infectious diseases) or specific needs (e.g., pregnancy, child health) (case study 1). According to MIPEX, coverage for undocumented migrants remains a controversial issue in most countries.</p> <p>In Croatia, Germany, Greece, and Turkey, legal sanctions are possible against those providing care to undocumented migrants. Where there is no official policy concerning undocumented migrants' right to access to health care, the responsibility is passed on to the health professionals; for example, the United Kingdom has given general practitioners discretion as to whether to register undocumented migrants as patients.</p>
20	Advancing Migrant Access to Health Services in Europe (AMASE): Protocol for a Cross-sectional Study	Research protocol, <i>JMIR Res Protoc</i> 2016, 5(2), e74	2016	Fakoya et al.	<p>the advancing Migrant Access to health Services in Europe (aMASE) study aims to identify the structural, cultural, and financial barriers to HIV prevention, diagnosis, and treatment and to determine the likely country of HIV acquisition in HIV-positive migrant populations.</p> <p>We delivered 2 cross-sectional electronic surveys across 10 countries (Belgium, France, Germany, Greece, Italy, the Netherlands, Portugal, Spain, Switzerland, and United Kingdom). A clinic survey aimed to recruit up to 2000 HIV-positive patients from 57 HIV clinics in 9 countries.</p>	<p>The results of this study will improve the understanding of postmigration transmission dynamics and the barriers to health care for migrants in Europe.</p>
21	The synergy of the refugee crisis and the financial crisis	Review paper,	2017	Anagnostopoulos et al.	To discuss the contexts that economic and migrant crises	In the context of an almost devastated health care and welfare system, resources are limited. The demand for public mental health services has

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	in Greece: Impact on mental health	<i>International Journal of Social Psychiatry</i> 2017, 63(4) 352–358			shape and suggest possible effects of this intersection on mental health risks, especially among children, adolescents and their families, through reflecting on the recent experience in Greece.	<p>increased considerably, since psychopathology of children and adolescents has risen as an effect of the crisis on the family as a whole, and the finances of the family do not allow continuation of treatment in the private sector. The migrant influx brings new needs, which require addressing by already heavily burdened services, especially at primary health care level. Economic restraints, lack of personnel, organizational dysfunctions and cultural limitations affect the provision of, and access to, quality mental health services, for both natives and immigrants.</p> <p>Moreover, negative attitudes and distrust toward mental health services by both natives and immigrants may reflect to some extent their experiences of being deprived, punished, or excluded due to state policies. The native population's ambivalence about immigrants can turn into negative racial stereotypes with financial undertones if negative perceptions about overuse of the welfare system are linked to immigrants</p> <p>In Greece, where the largest group of patients seen were Greek nationals, almost two thirds (61.5%) had never had health care coverage or had lost it. Foreign nationals without permission to reside in effect had no rights to any health care coverage, while Greek nationals and those with permission to reside had lost their health care coverage due to their inability to pay or lack of contributions through their employment.</p> <p>Although the national immunization schedule in Greece has not been changed, more and more children remain unvaccinated, because public health services, where children used to have free access, are slowly disappearing.</p> <p>Access to Public Maternity Clinics has become extremely difficult or even impossible for uninsured pregnant women. They must pay for antenatal care during their pregnancy and must bear the cost of delivery. Although asylum seekers can theoretically access antenatal and delivery care, they are now faced with many administrative barriers. More specifically, they need to prove their inability to pay before they are allowed to have free access to health care in Public Hospitals.</p>
22	Access to healthcare for the most vulnerable in a Europe in social crisis. Focus on pregnant women and children	Position paper	2015	Chauvin et al. MdM		

