



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Submission to the Joint Committee on Health on the Review of the National Maternity Strategy 2016–2026

February 2026

Pavee Point Traveller and Roma Centre

Pavee Point has been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The partnership organisation works to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation and racism. The central aim of Pavee Point is to contribute to the improvement in the quality of life and living circumstances of Irish Travellers and Roma.

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Introduction

Pavee Point Traveller and Roma Centre welcomes the opportunity to contribute to the deliberations of the Joint Committee on Health on the review of the National Maternity Strategy 2016–2026 and the development of its successor framework in Ireland. While some progress has been made in maternity care reform, persistent and well-documented inequalities in maternal health access, outcomes and experiences remain. These disparities disproportionately affect women and infants experiencing systemic racism and disadvantage, including Traveller, Roma and other marginalised and migrant women. This is due to intersecting factors such as racism, socio economic exclusion, discrimination, barriers to access, and gaps in culturally appropriate care.

The outgoing Strategy and its associated implementation plan did not include targeted actions for Travellers and Roma, leaving the disparities in maternal health outcomes for Travellers and Roma unaddressed. Addressing these inequalities requires explicit and joined up policy commitments, targeted resourcing, and strengthened accountability mechanisms. We recommend that the successor Strategy is embedded within a social determinants of health approach, recognising the need for proportionate universalism in order to support better outcomes for those most marginalised. This will require both targeting and mainstreaming action with explicit recognition and inclusion of Travellers and Roma, in line with Sláintecare.

Internationally, research has identified many challenges for Roma women across Europe to access reproductive and maternal health services. Roma women report experiencing discrimination, neglect, segregation, isolation, and detention in maternity hospitals following childbirth when unable to pay.¹ This is further compounded by historical practices in some European countries of forced or coerced sterilisation policies targeting Roma women, with cases of Roma women's forced sterilisation documented as recently as 2007.² Such violations of Roma women's rights have been highlighted by numerous international human rights treaty monitoring bodies, including the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW).

Research in Ireland has highlighted several specific challenges facing migrant and minority ethnic women when accessing and engaging with maternal healthcare, including a higher proportion of maternal morbidity and mortality, unmet medical needs, poor mental health, and limited access to vital health information, which leads to under-utilisation of adequate maternity services. The Health Services Executive (HSE) report on perinatal statistics,³ published in June 2021 and covering 2018, shows women with a migrant background face higher risks surrounding pregnancy and childbirth.

As a basic human right, all women have the right to non-discriminatory and equal access to maternal and reproductive health throughout their lives. Our submission draws on our policy, research and advocacy work to set out priority areas and measures needed within the next iteration of the Strategy to deliver meaningful and lasting change for Traveller and Roma women and infants.

¹ Khosla et al., *International Human Rights and the Mistreatment of Women During Childbirth*, 2016.

² ERRC, *Coercive and Cruel, Sterilisation and its Consequences for Romani Women in the Czech Republic (1966-2016)*, 2010; Zampas and Lamačková, *Forced and coerced sterilization of women in Europe*, 2011; Center for Reproductive Rights, *Speaking Out – Roma women's experiences of reproductive healthcare in Slovakia*, 2017.

³ HSE, [Irish Maternity Indicator System National Report](#), 2021.

Context to Prioritising Traveller and Roma Women in the National Maternity Strategy

Traveller and Roma women experience poor health outcomes due to structural inequalities and failure to address social determinants of health, including systemic racism, discrimination, poor accommodation conditions, poverty, and low literacy levels. This is reflected in stark outcomes in general health outcomes, as well as in maternal and infant health.

