Royal College of Midwives

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MIDIRS Search Pack

MS75

Culturally sensitive maternity care

Covers the provision of culturally sensitive maternity care to all ethnic minority groups.

Includes beliefs and practices relating to maternal health, breastfeeding and infant care and women's experiences of maternal health services.

Date created: 03/07/2025

MS75 - Culturally sensitive maternity care
(865)

991206-007

Every picture tells a story: life and birth experiences. Chesney M (1999), British Journal of Midwifery vol 7, no 12, December 1999, pp 739-741

The author describes her experiences attending the labour and delivery of a couple from Pakistan, and reflects on the impact on her awareness of cultural issues. (3 references) (Author)

990909-047

What women say about their childbirth experiences: the case of Hmong women in Australia. Rice PL (1999), Journal of Reproductive and Infant Psychology vol 17, no 3, August 1999, pp 237-253

This paper discusses the perceptions and experiences of Hmong women, who are now living in Australia, in regard to childbirth. It is based on an ethnographic study of reproductive health among Hmong women in Australia. In general, Hmong women were satisfied with care received during pregnancy, birth and postpartum period. However, the women also had many difficulties during these periods, due largely to the different systems of cultural beliefs and practices related to childbearing. Issues related to communication also presented problems, as women could not speak English proficiently. The results indicate that health professionals in birthing services need to acknowledge cultural diversity as well as variability among women, for individual circumstances present important differences in terms of the care needed. (32 references) (Author)

990908-012

Asian women's maternity language course. Ramsay K (1999), Practising Midwife vol 2, no 8, September 1999, pp 14-17

Karen Ramsay, National Childbirth Trust teacher, describes the highs and lows of teaching the English they will need to know when having a baby in England to Asian women. (Author)

990801-024

Use of folic acid by pregnant British Pakistani women: a qualitative pilot study. Jessa F, Hampshire AJ (1999), Health Education Journal vol 58, no 2, 1999, pp 139-145

We aimed to explore pregnant Pakistani women's beliefs and attitudes concerning folic-acid consumption in early pregnancy. Thirteen pregnant Pakistani women were recruited from general practice antenatal clinics in Nottingham. They were interviewed in depth. The interviews were tape-recorded and analysed qualitatively. None of the women had taken folic acid. Most said they would take folic acid only if it was both recommended and prescribed by their general practitioner (GP). None remembered their GP or midwife discussing folic acid with them. The GP has an important role in alerting Pakistani women to the benefits of folic acid. (24 references) (Author)

990706-004

Infant feeding practices of Pakistani mothers in England and Pakistan. Sarwar T, Barasi ME (1996), Journal of Human Nutrition and Dietetics vol 9, no 5, 1996, pp 409-411

Ninety mothers with children around weaning age were interviewed using a questionnaire; 45 were in England and 45 were in Pakistan. Mothers in Pakistan used more traditional food for their infants and mothers in England used more convenience food. Mothers in Pakistan were generally more confident. (3 references) (MS)

990314-043

Asian first time parent. Meghani Y, Brasnett L, Mehta M, and others (1999), Interchanges no 2, January 1999, p 42

Report on a project developed by Southern Birmingham Community NHS Trust (1995-7) which promoted the health of first time mothers from the Asian Community in Sparkbrook, a deprived inner city area of Birmingham. The programme was considered a success with clear improvements in the health of both mothers and babies. (RGW)

990210-020

Ethnic differences in infant care practices and in the incidence of sudden infant death syndrome in Birmingham.

Farooqi S, Perry IJ, Beevers DG (1995), In: Johnson P editor. Impact of antenatal and postnatal environmental factors on infant outcome. Proceedings of the Third Congress of the European Society for the Study and Prevention of Infant Deaths, Oxford, August 1993. Oxford: John Radcliffe Hospital, Maternal Infant Healthcare Research Centre 1995, pp 70-71

In the UK, although postneonatal mortality is greater amongst Asians, the incidence of sudden infant death syndrome (SIDS) is less than half that documented in whites. This study of 374 mothers at the Dudley Road Hospital in Birmingham aimed to determine whether significant differences in infant care exist between Asians and whites in the UK. It is likely that the low incidence of SIDS amongst Asians in the UK may be partly explained by the observations that Asian mothers often place their infants supine and usually keep them close at night. (9 references) (RGW)

990105-019

Florid rickets associated with prolonged breast feeding without vitamin D supplementation. Mughal MZ, Salama H, Greenaway T, and others (1999), BMJ vol 318, no 7175, 2 January 1999, pp 39-40

Report of six cases of florid rickets referred to a Manchester paediatric unit between 1995 and 1997. The infants were all born in the United Kingdom to postgraduate Asian students or to recent immigrants and were aged 10 to 28 months. All had been breast fed for a prolonged period without vitamin D supplementation. Their mothers had received no vitamin D supplements during pregnancy and lactation. (6 references) (KL)

981112-018

Maternity and health links: an advocacy service for Asian women and their families. Starkey F (1998), In: Doyal L, editor. Women and health services: an agenda for change. Buckingham: Open University Press 1998, pp 129-140

Review of the development of maternity services specific to the needs of Asian women in the United Kingdom. Services include the Asian Mother and Baby Campaign, a three year campaign launched in 1984 in 16 district health authorities, and Maternity Health Links, a service set up in Bristol in 1984 following concerns over perinatal mortality rates. The role of the linkworker and ways to improve communication between health workers and Asian women is discussed. (20 references) (KL)

981109-027

Hong Kong Chinese women in labour. Implications for midwives. Yin-King L (1999), Practising Midwife vol 1, no 11, November 1998, pp 26-28

