Provider Perspectives on the Continuum of Perinatal Care for Immigrant and Refugee Women

A Qualitative Assessment

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Background

- Immigrant and Refugee (I/R) women's access to high quality perinatal care is impacted by the system's ability to provide culturally and linguistically appropriate care
  - Health disparities
  - Healthcare satisfaction
  - Cultural practices – eg. female genital circumcision
  - Misunderstanding about their healthcare experience
  - Nature of their position in American society
  - Higher risk of negative birth outcomes

Background

- **Focus Group Study on Minority Women's Access to Prenatal Health Care in the City of Manchester, NHMHC, 2002**
  - 39 Latino, African American, and African women
  - Findings:
    - Patients' lack of understanding of American health care system
    - Lack of cultural competency of healthcare providers, staff, and institutions
  - Recommendations:
    - Develop linguistically appropriate prenatal classes run by members of target minority communities with prenatal contact initiated early in the first trimester
    - Develop social support to increase access to vital information
    - Enhance care providers' relationship with patients through education of both providers and patients,
    - Increase institutional awareness about race and racism

Methods

- **Key Informant Interviews**
- **20 perinatal providers**
- **Manchester and Concord organizations**
- **Cross-section of provider roles:**
  - Prenatal care providers (nurse midwives, family physicians, obstetricians)
  - Prenatal RN care coordinators
  - Labor, delivery, and recovery nurses
  - Obstetric providers (MDs and certified nurse midwives)
  - Doulas
  - Visiting nurses
  - Lactation consultants
  - Post-partum depression coordinators
  - Pediatricians and family physicians
  - NHMHC Bright Start home visitors

Methods

- **Providers' perceptions of:**
  - Differences in rate of birth outcomes
  - Differences in entry into care
  - Barriers to providing quality services
  - Strengths of I/R women and their families
  - Needs (to serve I/R women better / overcome barriers)
  - Postpartum depression
  - Perceived value of a bilingual doula

Findings – Themes of Providers' Perspectives

- Entry into prenatal care and birth outcomes
- Experience with I/R women with female genital circumcision
- Barriers to providing quality perinatal care
- Ways to overcome challenges
- Strengths that I/R women bring to birth process
- Postpartum depression among I/R women
- Value of bilingual doula role / reactions to concept

Entry Into Prenatal Care and Birth Outcomes

- **I/R women tend to enter prenatal care and arrive for labor later than American-born women (A-B).** Perceived reasons:
  - Lack of understanding or experience with wellness/preventive healthcare
  - Lack of resources - financial, insurance, centralized health provider, transportation
  - Philosophical skepticism of interventions – childbirth a natural process

- **More positive birth outcomes overall, attributed to the absence of drug and/or alcohol use among these populations and overall better health.**
  - **C-Section:** rates generally perceived to be lower rate
  - Preterm Delivery: No differences perceived
  - **Breastfeeding:** rates perceived to be higher
  - Infant Mortality/Morbidity: No differences perceived
  - Postpartum Depression : Equivocal result

Experience with I/R Women with Female Genital Circumcision (FGC)

- 12 respondents reported experience working with an I/R woman who presented with FGC
  - All four providers of obstetric care (3 MDs and 1 CNM)
- 8 respondents reported no experience with patients with FGC
  - Outside of the realm of contact with the patient, eg. lactation consultants
  - Some appeared uncertain about proper approach to this sensitive topic

"I never had a patient with it but I realize that I never asked. There was an inservice about it. I will ask now"

"It has not been brought up by them and I don't bring it up. We were told by multicultural groups not to ask"

Experience with FGC: 3 Themes

- **Increased challenge of performing a pelvic exam**
- **Limited impact on course of labor and delivery**
- **Provider perceptions of own and others' reactions to FGC**
  - **Sensitivity/Protectiveness**

    "More careful with these patients. Feel like they were traumatized".
  - **Disapproval/Frustration**

    "It's a challenge. Frustrating that they want it repaired. Wonder if it is the man who wants to have it repaired"

    "I don't agree with it"

    "Staff have been educated about the cultural meaning to the woman, that she's not necessarily victimized. As staff, we want to educate women about why it's better not to circumcise, stitch it back up. We give research-based information. Nurses are almost offended if women don't change their beliefs. Traditions continue even though they provide information. They get very frustrated. It can be a detriment if they feel like the women are not cooperating if they don't change".
  - **Avoidance/denial**

Barriers to Providing Quality Perinatal Care

1. **Language**
   - **Questions about quality of interpretation**
   - **Reluctance of I/Rs to utilize interpretation**
   - **Lack of availability of appropriate professional interpreters**
     - **Gender**
     - **Culture**
     - **Live vs. phone line**

"It's not culturally appropriate to use male interpreters or phone interpreters"

"Hospitals should provide face to face interpreters for labor and delivery".