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23	International migration and caesarean birth: a systematic review and meta-analysis	Review article, <i>BMC Pregnancy and Childbirth</i> 2013, 13:27	2013	Merry et al.	<p>A systematic review was conducted to determine if migrants in Western industrialized countries consistently have different rates of caesarean than receiving-country-born women and to identify the reasons that explain these differences.</p> <p>Reports were identified by searching 12 literature databases (from inception to January 2012; no language limits) and the web, by bibliographic citation hand-searches and through key informants. Studies that compared caesarean rates between international migrants</p>	<p>The cost of antenatal care for uninsured women during a normal pregnancy is around €650. Then, they have to pay a further €650 for an uncomplicated delivery and about €1,200 for a caesarean section. Termination of pregnancy is a legal procedure in Greece, but it costs about €350 when uninsured.</p> <p>Not being able to pay for antenatal care makes new born children more vulnerable, and puts the health of mother and child at serious risk. It also causes a lot of anxiety among the women who arrive at hospital on the day of their delivery without any previous care, prevention or counselling. It is also a source of additional stress for the medical teams.</p> <p>Some public maternity wards have refused to deliver birth certificates to children whose mothers could not pay the cost of the delivery. Sometimes the employees of public maternity wards have threatened the parents with refusing to hand over the child to them if they fail to bring the requested amount of money to pay for the delivery.</p> <p>Studies on cesarean sections from Greece included</p>

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24	Migration and perinatal health surveillance: An international Delphi survey	Research paper, <i>European Journal of Obstetrics & Gynecology and Reproductive Biology</i> , 2010 , 149, 37–43	2010	Gagnon et al.	<p>and non-migrants living in industrialized countries</p> <p>The Reproductive Outcomes and Migration international research collaboration and the EURO-PERISTAT project convened an expert panel to recommend migration indicators for national and international monitoring of migration and perinatal health. Study design: A Delphi consensus process involved 38 perinatal clinicians, epidemiologists, and experts in health information systems from 22 countries who completed one or more questionnaires. Panel members ranked migration indicators from a list inventoried from the published literature.</p>	A strong consensus was achieved for including country of birth in core perinatal health indicator sets. Length of time in country was also recommended as a second indicator for routine data collection. Specific studies should be undertaken to complement routine data collection on: immigration status, language fluency, and ethnicity as defined by maternal parents' place of birth.
25	Perinatal health monitoring in Europe: results from the EURO-PERISTAT project	Research paper, <i>Informatics for Health and Social Care</i> , 2010 , 35, 2, 64–79	2010	Gissler et al.	<p>It analyzed the problems related to using the European data for international comparisons of perinatal health. It made an inventory of relevant data sources in 25 European Union (EU) member states and Norway, and collected perinatal data using a previously defined indicator list. The main sources were civil registration based on birth and death certificates, medical birth registers, hospital discharge systems, congenital</p>	Collection of European perinatal health information is feasible, but the national health information systems need improvements to fill gaps. To improve international comparisons, stillbirth definitions should be standardized and a short list of causes of fetal and infant deaths should be developed.

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26	Health and migration in European Union: better health for all in an inclusive society	Policy document	2009	Instituto Nacional de Saúde Doutor Ricardo Jorge	<p>anomaly registers, confidential enquiries and audits. A few countries provided data from routine perinatal surveys or from aggregated data collection systems. The main methodological problems were related to differences in registration criteria and definitions, coverage of data collection, problems in combining information from different sources, missing data and random variation for rare events.</p> <p>Its purpose is to provide knowledge on the relationship between health and the challenges it faces in view of the complex phenomenon of migration in an era of globalization.</p>	<p>Although considerable attention has been paid to migrants' entitlement to health care in both Greece and Portugal, some differences can be identified. Whilst in Portugal specific directives were set to grant all migrants, including irregulars and undocumented, the right to health and health care (ACIME, 2002), in Greece formal access for migrants to the free services of the national health care system are dependent on registered employment, regular status and insurance coverage, except in emergency situations (Hatziprokopiou, 2004a). Additionally, Greek policy differentiates between Ethnic Greek migrants and other migrants when it comes to health care provision for the uninsured. The former, are eligible for a special welfare program for low- income people which allows them to benefit from care services. The latter must pay for services in full and these are often much too expensive for most. Even though the number of migrants with regularized status and insurance in Greece has been growing (Hatziprokopiou, 2004b), this structural policy has a negative impact excluding many uninsured migrants from appropriate health care and differentiating between "first" and "second" class migrants.</p> <p>Aside from the differences on health care entitlement policy, problems with migrants' access to care persist at ground level in both Portugal</p>