This paper reports a study which asked Chinese women which kinds of midwifery support they found helpful in assisting them to cope with their labour. While the study was performed in Hong Kong, it has implications for midwives working with Chinese women everywhere. (12 references) (Author)

980908-030

Maternity language classes. Ramsay K (1998), New Generation Digest no 23, September 1998, pp 6-7

Informed choice can seem a luxury if even giving your name to the clerk in the antenatal clinic is a challenge. Karen Ramsay describes an exciting initiative to help women whose first language is not English set up at the Wycombe General Hospital in Buckinghamshire. (Author, edited)

980706-043

Community based midwifery program evaluation, June 1996-October 1997. Thiele B, Thorogood C (1998), Birthplace no 63, Winter 1998, pp 18-20

Executive summary and recommendations from the report evaluating the Freemantle Community Midwifery Project (formerly known as the Freemantle Alternative Services Birthing Project). Services provided by the project include: antenatal education for women with special needs; alternative birthing services providing home and domino births; provision of information on pregnancy and birth choices, in particular to women from non English speaking backgrounds; and use of bi-lingual/bicultural workers to improve access to antenatal services in Australia. (KL)

980509-032

Infant feeding in Asian families. Sachs M (1998), BfN: The Breastfeeding Network Newsletter no 2, February 1998, pp 6-9

The author discusses issues raised a recent publication (1) and explores how far its findings are being used to improve services for Asian women in the United Kingdom. (1) Thomas M, Avery V. Infant feeding in Asian families. London: The Stationery Office, 1997. (KL)

980312-003

Practices and beliefs of traditional birth attendants: lessons for obstetrics in the north?. Lefeber Y, Voorhoever H (1997), Tropical Medicine & International Health vol 2, no 12, December 1997, pp 1175-1179

The majority of mothers in countries in Africa, Asia and Latin America are supported by Traditional Birth Attendants (TBAs) during pregnancy and childbirth. TBAs do more than just deliver babies. As part of the local community they are acquainted with the women and their families with whom they share the cultural ideas about how the birth has to be prepared for and performed. They know the local medicines and rituals which are used before, during and after delivery. The work of the TBAs is adapted and strictly bound to the social and cultural matrix to which they belong, their practices and beliefs being in accordance with the needs of the local community. Therefore they may not be able to assist women at childbirth outside their own socio-cultural environment. Comparison of the practices and beliefs of TBAs in Africa, Asia and Latin America revealed a large variation among the different cultures of the three continents. Surprisingly, in spite of the cultural differences there were clearly some common practices and beliefs which may occur in all three continents. It is assumed that these common practices are due to the expression people give to the basic events of life such as pregnancy, labour and lactation. A short review of common practices is presented as they may be of value in obstetrical practice in the northern countries. (14 references) (Author)

980307-029

Crossed wires. Waterhouse C (1998), Practising Midwife vol 1, no 3, March 1998, p 38

Short anecdotal piece on the problems experienced by one midwife in communicating with Asian women who spoke no English. (KL)

980220-024

A cultural experience of pain. Hayes L (1997), In: Moore S editor. Understanding pain and its relief in labour. Edinburgh: Churchill Livingstone 1997, pp 77-84

This chapter considers cultural influences on pain perception and the significance of effective communication on the understanding and management of pain for ethnic minority groups. The author also identifies issues relating to the experiences of women from a particular ethnic group (Asian women), and key considerations for midwifery practice. (SJH)

980204-024

Shared antenatal care fails to rate well with women of non-English-speaking backgrounds. Small R, Lumley J, Yelland J, and others (1998), Medical Journal of Australia vol 168, no 1, January 1998, pp 15-18

Objectives: To compare the views of women from non-English-speaking backgrounds who received antenatal care at a public hospital clinic with those whose care was shared between a public hospital clinic and a general practitioner. Design: Structured interviews in the language of the woman's choice. Setting: Women were recruited from the postnatal wards of three maternity teaching hospitals in Melbourne between July 1994 and November 1995, and interviewed six to nine months later. Participants: Women born in Vietnam, Turkey and the Philippines who gave birth to a live healthy baby (over 1500 g) were eligible. Of 435 women recruited, 318 (Vietnamese [32.7%], Filipino [33.6%] and Turkish [33.6%]) completed the study. Main outcome measures: Women's ratings of their antenatal care overall and views on specific aspects of their antenatal care. Results: Women in shared care (n = 151) were not more likely than women in public clinic care (n = 143) to rate their care as 'very good' (odds ratio [OR], 1.38; 95% confidence interval [95% CI], 0.72-2.63). Satisfaction with particular aspects of care (waiting times, opportunity to ask questions whether caregivers were rushed, whether concerns were taken seriously) did not differ significantly between those in shared care and those in public clinic care. Women in shared care were not happier with their medical care than women in public clinic care (OR, 0.83; 95% CI, 0.35-1.96), but were more likely to see a caregiver who spoke their language (OR, 17.69; 95% CI, 6.15-69.06), although two-thirds still saw a GP who spoke only English. Conclusion: Shared antenatal care is not more satisfying than public clinic care for women from non-English speaking backgrounds. Further evaluation of shared care is clearly needed. (Author)

980203-018*

Childbirth choice in a multi-cultural area: project final report. Clark C (1997), Harrow: Brent and Harrow Health Authority May 1997. 5p

Final report of a project in Harrow and Brent to investigate the childbirth needs of the Gujerati and Somali communities in the area in the light of the recommendations of the Changing Childbirth report. Specific areas which

will facilitate choice include language; traditional practices in childbirth, and knowledge of the National Health Service. (KL)

980203-016*

Choices in childbirth for Somali women. Cultural Partnerships Ltd (1997), London: Cultural Partnerships Ltd 1997. 20 mins