"when in too much pain women don't want to hear what is over the phone."

"Difficulty developing rapport"

"Less likelihood she would use humor"

Barriers to Providing Quality Perinatal Care

2. Transportation

- Limited public transportation services combined with limited financial resources create an obstacle to regular appointment attendance

3. Cultural Differences

- Perceived lack of understanding by I/R women of the American system of healthcare, preventive care, specifically perinatal healthcare
- Differing cultural values, norms and ideals
  - Behavior of a "good patient" varies across cultures
  - Typical indices upon which maternal bonding, breastfeeding success, or recovery are evaluated may not be applicable
- Women may devalue their own cultural norms in an effort to assimilate into American culture.

  "Formula costs money, it must be worth more".
- Concept of time as related to attendance and arrival to appointments.
- Information on SIDS and car seats

Barriers to Providing Quality Perinatal Care

4. Provider Limitations

- Lack of bilingual, culturally and linguistically relevant providers
- Lack of providers with cultural competency and cultural sensitivity including knowledge of cultural norms
- Lack of use of interpretation services
- Lack of ways to evaluate an LEP patient's language needs
- Provider lack of understanding of:
  - patients' previous birth experiences
  - the impact of PTSD on the birth experience
  - expectations that patients bring to the birth experience due to culture

Barriers to Providing Quality Perinatal Care

5. Systemic Limitations

- **Organizational structures that provide/hinder access to linguistic and other supportive services vary tremendously**

  "They would have to bring someone with them if they return for lactation services. But if they have a problem, how do they call us?"

  "There is no language access for ____on-call (service). They need to get through the prompts of the phone line"

- **Differential Impact**
  - Institutional policies and protocol impact I/R patients differently due to the language and resource barriers that exist for them.
    - scheduling clients for appointments with limited advance notice
    - limited visiting hours on a hospital maternity unit

- **Organizational Structure**
  - Lack of continuity of care for uninsured and others with limited resources in some institutional settings

    "Too many hoops for them to jump through to access care"

Ways to Overcome Challenges

Overcoming Barrier of Language Access

- **Interviewee efforts** and those of their organizations:
  - use of live interpreters
  - use of phone-line interpretation
  - employment of Spanish-speaking interpreter on staff at hospital
  - Efforts to adapt forms for LEP and low literacy patients
  - Use breast-feeding log that is not language-dependent
  - Use of props, sign language, phone line
  - Respondent takes initiative to call interpreter themselves
  - Interpreter on staff
  - Organization does not use any interpretation so they refer case to local community health center if LEP
  - Stop into patient's room, smile, and push self to say hello to interpreter
- **Providers recommended**:
  - Use of trained bilingual language intermediary
  - Availability of translated resources and materials

Ways to Overcome Challenges

Overcoming Transportation Barrier

- **Interviewee efforts** and those of their organizations:
  - Personally providing limited transportation for I/R patients to appointments
  - Training I/R patients to use bus system
  - Use of volunteers for transportation
  - Shuttle service and transportation provided by local clinics and hospital

- **Providers recommended**:
  - Improve transportation access to serve I/R perinatal patients
  - Increase the ability of visiting nurse or home healthcare providers to offer comprehensive home visits

Ways to Overcome Challenges

Overcoming Cultural Barriers: Training Providers

- **Interviewee efforts** and those of their organizations:
  - Use of cultural notebook - information about beliefs, traditions of patient cultures
  - Presentations to staff by Somali women who shared experiences as patients on maternity unit
  - Use cultural interpreters to help staff understand “why they do what they do”
  - Development of a Refugee QI (Quality Improvement) group to educate providers about culture
  - Ask I/R patients directly about their particular cultural needs, rituals, expectations for prenatal/birth experience
  - Learn about their rituals. “Respect their values and not try to change anything”
  - Defer to the desires of the patient
  - Use cultural sensitivity training and cultural content to give provider perspective regarding motivations, etc. behind patients’/families’ behavior
  - Resist imposing values on women if not needed “examined my own biases”
  - Practice flexibility regarding own beliefs and assess if basic needs are being met.