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						and Greece. Language barriers, migrants' difficulties in obtaining relevant information on how to navigate the health system, and insufficient training and diffusion of cultural sensitivity among professionals are problems common to both (IAPAD, 2002; De Freitas, 2003; Ormond, 2004). Portugal is also confronted with difficulties in enforcing the law, and the denial of care to undocumented migrants is not infrequent (Fonseca et al., 2005). Bureaucracy, overcrowding and the inadequate infrastructure of the health care system in Greece affect migrants' access to care (Hatziprokopiou, 2004a). In addition, health care officers and practitioners view migrants as a "threat" to the existing structures (Psimmenos and Kasimati, 2003) and this is coupled with an overall resistance of the wider population to a multicultural society (Coenders, Lubbers and Scheepers, 2003). These circumstances have been pushing migrants in Portugal and Greece into hospital emergency units (De Freitas, 2003; Hatziprokopiou, 2004a) putting their health at greater risk and putting strain on the available.
27	A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth	Review paper, Journal of Advance nursing	2013	Balaam et al.	A synthesis of the evidence of migrant women's perceptions of their needs and experiences in relation to pregnancy and childbirth.	<p>One paper from Greece is reported (Illiadi 2008). Overall the paper adds the following:</p> <ul style="list-style-type: none"> • Migrant women need caring relationships to help them access maternity care. • Migrant women struggle to find meaning in their new country to be able to cope, communicate, connect, and achieve a safe pregnancy and childbirth.
28	Access to healthcare of excluded people in 14 cities of 7 European countries. Final report on social and medical data collected in 2012.	Report	2013	Chauvin P, Simonnot N. MØM, International Network,	This document presents the analysis and main results observed on data collected in 14 cities located in 7 European countries: Brussels and Antwerp in Belgium, Nice in France, Munich in Germany, Athens, Perama, Patras and Thessaloniki in Greece, Amsterdam in the Netherlands, Alicante, Tenerife, Valencia and Zaragoza in Spain,	<p>Among pregnant women, approx. 30% came from Sub-Saharan Africa, 28% from the European Union (corresponding to the fact that 30% of the total number of pregnant women were seen in Munich), 13.5 % from another part of Europe, and 16% from Asia.</p> <p>Unfortunately, the rates of missing values were high for the questions about access to antenatal care (respectively 30% for the first question: "Does the woman have access to antenatal care?" and 41% for the second question: "Has the woman received her first antenatal care after the 12th week of pregnancy?"). If one considers that the women with or without answers to these questions are the same, then we estimate that 59% of the pregnant women⁶³ did not have access to antenatal care and</p>

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29	Access to health care for vulnerable groups in the European Union in 2012	Booklet 2012/report	2012	Pierre Chauvin, Nathalie Simonnot.	<p>and London in the United Kingdom. Progressively, the coverage of such a routine collection of social and medical data among the vulnerable people who are consulting MdM in its clinics all over Europe</p> <p>An overview of the condition of persons excluded from health care systems in the EU</p>	<p>46.7% of them received care too late (that is after their 12th week of pregnancy). We observed no statistically significant differences in access to antenatal care (or delayed access) on the basis of women's ages or geographical origins (this may have been due to the small numbers).</p> <p>In MdM policlinics in Greece, the percentage of Greek citizens seeking medical assistance more than doubled in 2011. One alarming fact is that many patients are retired elderly citizens whose pensions have been substantially reduced because of the austerity measures implemented by the government in recent years. In Greece access to hospitals is limited to the persons able to pay up-front hospital fee for each medical procedure.</p> <p>In December 2010, Doctors of the World Greece set up two mobile units to help migrants access health care in Patras and Igoumenitsa, harbour towns located on the western coast of Greece. In this section we present findings based on routine data collected over a period of four months (April–July) in 2011.</p>
30	Access to healthcare for people facing multiple health vulnerabilities: Obstacles in access to care for children and pregnant women in Europe.	Report	2015	Pierre Chauvin, et	<p>The data analysed in this report⁶¹ was collected by means of questionnaires administered to patients who visited one of the 25 programmes in the 10 countries associated with the International Network Observatory in 2014. Every patient who attended a consultation with a health professional and support worker was administered at least one of the three standardized, multilingual forms—social questionnaire, medical</p>	<p>Greece: The new Migration Code implemented by law in 2014 continues to prohibit Greek public services (article 26), local authorities, and organizations of social security to offer services to foreigners who are “unable to prove that they have entered and are residing in the country legally”. So undocumented pregnant women have no health coverage. However, undocumented pregnant women have now access to free delivery but not to ante- and postnatal care. New changes might occur in 2015. With regard to termination of pregnancy, they have to pay approximately €340 in public hospitals. Article 79(1) of the same law establishes that undocumented pregnant women may not be expelled from the country during their pregnancy or for six months after giving birth. Undocumented migrants who cannot be expelled for medical reasons may benefit from a temporary residence permit.</p> <p>As for the access of children to health care, in theory, children of undocumented migrants should have access to health care, as they are</p>