This video for Somali women, in their own language, reflects the main concerns and wishes for further information raised by Somali women during intensive work in Brent and Harrow. The video deals with specific issues such as caesareans, blood tests and circumcision. (Author)

971209-023

A poor start. Cohen P (1997), Health Visitor vol 70, no 12, December 1997, p 448

Being born into poverty can have a lasting impact on a child's health. Phil Cohen reports from a recent Maternity Alliance conference which investigated links between low birth weight and poverty. Two innovative projects being run by health visitors and midwives are briefly described, one in Bolton for women, mostly of Asian origin, who can visit health shops for advice from midwives, and the other in Leeds in which health visitors offer support to young mothers who misuse drugs are briefly described.(KL)

971118-023

`I wasn't rocking any boats'. Pakistani women, white women and their experiences of maternity care. Bowes A, Domokos TM (1997), Maternity Action no 78, October-December 1997, pp 6-7

A recent study of aspects of maternity care carried out at the University of Stirling' Department of Applied Social Science, focused on the experiences of Pakistani women and white women. The comparison between the two emphasised similarities, as well as differences. There are implications for health service improvements which can benefit all women. (Author)

971005-035

Traditional practices of women from India: pregnancy, childbirth, and newborn care. Choudhry UK (1997), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 26, no 5, September/October 1997, pp 533-539

This article describes maternal and child care practices among women from India. As in all cultures, certain beliefs exist surrounding what facilitates a good pregnancy and its outcome, as well as negative sanctions. These practices continue to influence many immigrant women to whom western practices are either unknown or unacceptable. An understanding of the traditional belief system of such women can ease their adaptation into the Canadian and US health care systems. (Author)

971004-029

Action not words. Eversley J (1997), Healthcare Today no 50, October 1997, p 30

The Blackwell Masters/NHS Confederation Healthdata database reveals a disparity in attitudes towards black and minority ethnic groups. John Eversley examines the findings. There is evidence that some national reports, such as the Changing Childbirth report, are being read and acted upon. (Author)

970915-039

The case for bilingual workers within the maternity services. Baxter C (1997), British Journal of Midwifery vol 5, no 9, September 1997, pp 568-572

Ensuring access to the population they serve is central to the role of health authorities and trusts. Language and communication difficulties are among the most common barriers to access for black and minority ethnic people. The employment of bilingual workers in the health service has been one response to improving access for this section of the population. This review examines some of the available evidence of the effectiveness of such services and puts forward the case for their development within maternity services. (Author)

970914-009*

COMA 1996 annual report. Department of Health. Committee on Medical Aspects of Food and Nutrition Policy (1997), London: Department of Health 1997. 45p

Summary of the work of the Committee on Medical Aspects of Food and Nutrition Policy (COMA) which includes the Panel on Child and Maternal Nutrition and the Working Group on the Nutritional Assessment of Infant Formulas. Reports include: infant feeding in Asian families; A survey of infant feeding practices 1995; and the setting up of the National Network of Breastfeeding Coordinators. Members of the COMA Panel on Child and Maternal Nutrition, the Working Group on the Nutritional Assessment of Infant Formulas and the Subgroup on Folic Acid are listed in Appendix 3. (KL)

970908-035

Health link. Priestley F (1997), Midwives vol 110, no 1316, September 1997, pp 215-216

As part of her training as a pre-registration midwifery student, the author was referred to two midwives working on the Maternity and Women's Health Project in Bolton. Here she describes the work of the project which was set up to try to improve the uptake of antenatal care by teenagers, Asian women, and pregnant women using drugs. The Health Link shop provided a place for women and men to drop in and talk to a midwife or take advantage of services such as family planning and contraception, prepregnancy care and advice, pregnancy testing, pregnancy booking, and antenatal check ups. (SJH)

970720-048

Separating fact from fiction: recruiting Asians into health care professions. Darr A (1997), MIDIRS Midwifery Digest vol 7, no 3, September 1997, pp 295-297

One in ten babies in the UK are now born to families from minority ethnic communities. Yet recruiting women from these groups to train as midwives is notoriously difficult. Health researcher, Aliya Darr, is trying to redress the balance in Bradford. (Author)

970714-009*

Pregnancy and antenatal care: the attitudes and experiences of Asian women. Woollett A, Dosanjh-Matwala N (1990), Child: Care, Health and Development vol 16, no 1, January-february 1990, pp 63-78

Asian women living in the East End of London were interviewed in English or in their own language to assess their attitudes to and experiences of pregnancy and antenatal care and to consider some factors which may influence their experiences, especially their fluency in English. In some respects Asian women's experiences were similar to those of non-Asian women reported in other studies, e.g. similar levels of nausea and lack of tie-up between nausea and negative reactions to pregnancy. However there were also some differences, e.g. Asian women expressed greater concern about the sex of the child and about eating `cool' foods to counterbalance the hot state of pregnancy. Asian women were good patients: they attended antenatal clinics, read the leaflets provided and about half attended antenatal classes, although some were keener than others to seek information about pregnancy and childbirth and only a quarter bought books or watched videos. Less than half of the women were living in extended families and receiving support form in-laws in the traditional way. Those living in nuclear families received support from friends, neighbours and especially husbands. There were considerable individual differences in women's reactions and experiences. Women who spoke little or no English were less knowledgeable and had lived for a shorter time in the UK than women who were fluent in English. Leaflets in languages women can read and link workers at clinics helped some women. (Author)

970711-011

Chinese zuo yuezi (sitting in for the first month of the postnatal period) in Scotland. Cheung NF (1997), Midwifery vol 13, no 2, June 1997, pp 55-65