- In terms of perinatal health, The All Ireland Traveller Health Study shows that Traveller women's outcomes are exceptionally poor, with higher rates of maternal morbidity and mortality, and higher rates of miscarriage, stillbirth and neonatal death:
 - Traveller neonatal mortality rate is almost 2 times the EU average.
 - Post-neonatal mortality rate is 4.5 times the EU average.
 - Traveller babies are three times more likely to die in their first year than infants in the general population, even though 98% of Traveller women avail of maternity services.⁴
- Only 2% of Travellers initiate breastfeeding compared to 63% in the general population,⁵ even though 98% of Traveller women avail of maternity services.⁶
- Less than half of Travellers (41%) have complete trust in health care professionals compared to the vast majority (82%) of those in the majority population.
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity by health services.
- Mortality rate for Traveller women is three times the rate of the general population.
- Suicide for Traveller women is 5 times higher than the general population. Traveller women have higher rates of self-harm and suicide-related ideation, compared to non-Traveller women (3.04 higher rates for suicide-related ideation and 3.85 higher rates for self-harm).⁷
- Life expectancy for Traveller and Roma women in Ireland is 8 years less than the general population.⁸

Similar to the overall experience of Travellers in engaging with health services in Ireland, Traveller women's experience with maternity services is mediated by higher rates of racism and discrimination (on institutional and individual levels), lack of accessible health information and advice, and lack of trust. Most health service providers agree, with almost 7 in 10 (66.7%) reporting that they thought Travellers experience discrimination in their use of health services in general.⁹

Roma women face additional barriers in accessing maternal health services in Ireland. The National Roma Needs Assessment presents stark findings,¹⁰ which arise largely due to a lack of access to primary health care and accessible maternal health information.¹¹

⁴ Kelleher et al., *All Ireland Traveller Health Study*, University College Dublin & Department of Health & Children, 2010; Curran, S., A. Crickley, R. Fay, F. McGaughey (eds), *Roma in Ireland – a National Needs Assessment*, Department of Justice and Equality, 2018.

⁵ Ibid.

⁶ Health Service Executive, *National Women and Infants Health Programme, Annual Report 2021*.

⁷ Kelleher et al., 2010.

⁸ European Fundamental Rights Agency and Pavee Point Traveller and Roma Centre, *Summary and Perspectives on the Irish Findings from the Rights of Roma and Travellers in 13 European Countries*, Dublin: Pavee Point Publications, 2025.

⁹ Kelleher et al., 2010.

¹⁰ Curran et al., *National Roma Needs Assessment*, 2018.

¹¹ Pavee Point, *Le Romneango Sfato Roma Women's Voices: Experiences of Maternal Health Services in Ireland*, 2023.

- Almost 40% of Roma women could not afford basic supplies, such as baby clothes or nappies when attending the hospital to give birth.
- 1 in 3 (36%) households had women report difficulties accessing maternity services
- 24.6 % of women had not accessed health services while pregnant and their first point of access was to give birth. When maternity services were accessed, 61.9% of respondents reported that women were satisfied with their maternity care.
- Service providers have identified newborn babies living in houses with no heat, food or basic supplies
- 37.1% reported that they did not have adequate supplies for the baby after birth.
- Poor mental health rates were extremely high - 51.3% of respondents reported more than 14 days of the previous month when their mental health was not good

Additionally, Roma women experience significant barriers to accessing primary care due to lack of sufficient income, high cost of health care and lack of interpretation and translation services. Many Roma women, who do not have an income or have difficulties with proving where they live, cannot access means tested Medical Cards.

Health service providers also highlighted what they saw as gaps in knowledge and information about services among Roma that they work with. Communication and language were also key concerns. Issues with interpreter services were raised in relation to maternity units. It was reported by midwives that language support was dependent on what was available in a particular hospital. Some also noted that this impacted on Roma women’s attendance at appointments as well as understanding what was being said to them at their appointments.

In 2023, our report, *Romneango Sfato/Roma Women’s Voices*, shows that the maternal health experiences of Roma women in Ireland are mixed, with both positive and negative experiences.¹² However, Roma women reported systemic barriers, such as lack of accessible information, language barriers, and the impacts of racism and discrimination.

1. Explicit Inclusion of Traveller and Roma Communities

The National Maternity Strategy 2016–2026 recognised that certain conditions are more common in particular ethnic groups, and families who have recently moved to Ireland may have difficulties reading or speaking English, and therefore require additional support. The Strategy also included a welcome commitment by the HSE and National Women and Infants Health Programme to ‘provide additional support to pregnant women from vulnerable, disadvantaged groups’. However, it is unclear to what extent the related two actions in the implementation plan progressed.