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					questionnaire, and medical re-consultation questionnaire(s).	eplicitly not included in the law prohibiting access to care for undocumented adults beyond emergency care. In practice, they often only have access to emergency care. However, they have free access to vaccination at Mother and Child Protection Centres (those that have not closed down due to the crisis). However, they often have to pay for vaccines and medical consultations, just like all other children without health care coverage. Unaccompanied minors, regardless their status, should have access to the same health care as children of undocumented migrants or children of asylum seekers and refugees. However, in Greece, until recent political changes, unaccompanied minors could spend months in detention centers—often in the same cell as adults.
31	Immigrants Present Improved Obstetric and Neonatal Outcomes Compared to Native Women. A Northern Greek Population Analysis	Research paper, <i>J Immigrant Minority Health</i> , 2013 15, 249–254	2013	Margioulas-Sarkou et al.	To compare the incidence of obstetric and neonatal outcomes between native and immigrant women. A retrospective cohort of singleton pregnancies was conducted concerning the period 2003–2009. Women were divided in group 1, including natives and group 2, including immigrants.	Immigrants consisted 47.59 % of all gravidas (group 2, $n = 3322$), presenting significantly lower rates of emergency caesarean section, preeclampsia, preterm delivery, placenta praevia and fetal distress. Furthermore, all parameters of neonatal morbidity, including Mean Apgar score in the 1st and 5th minute as well as rates of NICU admission and emergency intubation were significantly improved in the group of immigrants. According to our results, pregnancies of immigrant women are less likely to be complicated by severe obstetric and neonatal outcomes.
32	Migrants 'Newborns Characteristics in a Neonatal Intensive Care Unit (NICU) in Greece.	Research paper, <i>International Journal of Caring Sciences</i> , 2012, 5(2), 162–170.	2012	Andrioti, D.	To investigate epidemiological characteristics of immigrant newborns in comparison with those of Greek origin, aiming at identifying key areas for future intervention strategies. The reference population was 484 offsprings (Greeks 47.7%, migrants 52.3%) who were born in a public maternity hospital in Athens, from 1/1-30/6/2008 and referred to its NICU, according to migrant status, gestation age,	Women of Greek origin experience an increased rate of caesarian deliveries. Regression analysis did not reveal a statistical significant correlation between nationality, gender, gestation age and mode of delivery with congenital disorders and perinatal infections.