Objective: to examine how Chinese women experience postnatal care in a Scottish setting, their beliefs, needs and experience, and why any differences exist. The aim is to bring the knowledge forward and to improve these women's childbearing experience. Design: a qualitative comparative approach. Setting: maternity units in Scotland. Participants: ten Chinese and ten Scottish women, ten health workers, five relatives, five Chinese women's friends, and five Scottish women's friends, plus two group discussions of four and six Chinese discussants, and one group discussion with four Scottish mothers and a health worker. Method: four stage semi-structured interviews with the two comparison groups of ten Chinese and ten Scottish women, and non-structured interviews/talks/discussions with ten health workers, ten women, five relatives and ten friends Findings: zuo yuezi is a popular integrated set of postnatal practices for Chinese mothers, not only in China, but also in Scotland, in their convalescence after giving birth. This traditional postnatal behaviour is embedded in culture. It is used to facilitate the physical recovery of the mothers, to prevent chronic illness, and also to strengthen their intra-family relationships. Conclusion: zuo yuezi serves as a

physical convalescence, a preventative measure, a social sanction to rest, a consolation, and a prompt for Chinese women to concentrate on their baby and their role of breast feeding, as well as an occasion to strengthen the intra-family tie, especially between the woman and her own mother or mother-in-law. This practice has a direct bearing upon the psychological well-being of Chinese women postnatally and in their future life. This suggests that these puerperal practices and the custom deserve the cognitive recognition of midwives, so that they can be aware of and respect the indigenous beliefs and practices that link the events of childbearing, the health status of women, and family relationships in order to provide better maternity care for this group of women. (30 references) (Author)

970711-010

The importance of culture in the provision of midwifery care. Thomson A (1997), Midwifery vol 13, no 2, June 1997, pp 53-54

Editorial commentary on the provision of midwifery care which is appropriate to different cultures and ethnic groups. (KL)

970607-047

Detecting postnatal depression in Asian women. Thompson K (1997), Health Visitor vol 70, no 6, June 1997, pp 226-228

Cultural and linguistic differences can hinder the detection and treatment of postnatal depression in Asian women. Kate Thompson reports on a study of what influences the ability of health visitors to give appropriate care. (Author)

970607-013

Bolton's maternity and women's health project. Baines S, Owen J (1997), Changing Childbirth Update no 9, June 1997, p 11

This community based health education initiative targets women in Halliwell in Bolton, an area characterised by high levels of unemployment, crime, poor housing, poor uptake of health services and a high perinatal mortality rate compared to Bolton as a whole. (SJH)

970605-002*

Pregnancy and childbirth. Maternity and Health Links, Refugee Action (1997), Bristol: Maternity and Health Links, and Refugee Action February 1997. 40p

Bilingual script to accompany the video of pregnancy and childbirth available in a selection of languages: Arabic, Bangla, Bosnian, Cantonese, Farsi, Gujerati, Hindi, Punjabi, Somali, Urdu, and Vietnamese. (KL)

970605-001*

Pregnancy and childbirth. Maternity and Health Links, Refugee Action (1997), Bristol: Maternity and Health Links, and Refugee Action February 1997. 49 mins

Video covering many aspects of pregnancy and childbirth available in a selection of languages: Arabic, Bangla, Bosnian, Cantonese, Farsi, Gujerati, Hindi, Punjabi, Somali, Urdu, and Vietnamese. (KL)

970503-009

Creating a supportive environment for Indo-Canadian women. Dhari R, Fryer M, Dhari M, and others (1997), Canadian Nurse vol 93, no 3, March 1997, pp 27-31

Culturally accessible prenatal classes for immigrant families go a long way towards making pregnancy and delivery easier and more empowering. (Author)

970311-014

Beyond the translated leaflet - involving communities through peer education. Clark C, Khan A (1997), Changing Childbirth Update no 8, March 1997, p 16

A peer education project has been set up in Brent and Harrow Health Authority to provide information to refugee and Muslim groups through community volunteers. Communities represented include Somali, Iranian, Tamil, Ghanian, Afghan and Bosnian as well as Muslim groups from a range of ethnic backgrounds. Regular support meetings and training sessions are provided for the peer counsellors. (KL)

970311-006

Development of an interview questionnaire for Bangladeshi women. Duff L (1997), Changing Childbirth Update no 8,

March 1997, p 9

Short report of a study to develop an interview questionnaire to evaluate the satisfaction of non English speaking Bangladeshi women with maternity services in the United Kingdom. (KL)

970311-005

Assessing the quality of maternity services for Pakistani women and indigenous white women. Hirst J (1997), Changing Childbirth Update no 8, March 1997, p 8

Brief report of a study of 187 pregnant women in the Northern and Yorkshire region to evaluate the management and organisation of care from the consumer's point of view, comparing care received by Pakistani and indigenous white women within and between two different districts of the region. It is hoped to publish a fuller report of the findings. (KL)

970309-037*

The case for the provision of bilingual services within the NHS. Baxter C, Baylav A, Fuller J, and others (1996), London: Department of Health and Bilingual Health Advocacy Project 1996. 28p

Report of a survey funded by the Department of Health between April and September 1993 and aimed primarily at those involved in purchasing and planning the employment of bilingual health workers. 672 questionnaires were distributed to statutory and voluntary sector agencies employing bilingual health workers to work in the health services. 295 responses were received from District health authorities, family health service authorities, NHS Trusts, and independent and charitable funded projects. Results show that current provision of service does not meet demand even in areas where the service is well supported. The case for the development of bilingual services in the NHS is discussed and guidelines for the provision of service are given. Specific projects used as examples include the Hackney Multi-Ethnic Women's Health Project for maternity services. (KL)

970309-033*

Infant feeding in Asian families: early feeding practices and growth. Thomas M, Avery V (1997), London: The Stationery Office 1997. 196 pages