Ways to Overcome Challenges

Overcoming Cultural Barriers: Training Providers

- **Providers recommended**:
  - Greater **cultural competency** on the part of providers
  - Information about the specific needs of various I/R groups
    - Consistent, culturally relevant person to educate staff regarding cultural issues and expectations as a way to overcome barrier of cultural differences
    - In-service training to staff to learn about community members' traditional experiences and experiences with the American birth process to increase staff understanding of the cultural needs of women for whom they provide care
  - Topics included:
    - cross-cultural perspectives on breastfeeding,
    - mother-infant bonding, and
    - presentation of mental health needs, including postpartum depression, across cultures

Ways to Overcome Challenges

Overcoming Cultural Barriers: Education of I/R patients

- **Interviewee efforts** and those of their organizations:
  - Encourage mother-baby bonding
  - Educate about process of birth in America
  - Give interpreter-assisted individual tours of the maternity unit
  - Don't try to educate if not needed
  - Educate about American healthcare system and value of prevention services
  - Help mother enlist services of doula for perinatal/postpartum support
  - Importance of developing rapport and trust to overcome cultural differences
  - Help I/R connect with system of providers/ understand system
- **Providers recommended**:
  - Group prenatal visits for specific populations
  - More education about birthing options
  - Education about American healthcare system before coming to the US
  - Doula program: "reduce fears, go with them to the doctor's visit and explain the process, be with them postpartum"

Ways to Overcome Challenges

Overcoming Systemic Barriers

- **Interviewee efforts** and those of their organizations:
  - Arranging for interpretation services when not automatically done
  - Call with reminders when needed for appointments
  - Help mother make connection for 6 week f/up appointment
  - Meet in person rather than by phone if language issues exist
  - System set up so that LEP patients automatically receive interpreters

    "cuts out the choice and chance for conflict. Everyone had a translator"

    "there's not a question, the interpreter has already arrived. I don't have to do it after the fact"

    "the header is right at the top" [of the EMR]
  - Systems created for continuity of care
  - Family practice approach creates a more "seamless system of care"
    - PCPs provide OB care
    - Transitions in which I/Rs often fall through the cracks of the healthcare system (due to language, transportation, etc) are minimized
    - Smoother referral process from one level of care to another

Ways to Overcome Challenges

Overcoming Systemic Barriers

- **Providers recommended**:
  - Centralized model which provides continuity of care

    "Centralized care is best. Centers with the most resources are better for the patient"

    "Continuity of care is vital for refugee women"

    [I/R] "Coordinator in every setting responsible for engaging and orienting patients, explaining process, arranging transportation"

  - Increased funding
  - Culturally-relevant mental health services
  - Employment services
  - Patient-centered advocates for I/R patients

Strengths I/R Women Bring to Birth Process

- **Natural Approach to health/childbirth**

  "They have a strong sense of ability to birth naturally, 'birth is natural and this is something we can do'"

  - Lack of familiarity with American customs and their own cultural taboos – protected from the influences of drug and alcohol use and abuse
  - More comfortable with breastfeeding and more likely to breastfeed.
  - I/R may tend to reject more medicalized approaches to childbirth.

    "African women refuse C-Sections"

- **Supportive Family/Support Network**
  - Strong sense of community and tight family bonds that I/R women bring with them to the birth process.
  - Support mediates the occurrence of depression among I/R women – those without strong family connections or a support network become depressed.

    "Somali community is very close. The Hispanic community is very tight"

    "Strong sense of family and commitment to each other. Respect for elders"

Strengths I/R Women Bring to Birth Process

- **Resilience over Adversity**
  - A view of I/Rs as resilient and having overcome adversity.

    "They have survived where none of us would have survived"

    "Endured more in one week of their life than I'll ever endure"

- **Specific Characteristics**
  - Other strengths related to perceived positive characteristics of I/Rs:
    - independent
    - gracious
    - positive
    - lacking negative attitudes

Postpartum Depression among I/R Women

- **Perceived rates of PPD**
  - Evenly divided – higher and lower
  - Cultural differences and language barriers that impact providers' ability to assess and women's ability to obtain help
    - Questions about the sensitivity of the tool
  - Perceived patients' reluctance to seek help and access the services that exist.