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					birth weight, mode of delivery, diagnosis and length of stay.	
33	The subjective perceptions of health of immigrant mothers	Research paper, <i>Archives of Hellenic Medicine</i> 2010 , 27(1), 78–87	2010	Koutra et al.	To record the health conditions and investigate the factors that influence the subjective perceptions about health of immigrant mothers residing in the Municipality of Gazi in Crete.	In relation to the reproductive health of migrants the results of the study showed that 3 in 4 (72%) had not undergone a vaginal examination excretion against Papanikolaou in the last 3 years, while most of them did not know or had never heard of this test. The implementation of- given that the sample, in the majority he was not >40 years old—he reached 15%. At the time of the study two women was pregnant. 45% of the sample-reported one or two pregnancies, while on average the sample had 2 children. From the results of pregnancies found in the first and second pregnancies were born in the majority of living infants, while from abortions on Tuesday and then increased sharply. THE average abortions were 0.64, with a maximum number nine abortions. Use of contraceptive methods reported by 49% of immigrant women. From of these methods, the first place was occupied by the continuous intercourse (67%) followed by use condom (13%).
34	Pregnancy and New Mother Care Guide (guidance for pregnant and new mothers)	Information Guide for Pregnant and Young Mother Care, in 4 languages: Greek, English, French, Russian.	November 2013–September 2015	AMKE "Finareti"	The Action Plan was part of Act 3.2.4. "Support to NGOs (Women's Organizations) "(AD and BYCycle) of the Operational Program" Administrative Reform 2007–2013 "of the General Secretariat for Gender Equality, with the beneficiary the Special Coordination, Management and Implementation Service of Co-financed Actions of the Ministry of Interior (Ministry of Interior)	From November 2013 to September 2015, AMKE "Finareti" implemented the Action Plan "Counseling and Support for Immigrant Pregnant and Young Mothers". A total of 254 migrant pregnant women and young mothers received parenting preparation services, breastfeeding promotion, obstetric care, as well as psychological support services for the prevention, early detection and treatment of perinatal psychiatric disorders. At the same time, networking actions took place with other non-governmental organizations with the aim of creating an effective network of referrals to issues related to immigration care. Furthermore, in the framework of the Action Plan "Counseling and Support of Immigrant Pregnant and Young Mothers", FINARETI prepared and has the informative Guide for Pregnant and New Mother Care, in 4 languages: Greek, English, French, and Russian.
35–36	Access of uninsured to the public health care system in Greece	Law. 4368/2016 and KYA A3(γ)/ΓΠ/ΟΙΚ. 25132/4-4-2016	2016	Ministry of Health	The right of free access to all public health structures for the provision of nursing and medical care to the uninsured and	All people, regardless of legal status, still have the right to access the Emergency Departments No person is examined by any hospital committee to approve their access to the Public Health System.

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37	Draft Law for primary care reform	http://www.moh.gov.gr/article_s/health/anaptys/ksh-monadwn-ygeias/3999-prosbash-twn-anasfalistwn-sto-dhmosio-systhma-ygeias (accessed on 05 October 218)	2017	Ministry of health	vulnerable social groups is introduced for the first time. The most fundamental change introduced by the above institutional framework is the equalization of the right of insured, uninsured and former holders of an Individual Book of the Financially Weak or Uninsured in terms of access to the public health system. The health coverage guaranteed by the new framework is complete and includes their nursing, diagnostic and pharmaceutical coverage.	Rights of the uninsured: Exactly what the insured are entitled to by the public health care structures. Free and open access to primary and secondary public health facilities, mental health units, detoxification facilities and university hospitals. The set of nursing and diagnostic procedures at no charge Scheduled surgeries at no charge Prevention and promotion of health (e.g., vaccinations) free of charge Free dental care Free obstetric care and childbirth planning from Public Hospitals Provision of medication by private and public pharmacies. A significant part of the uninsured population is entitled to zero participation in medication. Abolition of 1 € per prescription for the uninsured who are entitled to zero participation in the medication. Physiotherapy, speech therapy, occupational therapy, psychotherapy and special education procedures. Provision of medical aids and consumables
		Draft Law for primary care reform http://www.moh.gov.gr/article_s/ministry/graf-eio-typoy/press-releases/4587-to-nomosxedio-gia-thn-prwtobathmia-frontida-ygeias (accessed on 05 October 218)			Draft law to reform primary health care and make it more accessible to the community and the vulnerable populations.	The draft law is expected to be enacted by August 2017. Among others, it introduces 239 health care teams across Greece and interdisciplinary care for vulnerable groups at community level. It creates a network of midwifery practices along with the health care teams offering a set of sexual and reproductive services to underserved people. It further introduces the right of midwives to prescribe certain tests/drugs and thus save physicians' time and serve people more efficiently. It also addresses biopsychosocial aspects of health and introduces social workers in the health care team and psychosocial assessment and procedures to holistically address health care issues of vulnerable people. It further introduces the health care card to help health monitoring, improve patient centered care and facilitate continuity of care.