This report embodies the findings of a survey into the feeding practices of families in the Asian community in England. It is the first survey not only to look at the feeding practices of this particular group but also the first to distinguish between families who originate from different parts of the Indian sub-continent. One motivation for the study was the finding that at 5 years of age, children of Asian origin are shorter than other children. The study aims to establish whether the fact that these children do not appear to be reaching their full growth potential is due to early feeding practices, and to determine what influences their mothers' choices in feeding patterns. The sample was randomly selected from all births registered in the 41 local authorities in which 95% of the total Asian population of England reside between 15 August and 1 November 1994. The study population was therefore representative of all babies born to mothers of Pakistani, Bengali and Indian origin. A nonrepresentative random sample of white mothers living in the same areas as the Asian mothers was included for comparison. The survey was carried out in several stages by means of interviews when the babies were 6-10 weeks old, five months, nine months and fifteen months. 2,382 mothers were interviewed at all four stages. The questionnaires, which are helpfully reproduced in Appendix F, covered every aspect of infant feeding, as well as socio-economic indicators. The findings are clearly presented with the aid of graphs and detailed tables which allow the reader to access the information with little difficulty. The book is divided into chapters that include breastfeeding, artificial feeding, influences on the choice of feeding method, sources of antenatal information on feeding, feeding problems, solid food, and numerical data on the length and weight of the infants covered by the survey. Many interesting facts emerged which challenge preconceived notions about the feeding practices of Asian families. For instance, 90% of Bengali mothers either wholly or partly breastfeed their infants; whereas 62% of white mothers breastfeed. However, Bengali and Pakistani mothers gave up breastfeeding more quickly. A factor that may influence successful breastfeeding is the access to information in the antenatal period, with significantly fewer Asian women receiving material such as the Health Education Authority books, even when these women spoke and read English. The data on mixed feeding showed that Bengali infants were given a narrower range of foods than other Asian children; one can surmise that this may be linked to levels of income with the average gross weekly income for Bengali families being £139 in comparison to £296 for white and £152 for Pakistani families. The survey findings form a sound basis for midwives to examine their practice in issues surrounding the area of infant feeding. It will enable them to gain a clearer picture of the kinds of decisions that their clients may make so that they can offer appropriate and timely advice. At £40, the survey may seem expensive, but it contains a wealth of information that would be useful for anyone caring for mothers and babies from the Asian community. (Reviewed by

Sarah Montagu, midwife)

970304-013

Working from a multiracial perspective. Baxter C (1996), In: Kroll D ed. Midwifery care for the future: meeting the challenge. London: Bailliere Tindall 1996, pp 23-37

Drawing from several secondary sources, including surveys of users' views, this chapter explores black and ethnic minority women's experiences of maternity services and identifies prerequisites for an ethnically sensitive service. It also provides some guidelines as a starting point for midwives for improving personal practice. (15 references) (Author)

970206-014

Beyond the translated leaflet. (1997), Healthlines vol 2, no 39, February 1997, pp 22-23

Attempts to address the health promotion needs of people from black and minority ethnic groups often fail to reach Britain's Muslims. Healthlines looks at a scheme in Brent and Harrow that bridges the gap. (Author)

970203-010

Arab Muslim's women experience of maternity care. Vose C (1996), Birth Issues vol 5, no 4, 1996, pp 8-17

Report of a qualitative research study of the Arab Muslim women's experiences of maternity services in Brisbane. Aspects investigated include language barriers and communication problems, culture and religion, the need for privacy, male staff, diet, alienation, lack of confidence, restrictions to prayer, and cleanliness and purification. (37 references) (KL)

970202-019

Postnatal depression in Asian women. Bostock J, Marsen M, Sarwar Z etal (1996), Community Nurse vol 2, no 10, November/December 1996, pp 34, 36

Report of a project in Sneinton, Nottingham to investigate the level of postnatal depression among Asian women, identify women at risk, and develop a primary health-care approach that also provides good continuity of care between professionals. The primary health care team consists of the general practitioner, community midwife, health visitor and a clinical psychologist. (KL)

970117-001

Beliefs about colostrum among women from Bangladesh and their reasons for not giving it to the newborn. Littler C (1997), Midwives vol 110, no 1308, January 1997, pp 3-7

Report of a study undertaken in Tower Hamlets, London to examine the beliefs of Bangladeshi women about colostrum, why it is ommitted from early feeding, how long breastfeeding is suspended for, and who or what influences these choices and beliefs. (KL)

970101-004*

Options in childbirth for Gujerati and Somali women: a Cultural Partnership report. Cultural Partnerships (1995), London: Brent and Harrow Health Agency [1995?]. 17p

Report of a three month consultation with the Gujerati and Somali communities in North London exploring antenatal care provision, and the awareness of women of the choices available to them. (KL)

970101-003*

Informed choice in pregnancy and childbirth: what this means for black and ethnic minority women. Turner H (1996), London: University of London, Institute of Education, Social Science Research Unit February 1996. 43 pages

Following an original study investigating women's opinions of two 'Informed Choice' leaflets produced by MIDIRS - ultrasound scans and positions in labour - this study was set up to investigate how maternity care is experienced by black and ethnic minority women, particularly those whose first language is not English, and what influence this has on their ability to access or practice informed choice. (KL)

970101-002*

Executive summary into the health needs of Bangladeshi women for maternity care. Ullah S (1994), Bradford: Bradford Family Health Services Authority November 1994. 33p

Summary of a report of a project examining the experiences of Bangladeshi women through pregnancy to eight weeks after the birth to obtain their views and perceptions of pregnancy and the health services provided, and the extent of their knowledge about services available. (KL)

961206-042

Listening to the voices of the minority groups. Schott J, Henley A (1995), British Journal of Midwifery vol 4, no 11, November 1996, pp 601-603