What is clear however is that the Strategy and its associated implementation plan did not include targeted actions for Travellers and Roma, leaving the disparities in maternal health outcomes for Travellers and Roma unaddressed. The next iteration of the Strategy must address this omission.

- **Explicitly name Travellers and Roma as priority groups within the next Strategy**
- **Within the Strategy’s associated implementation plan, introduce clear actions, targets, timelines, indicators, dedicated funding streams and accountability mechanisms that address Traveller and Roma maternal health**

¹² Pavee Point, *Le Romneango Sfato Roma Women’s Voices: Experiences of Maternal Health Services in Ireland*, 2023.

2. Alignment with Existing Policy Frameworks to Address Social Determinants of Health

The outgoing National Maternity Strategy referenced Healthy Ireland- the Framework for Improved Health and Wellbeing 2013 – 2025 - which recognised the need to take action to address social determinants of health in order to promote healthy communities. However, the National Maternity Strategy and its implementation plan fell short in defining clear actions and outcomes in this regard. The next iteration of the Strategy must go beyond *recognising* social determinants as factors impacting maternal health, to taking clearly defined and coordinated actions. This is in line with Sláintecare.

For Travellers and Roma, factors outside of healthcare itself, including racism, discrimination, accommodation and education, play a key role in maternal health outcomes. As a result, it is imperative that the next Strategy and its implementation plan will link in with existing (both targeted and mainstreaming) policies on health, racism, accommodation, poverty, education, and discrimination, recognising these as determinants of outcomes.

The Government has already committed to a number of key Traveller and Roma health and social inclusion actions within existing Traveller and Roma specific policy, including the National Traveller and Roma Inclusion Strategy II 2024–2028 (NTRIS II), the National Traveller Health Action Plan and the broader HSE social inclusion work. As part of a commitment in the NTRIS II, the DoH has committed to developing a Roma Health Action Plan to address health needs in areas including pregnancy support, health literacy, mental health, and access to medical cards by the end of 2026.

The implementation of the next National Maternity Strategy should be fully aligned with these national policies. This will ensure that the policies are coordinated and monitored, ensuring their full and effective implementation, and avoiding fragmentation across departments and agencies.

- **Ensure full alignment, resourcing and implementation between the next National Maternity Strategy and existing Traveller and Roma health and social inclusion commitments, particularly the National Traveller and Roma Inclusion Strategy, the National Traveller Health Action Plan and the upcoming Roma Health Action Plan. Proactively incorporate added value by identifying and leveraging resources from the relevant areas of the Department of Health**
- **Establish coordinated delivery, monitoring and reporting mechanisms across these frameworks by clear cross referencing and showing how alignment will be operationalised at national, regional and service provide levels**
- **Include Traveller organisations and groups working with Roma in implementation and monitoring structures and mechanisms of the next National Maternity Strategy**

3. Dedicated and Ring-Fenced Funding

Effective implementation of maternal and health interventions for Travellers and Roma requires transparent, sustained, and ring-fenced funding. Resources should be specifically allocated to initiatives that promote equal access to services, meaningful participation, improved health outcomes, community engagement, and workforce development tailored to these communities. Funding structures should support both national coordination and locally delivered, culturally appropriate interventions, ensuring that Travellers and Roma are meaningfully included in design, delivery and monitoring.

- **Allocate transparent, sustained, and ring-fenced funding for targeted interventions and partnerships to ensure Travellers and Roma have equal access, participation, and improved maternal health outcomes**

4. Data Collection and Ethnic Equality Monitoring

Since 1993, Pavee Point has advocated for the collection of disaggregated data on the basis of ethnicity, inclusive of Travellers and Roma, within a human rights framework. This means there must be a universal question, which is answered voluntarily, and on the basis of self-identification, and that the collected data is aggregated and anonymised to avoid identification of specific individuals. Data must only be used for the purpose for which it was collected, must be available in a timely manner and must be analysed in consultation with organisations representing minority ethnic groups. The availability of accurate and timely data will contribute to increased awareness of inequality and the identification of appropriate target policies and interventions to eliminate identified disparities.