    [were I/Rs to seek assistance they] "would feel culturally out of sync due to all of the American providers"

  - Perceived less PPD attributed to

    "more family support in most situations than Americans"

Postpartum Depression among I/R Women

- **Challenges in Assessing and Treating I/R women with PPD**

  "few refugees identify PPD as a problem or know there is a solution"

  - Language, cultural differences, and related communication issues

    "It is harder to identify and harder to treat"

    - Cultural differences in the concept or understanding of PPD

      "*not sure if culturally relevant*"

      or depression in general contribute to the apparent lack of mood and anxiety disorders
    - A lack of understanding of the different ways that depression and other emotional problems might be manifested across cultures and the varied customs, norms, and expectations for I/R new mothers

      "I/R women won't speak to someone like me. They need someone in their culture."

      "They say that they are 'Okay'. It is rare for them to step forward."

Postpartum Depression among I/R Women

- **Efforts to Overcome Challenges to Screening/Treating PPD**
  - Training by ethnic organizations and colleagues in areas that increase their understanding of the different needs of immigrant and refugee patients.
    - In-service training impacted nursing staff's comfort and sense of self-efficacy in working with Somali patients.
  - One hospital created an ethnically diverse postpartum depression video.
  - Nurses' efforts to push themselves beyond their comfort zone:
    - to explore beyond acceptance of "nodding" to get a direct answer,
    - to venture into patient's room filled with community members, or
    - to engage I/R woman regarding PPD screening questions in the absence of family or friends.
  - Local community health center has two part-time social workers to identify women at risk or in need of treatment and facilitate transition to treatment.

Postpartum Depression among I/R Women

- **Providers' Recommendations to Overcome PPD Challenges**
  - Increase cultural competence of staff by in-service trainings.
  - Utilize bilingual mental health providers or providers with a commitment to develop expertise in working with interpreters.
  - Seek out and/or train culturally-competent therapist with expertise in to treat LEP women with perinatal mood and anxiety disorders to fill apparent vacuum
  - Need more seamless process to support patients to ensure follow-up for postpartum depression/mental health referrals. Create more continuity of care to eliminate some obstacles for LEP women, including
  - Provide language appropriate "Baby Steps" program in women's own setting (apartment complex, within community) with interpreters or bilingual group leader.
  - Develop PPD support group in community setting with bilingual community members.
  - Hire [and train] ethnic medical interpreter as a counselor for postpartum depression

Value of Bilingual Doula Role / Reactions to Concept

- **Empowerment of I/R patient**
  - Bilingual Doula was thought to serve as educator and patient advocate.
    "They increase trust, decrease stress for the patient and reduce intimidation by medical system. They will better understand the options available to them."
- **Support and Assist Provider**
  - Language and cultural interpreter, consultant, educator, and support to provider in care for the I/R patient
    "Bilingual Doula would address emotional and cultural piece in labor and delivery and discharge planning"
    "Doula conveys the woman's needs and desires. It would help us understand them better"

Value of Bilingual Doula Role / Reactions to Concept

- **Mediator between two worlds**
  - Minority Health Coalition workers function in capacity of bilingual doula.
  - Providers attest to value of MHC workers and bilingual interpreters who also provide labor support and information/clarification to providers

    "They could learn from each other. Can learn more natural approach to delivery"

    "Feel like ____ is a doula, helps coordinate many things, appointments, and explains reason for things"
- **Increased Continuity of Care**
  - Role of bilingual doula would supplement existing services

    "More beneficial to hospital, provider, and patient"

    "Would provide needed continuity to I/R women that the system does not provide"

Conclusions

- Perinatal care is a continuum and challenges are different at different points
- Refugee women embody key strengths which facilitated the birthing process in their own countries
- Mismatch between the medicalized system in the U.S. and some of the strengths (natural approach) and the past experiences the I/R women
- Many opportunities exist for interventions or strategies which help bridge the cultural and systemic divide between patients, providers, and the systems in which they work
  - Education of both providers and patients
  - Cultural competency & cultural orientation
  - Systems for identification of LEP patients and providing interpretation services
  - Systems for continuity of care
  - Monitor Quality of Care and identify disparities with race, ethnicity & language data

Questions?

Thank you!