In the final article of the series on cultural and religious aspects of maternity care, the authors discuss the issues involved in ensuring effective minority user representation on health service committees. (Author)

961203-022*

Spiritual care in the NHS: a guide for purchasers and providers. National Association of Health Authorities and Trusts (NAHAT) (1996), Birmingham: NAHAT 1996. 19p

Practical guide for purchasers and providers to help them provide services appropriate to the spiritual needs and beliefs of all National Health Service users. (KL)

961105-018

Exploring the antenatal care experiences of Bangladeshi women: the case for culturally sensitive research methods. Hennings J (1996), In: Research and the Midwife Conference Proceedings 1995. Manchester: University of Manchester 1996, pp 27-34

The author outlines issues which need to be examined in an ethnically sensitive way when conducting research with ethnic minority groups. (SJH)

961010-051

Ethnically sensitive practice. Wheal A (1996), Maternity Action no 74, October/November/December 1996, pp 8-9

Report of a survey conducted by academic staff at the University of Southampton into procedures and practices in two hospital departments (including the maternity hospital) and four GP surgeries (including an antenatal clinic) in Southampton. The aim was to establish how black and ethnic minority patients were being treated and to make recommendations for change. (SJH)

961010-048

Bangladeshi women's views about maternity care. Lamping D, Duff L, Ahmed L (1996), Maternity Action no 74, October/November/December 1996, pp 5-7

The authors describe how they carried out a survey of Bangladeshi women in the North West Thames region to find out what Bangladeshi women expect from, and think about, maternity service provision. The first phase of the study highlighted six key factors which determine how satisfied women from minority ethnic communities are with care provision. These are: quality of information, information giving, choice, care and assistance, organisation and continuity of care and socio-economic status and domestic circumstances. (SJH)

961009-002

Maternal-child immigrant health training: changing knowledge and attitudes to improve health care delivery. Gany F, De Bocanegra HT (1996), Patient Education and Counseling vol 27, no 1, 1996, pp 23-31

This paper reports the development, implementation and evaluation of a training program for all levels of staff of Maternity Infant Care Family Planning Centers in New York City. The learner-centered training is designed to enhance cross-cultural sensitivity and communication skills. It provides epidemiological and patient management skills for serving ethnically diverse populations and focuses on skills training, such as the cross-linguistic, cross-cultural interview, and using epidemiological principles in diagnosis and treatment. In addition to the core curriculum, each module is tailored to the site-specific information needs of the participants, as determined during individualized needs assessments. There are five sessions: the cross-cultural medical interview and working with interpreters; epidemiologic issues; attitudes and practices in maternal child health; family dynamics and interactions; and a session devoted to follow-up and evaluation. This training has been very successful in enhancing health care providers' sensitivity toward immigrant health issues. Pre- and post-test measurements found statistically significant

improvements in the knowledge and attitudes of participants. Patient care has been greatly improved. (Author)

961007-032

Improving access to health care. Orme J, Starkey F (1996), Health Visitor vol 69, no 10, October 1996, pp 413-414

Judy Orme and Fenella Starkey describe the difficulties in access to health services experienced by many black and minority ethnic groups, and explore ways in which health visitors can work to ensure their services are accessible to all clients. (Author)

961004-045

Childbearing losses. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 10, October 1996, pp 522-526

In this article Judith Schott and Alix Henley discuss potential cultural and religious variations in belief and practice which may influence the needs of parents who are experiencing a childbearing loss. (Author)

960913-047

Names, notes and records: a cultural perspective. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 9, September 1996, pp 458-461

NHS records are based on the British naming system. Names based on different naming systems may not fit neatly or acceptably into records. Recording and using clients' names incorrectly can cause problems ranging from offence and delay to serious clinical error. This article looks at a variety of different naming systems and how to ensure that all names are recorded and used correctly. (Author)

960913-027

Understanding the cultural dynamic of postnatal depression. Craddock E (1996), In: Postnatal depression: focus on a neglected issue. Papers from the HVA/NCT national conference, London 18 April 1996. London: Health Visitors Association and National Childbirth Trust September 1996, pp 23-27

Esther Craddock describes how cultural differences can lead to misdiagnosis, and failure to pick up important clues to the well-being of mothers from minority ethnic communities. Establishing cultural awareness is vital to the effective provision of postnatal care. (20 references) (Author)

960911-006

Pakistani women and maternity care: raising muted voices. Bowes AM, Domokos TM (1996), Sociology of Health & Illness vol 18, no 1, January 1996, pp 45-65

The main focus of this paper is the sociological debate concerning the problems inherent in researching the views of disempowered groups such as ethnic minority women. The authors use the concept of `muted groups' which emphasises the need for researchers to empower the voices of those that are silenced within society. Ethnic minority women's voices are muted both by their gender and their race and this process is exacerbated by the failure of researchers to `listen' as the relationship of power in the research process remains unaltered. Qualitative research has been shown to be more useful than quantitative approaches in gaining rich data from ethnic minority groups. However, much research has been based on assumptions of Asian culture as `other' and hence as problematic. The unequal power relationship between the researcher and the researched needs to be acknowledged in order to establish a genuine interaction to facilitate the gathering of information. The authors highlight the sociological debate on whether `shared experience' is a prerequisite for research and argue that, provided the researcher is aware of the issues of racism and of power relations between different social groups, it is possible for white researchers to research ethnic minority women. The research process: In order to address the issue of empowerment in the research process, Bowes and Domokos aimed to elicit women's own health concerns. They interviewed 19 Glaswegian Pakistani Muslim women using semistructured interviews carried out in their homes. An interpreter was used with women who were unable to speak English. Data was also collected at several women's group meetings and at a Women's Health Day. The focus of the interviews was women's ideas about good health, and their experiences of and their suggestions for improvements in health services. The interview data was analysed using a computer to index and sort the transcripts. Throughout every stage of the research process, the authors attempted to avoid the pitfalls of muting and disempowerment. The interviewees were to a large extent in control of the interview. Findings: The data that was gathered reflected views that have not been generally voiced and that differed from `professional' views of appropriate care. It is particularly interesting, in view of current Changing Childbirth and Baby Friendly Hospital initiatives, that many of the women appreciated long postnatal stays and preferred their babies to be cared for in