Most maternity units in Ireland collect information on ethnicity at booking and other intervals, for example, we understand that the Maternal and Newborn Clinical Management System (MN-CMS) has a universal ethnicity question within the core dataset. However, data collection practices are inconsistent across units and not always aligned with a human rights-based approach or commitments under the National Equality Data Strategy. This includes maternity units using a Traveller-only question within their data collection practices which is contrary to a human rights based approach and Section 42 of the Irish Human Rights and Equality Commission Act 2014. This approach only serves to make Travellers feel further isolated and explicitly targeted, resulting in inaccurate data which is vital in maternity settings given clinical implications.

Additionally, due to experiences of racism and discrimination, many Traveller and Roma women do not feel safe to self-identify their ethnicity in healthcare settings. There is a need to train maternity service staff to ask about ethnicity confidently and in a universal manner where all service users are asked the question, understand the rationale for collecting such data, and communicate its purpose to service users.

The lack of reliable and robust disaggregated data by ethnicity currently undermines the ability to maintain an evidence base on the situation of minority ethnic women, including Traveller and Roma women, and prevents comprehensive human rights and equality proofing of maternal health policy and service provision. Last year the UN Committee on the Elimination of all Forms of Discrimination Against Women specifically recommended Ireland to expedite the adoption and implementation of the National Equality Data Strategy, ensuring systematic, intersectional data collection disaggregated by sex, minority status, disability and other relevant factors, and to ensure that such disaggregated data are collected with appropriate safeguards for privacy and confidentiality, in consultation with representatives of marginalised groups, particularly and including with Traveller and Roma representative organisations.¹³

- **Implement ethnic equality monitoring across maternal health services by collecting, analysing and publishing disaggregated data by ethnicity in line with human rights standards, including asking a universal question of all service users and ensuring that staff have clear guidelines and training in this area**

¹³ UN CEDAW, [Concluding observations on the eighth periodic report of Ireland](#), July 2025.

- **Ensure annual public monitoring and reporting of equality indicators and outcomes (attendance, breastfeeding, perinatal outcomes) for Traveller and Roma women**

5. Reviewing the Strategy through an Equality Lens

Under the Public Sector Equality and Human Rights Duty, public bodies are legally required to promote equality, prevent discrimination and protect human rights. This provides a clear framework for assessing and responding to Traveller and Roma maternal health needs.

- **Include mechanisms for the Strategy to ensure compliance with the Public Sector Equality and Human Rights Duty**
- **Incorporate an equality and human rights assessment of maternity policies and service delivery, including as they relate to Traveller, Roma and other marginalised women**

6. Mandatory Anti-racism and Discrimination Training and Workforce Development

Student nurses and midwives as well as staff across maternity services should receive mandatory, evidence-based training on anti-racism and discrimination, including and specific to anti-Traveller and anti-Roma racism. This training must be embedded within professional development pathways, supported by senior leadership, and be practical, continuous and evaluated for impact on service delivery and patient experience.

In addition to training, affirmative action measures and workforce development should prioritise the recruitment and professional development of Traveller and Roma staff in line with NTRIS II and the National Traveller Health Action Plan. Institutions should set measurable targets for recruitment and training to improve engagement with Travellers and Roma alongside other minority ethnic groups, strengthen trust between services and communities, and ensure culturally appropriate care.

- **Deliver mandatory and annual anti-racism and discrimination training (inclusive of anti-Traveller and anti-Roma racism) to staff across maternity services, in line with Public Sector Equality and Human Rights Duty (Section 42, Irish Human Rights and Equality Commission Act, 2014)**
- **Schools of midwifery and nursing to ensure compulsory anti-racism and discrimination modules for student nurses and midwives**
- **Introduce measurable targets for maternity services to recruit and train community health workers and staff from Traveller and Roma communities**

7. Inclusion of Targeted and Mainstream Measures to Improve Maternal Health Outcomes for Travellers and Roma

Addressing Traveller and Roma maternal health requires a combination of mainstreamed and targeted measures across all areas of the next Strategy. As the Department develops new approaches to maternal health policy and service delivery, groups who are disproportionately impacted - particularly Travellers and Roma - must be embedded from the outset in policy design, research, implementation and monitoring. Targeted and mainstream measures should combine culturally appropriate service design and delivery, community partnership, and actions to ensure equal access to supports and services.