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38	The Best Practice in Health Care Services for Immigrants in Europe (EUGATE) project	EU project	2010	16 European countries (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland, Portugal, Spain, Sweden, and the United Kingdom)	The project assessed the difficulties professionals experience in providing health care to international migrants and tried to define what constitutes good practice to overcome problems in the provision and quality of care. Involved 16 European countries	Communication barriers were perceived as more problematic in primary care and mental health services than in emergency departments.
39	RESTORE http://www.fp7restore.eu/index.php/en/about-restore (accessed on 05 October 2018)	EU project	2011-2015	Six European countries (Austria, England, Greece, Ireland, Scotland, and the Netherlands)	The RESTORE study is exploring the implementation of initiatives designed to support multicultural consultations in primary care, in six European countries (Austria, England, Greece, Ireland, Scotland, and the Netherlands). We wish to draw attention to the disproportionate effect that austerity measures are having on migrant health care, even in countries that seem less affected by the economic downturn. This project is concerned with optimizing the delivery of primary health care to European citizens who are migrants who experience language and cultural barriers in host countries. We focus on the implementation of evidence-	An area particularly affected is the provision of interpretation services for patients who speak a foreign language. In Greece, migrants struggling to register their asylum claim are deemed to have irregular status and, as such, are unable to access medical care.

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					<p>based health information (e.g., guidelines to enhance communication in cross-cultural consultations) and interventions (e.g., training initiatives on interculturalism and the use of paid interpreters) designed to address language and cultural barriers in primary care settings.</p> <p>We explore how these are translated (or not) into routine practice in primary care settings. We will investigate and support implementation processes for these using a unique combination of contemporary social theory, the Normalization Process Theory and a participatory research methodology.</p>	
40	EurHUMAN http://eur-human.uoc.gr/ (accessed on 05 October 218)	EU project	2016-2017	Netherlands	<p>The aim of this proposal is to enhance the capacity of European member states who accept migrants and refugees in addressing their health needs, safeguard them from risks, and minimize cross-border health risks. This initiative will focus on addressing both the early arrival period and longer-term settlement of refugees in European host countries. Clinical protocols, guidelines together with health education and promotion material and as well as a training program will be</p>	<p>For Greece: the health providers at Moria's hotspot reported that currently there is no health assessment, especially for asylum seekers.</p> <p>This was due to the fact that until the EU-Turkey deal, Greece was also, a transit country where refugees arrive and leave after a couple of days. In general, according to the Greek legislation, all Greek authorities can request from the asylum seekers, to conduct health examinations (within the official asylum procedure) in order to keep proceed with their asylum application. When authorities think that an initial health examination is necessary (e.g., such as vaccination for communicable disease control, mainly Tuberculosis or x-ray) this is conducted according to the Ministry of Citizens Protection, 2010 basic information for asylum seekers in Greece. MdM has established a referral system with the hospital in Lesvos and Chios, whilst MSF operates a small clinic in the abandoned Captain Elias hotel in Kos and are scaling up to manage mobile clinics in Kara Tepe in Lesvos. According to the MdM doctors, usually pregnant women are directly</p>

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					<p>developed for staff serving the refugees and migrants health care center and tailored protocols and pilot testing in six implementation settings in Greece, Italy, Croatia, Hungary, Austria and Slovenia with contribution from experts and stakeholders from Turkey, Cyprus, Ireland and Belgium. Finally, all these efforts will be evaluated and a final report for implementation in European settings will be produced to guide best practice in this important humanitarian effort.</p>	<p>recommended to visit the hospital. Their usual practice is to recommend people in need to hospitals and secondary health care services. However, the head of the emergency department of Lesvos hospital mentioned that most of these recommended cases could be easily managed and delegated at the hotspot or at PEDY. According to both MdM and MSF interviews, there is no health assessment for those refugees who apply for asylum at the present. The MdM official informed us that their health personnel has recognized the needs of the current situation and have made efforts to use the known and most common methods and guidelines in PHC for triage. The MSF field worker informed us that only a rudimentary triage procedure is being conducted in the sites of Piraeus, Elliniko, and Victoria square. The MdM NGO has an official agreement with KEPY and Lesvos hospital, in order to refer refugees and immigrants there. At Piraeus port, KEPY is firstly informed, in case a refugee/migrant should be transferred to the hospital, in order to have the authorization of the referral and afterwards the person in need could be escorted and transferred to the hospital.</p>