nurseries overnight. They had also frequently been the subject of stereotypical views of healthcare staff, for instance in assumptions that they would have large extended families to care for them or that not attending antenatal classes meant they would not be able to use Entonox apparatus. The issue of empowerment in research follows through to the use of such results, as raising muted voices permits the expression of views or data which may well challenge dominant values. The onus therefore falls onto the researcher to ensure that these voices are heard. Discussion: The paper provides a very useful discussion of a number of elements which should be taken into consideration by those carrying out research into the views of people marginalised and subordinated by society. It also provides a salutary reminder of the extent to which the maternity services are failing women who do not fit the white middle-class norm: Bowes and Domokos state that they allowed women not to speak if a subject upset them. Many of the women they spoke to felt that their experience of childbirth had been so traumatic and painful, they did not wish to recall it in detail. That silence in itself speaks volumes about the yawning gap between the needs of these women and the service they received. (Abstract written for MIDIRS by Sarah Montagu, midwife)

960907-068*

Core health and race standards: good practice paper. Silvera M, Miller D, Clarke C (1996), London: King's Fund Development Centre 1996. 11p

Guidelines for the provision of good quality and consistency in health services for black and ethnic minority populations in Britain. (KL)

960825-050*

Some beliefs about colostrum among women from Bangladesh and reasons for its omission to the new-born. Littler C (1996), London: City University, St Bartholomew and Princess Alexandra and Newham College of Nursing and Midwifery September 1996. 61p

Report of research undertaken as part of a BSc course into reasons for beliefs among Bangladeshi women that colostrum should not be given to newborn infants. (KL)

960825-049*

An examination of the extent to which pre-registration programmes of nursing and midwifery education prepare practitioners to meet the health care needs of minority ethnic communities. English National Board for Nursing, Midwifery and Health Visiting (1996), London: English National Board for Nursing, Midwifery and Health Visiting July 1996. 4p

The Research Highlights present the main findings from a major research project examining the extent to which pre-registration programmes of nursing and midwifery education prepare practitioners to meet the health care needs of minority ethnic communities. The research focused on the adult and mental health branches of nursing programmes in addition to midwifery programmes. A national survey by postal questionnaire of education institutions was undertaken in order to examine the ethnic related content of curricula and their relevance to the health care needs of minority ethnic communities, together with the teaching and learning methods and approaches used in both classroom and practice settings. This was followed by an in-depth study of three education centres and their associated practice areas, in order to seek the perceptions of students, teachers, practitioners, mentors/assessors and managers of the extent to which programmes prepare practitioners to meet the health care needs of minority ethnic communities. Data were collected by means of individual and focus group interviews. In addition, the experiences of minority ethnic service users were also sought through interviews with members of these communities and position statements from minority ethnic community organisations. Finally, an analysis of statistical data held by the ENB was undertaken in order to examine the ethnic background of students entering pre-registration nursing and midwifery programmes. (Author)

960805-036

Family planning considerations in a multiracial society. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 8, August 1996, pp 400-403

When making choices about contraception, people are influenced by many factors including cultural norms and religious beliefs. Awareness of the variety of possible religious and cultural attitudes to family planning and specific contraceptive methods is helpful. However it is important not to make any assumptions about what an individual will decide. The way services are organized and offered will also influence people's ability to benefit from them. (Author)

960805-031

MSLCs - developing effective black and ethnic minority representation. Baxter C (1996), Changing Childbirth Update no 6, July 1996, pp 12-13

Improving maternity services in line with the needs and wishes of local women works best when purchasers, providers and users work together to plan and monitor services. Maternity services liaison committees (MSLCs) provide a forum for this. People from black and ethnic minority committees must be effectively represented in the MSLC's work if services are to truly reflect the needs of the whole population. This article gives some pointers as to how this could be achieved. (Author)

960805-021

Improving communication with Asian parents. Akhtar T (1996), Changing Childbirth Update no 6, July 1996, p 5

A survey of women at Birmingham Heartlands Hospital who were experiencing communication difficulties led to the setting up of antenatal classes in Urdu or Bengali about a year ago. In addition all staff in the maternity unit attended an introduction to Urdu course. (SJH)

960803-023

Bilingual services within the NHS. (1996), Maternity Action no 73, July-September 1996, pp 10-11

Report of a survey into the employment of bilingual support workers in the National Health Service. (SJH)

960803-003

`Translation is at best an echo'. Ahmed S, Valentine S, Shire S (1982), Community Care 22 April 1982, pp 19-21

There are serious dangers and pitfalls for social workers trying to communicate, through an interpreter, with non-English speaking Asian clients. Coventry SSD training officer Shama Ahmed discusses the study she, colleague Stuart Valentine and social worker Stella Shire, made of this skill and offers some advice. (Author)

960723-004

Study of new mothers looks at language and cultural barriers facing immigrant women. Williams LS (1996), Canadian Medical Association Journal (CMAJ) vol 154, no 10, 15 May 1996, pp 1563-1564

The majority of Indo-Canadian women discharged from Surrey Memorial Hospital in British Columbia have fewer skills and less knowledge about infant care than Euro-Canadian women. A recent study by Poole and Ting found that cultural factors play a part, for example, the women may chose language differences as a polite way of refusing to answer questions about personal hygiene. (SJH)