The 'Breastfeeding in a Healthy Ireland' and HSE's 'Breastfeeding Action Plan 2016-2021' have not explicitly embedded Travellers or Roma as priority populations within their formal targets or actions. Yet, there are multiple interconnected barriers to breastfeeding, including limited encouragement and culturally appropriate support within maternity services, delays in clinical processes, and lack of accessible information. These challenges are compounded by social determinants of health such as overcrowded accommodation and lack of basic facilities, as well as limited family and community support, absence of Traveller breastfeeding role models, and competing caring responsibilities. Together, these structural and social factors interact to constrain breastfeeding uptake, and require coordinated, holistic responses across healthcare services, community supports, and wider social policy.

Since the first Traveller Primary Health Care Project was established at Pavee Point in 1994, Traveller Primary Health Care Projects around the country have worked in partnership with the HSE to address health inequalities, including Traveller women's access to antenatal care and services, childhood vaccinations and health screening. As a direct result of this work, according to the All Ireland Traveller Health Study:¹⁴

- More Traveller mothers now present for the first booking visit to the hospital for antenatal services than reported in the past, with rates almost the same as the general population (22.5% versus 28% at 3 months).
- 96% of Traveller children receive childhood vaccinations.
- Traveller women's health screenings are two times higher than the general population:
 - A quarter of (25.2%) of Traveller women had a mammogram compared to just over one in ten (13.3%) in the general population
 - Almost a quarter (22.7%) of Traveller women had a cervical check compared to just over one in ten (11.6%) in the general population

While the All Ireland Traveller Health Study demonstrated the value of this work in supporting Traveller women's engagement with mainstream services, it also reflected the vital resource that Traveller Primary Health Care Projects are to Traveller women, with 83-86% of Travellers receiving their health information and advice from Traveller organisations/Primary Health Care Projects. The next Strategy should include targeted, partnership-based actions between Traveller organisations, organisations working with Roma, and maternity hospitals to improve access, participation, and outcomes.

- **Ensure guaranteed access to trained Roma [peer] interpreters across maternity services**
- **Introduce Traveller specific actions, indicators, budget lines and timeframes in the next Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan, including an annual target of 1% increase in Traveller women breastfeeding initiation rates**
- **National Screening Advisory Committee to undertake a comprehensive review and analysis on Classical Galactosaemia and associated procedures on the Beutler test as related to Traveller women and infants; take account of the specific needs of Travellers in their work; and establish liaison mechanisms with Traveller organisations in the work of the Committee**
- **HSE to fast track Travellers in National Newborn Bloodspot Screening Programme to support early breastfeeding initiation**
- **The HSE National Women and Infants Health Programme to appoint a dedicated lactation lead for Travellers**
- **HSE to ensure that lactation consultants are available 24 hours a day, seven days a week**

¹⁴ Kelleher et al., 2018.

- **HSE National Breastfeeding Coordinators to work with maternity services to develop a breastfeeding care pathway for Traveller mothers and babies in partnership with Traveller organisations/Primary Health Care Projects. This pathway will support evidenced-based practices for preparation for breastfeeding in the antenatal services and getting breastfeeding off to a good start**
- **All health care providers to support Traveller women to breastfeed after birth by encouraging hand expression and storing breast milk until the results of Beutler test are confirmed in line with HSE policy**
- **HSE National Breastfeeding Coordinators to work with Traveller organisations/Primary Health Care Projects to ensure explicit inclusion of Traveller women in revisions to breastfeeding training programme for healthcare professionals**
- **HSE to ensure that all maternity staff and Public Health Nurses provide up-to-date evidence-based information and proactive encouragement and support for breastfeeding to every Traveller woman, regardless of whether or not she breastfed any older children**