960719-014*

Black and minority ethnic groups in England: health and lifestyles. Rudat K (1994), London: Health Education Authority 1994. 173p

Report of a survey of attitudes to health and lifestyles among different groups within the population of the United Kingdom. Specific groups targeted include: Pakistanis, Bangladeshis, Indian Sikhs, East African Asians, Afro-Caribbeans, and Black Africans. Areas covered include demographic factors, perceptions of health, use of health services, smoking, and health promotion. (KL)

960715-052

Antenatal screening and diagnosis in a multiracial society. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 7, July 1996, pp 346-349

Antenatal screening and diagnosis are a major and increasing part of antenatal care. The choices and dilemmas facing women are complex, especially for those with specific cultural or religious beliefs and needs. (Author) This article is based on material from Culture, religion and childbearing: a handbook for professionals by Judith Schott and Alix Henley, Butterworth Heinemann, 1996. (Author's note)

960711-024

Meeting individual cultural and religious needs in a multiracial society. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 6, June 1996, pp 287-9

Faced with diverse needs many health professionals want `facts' about different cultural and religious groups. But such `facts' ignore the tremendous diversity among individuals within any group. A useful approach is to consider the

wide spectrum of possible needs and attitudes in relation to each component of care, and then to discuss with each woman what is important to her. (Author)

960703-058

Some beliefs about colostrum in the Bengali community and reasons for not giving it new born babies. Littler C (1996), Midwifery Matters no 69, June 1996, p 18

Summary of the findings of a research study into beliefs about colostrum in the Bengali community, and why it is not given to newborn babies. (KL)

960620-085*

Consumer empowerment: a qualitative study of linkworker and advocacy services for non-English speaking users of maternity services. Executive summary. Maternity Alliance (1996), London: Maternity Alliance June 1996. 6 pages

Executive summary only of the report of a study, funded by the Department of Health, into the effectiveness of linkworker and advocacy schemes in empowering minority ethnic community users of maternity services. Activities undertaken by linkworkers and advocates, and the outcomes of these activities, were examined and the level of satisfaction of service users. Guidelines for purchasers and providers are drawn up from the results. (Full report @ AN 960620-084 *) (KL)

960620-084*

Consumer empowerment: a qualitative study of linkworker and advocacy services for non-English speaking users of maternity services. Warrier S (1996), London: Maternity Alliance June 1996. 86p

Report of a study, funded by the Department of Health, into the effectiveness of linkworker and advocacy schemes in empowering minority ethnic community users of maternity services. Activities undertaken by linkworkers and advocates, and the outcomes of these activities, were examined and the level of satisfaction of service users. Guidelines for purchasers and providers are drawn up from the results. (KL)

960620-068

Some beliefs about colostrum in the Bengali community and reasons for its omission to the newborn. Littler C (1995), Leytonstone: Catharine Littler September 1995. 2p

Colostrum is a substance secreted from the mother's breast for the first three days following birth. It contains high levels of immunoglobulins, including IgA significant in protecting infants against harmful infections of the gastro-intestinal and respiratory tracts. The practice of omitting colostrum is common amongst women from the Bangladeshi community. Little is known about why this practice exists. The Aims of this study was to identify attitudes and beliefs of women from Bangladesh towards early breast feeding, to identify attitudes held by Health Professionals and to make appropriate recommendations to Health Authorities and those providing breast feeding support. The study is essentially qualitative with some quanitifiable data. Sixty newly delivered women from the Bangladeshi community were invited for in-depth interviews with a follow-up questionnaire. Twenty three health professionals participated in the study through questionnaires. Content Analysis was used to analyse the data and the women's follow-up questionnaire, a Linkert Scale, was analysed using the S.P.S.S. package. The main study findings revealed 98% of women fed their infants artificial milk in the first three days. Colostrum was hand expressed out of the breast then discarded. Infants were put to the breast after three days. The women did not feed colostrum on the basis of its colour and density. The thin water fluid was omitted, the thick white fluid was given. Overall women disagreed that colostrum was evil or harmful refuting belief held by Health Professionals that this was the main motive of women for discarding colostrum. Women were more influenced in their feeding choices by other women and less so by their husbands, although there is evidence that this is changing. Spiritual reasons were given by 50% of women as main influences for breast feeding choice. All Health Professionals reported feeling compromised in their role as Health Educators, mainly due to communication barriers. Recommendations include the need for accurate information about colostrum for women from Bangladesh and in-house study days for Midwives on culturally sensitive care in relation to breast feeding. Further areas of research have been identified. (Abstract only, further information available direct from author, full research report). (Author)

960620-009*

Evaluation of the Asian mother and baby campaign: full summary report. Rocheron Y, Dickinson R, Khan S (1989), Leicester: University of Leicester, Centre for Mass Communications Research 1989

The Asian Mother and Baby Campaign (AMBC) was an initiative to improve maternity services for Asians in 16 District Health Authorities (DHAs) between 1984 and 1987. It consisted of a health education campaign aimed at making Asians aware of the importance of antenatal care and the services available. Linkworkers acted as a link between Asian women and health care professionals (from antenatal booking to six weeks after birth). They were trained to act as interpreters, cultural ambassadors, representatives of patients and staff, and health educators. An evaluation of the AMBC was carried out in three DHAs: Wandsworth, Brent and Dewsbury. The evaluation consisted of observation of the AMBC management teams, and surveys of linkworkers, health professionals, and mothers. A social survey of Asian and non-Asian was also carried out in four districts (the Evaluation Districts and a Control District) before and after the local launches of the Campaign in order to measure its impact. The results of the before and after surveys - which were designed to detect short-term effects only - suggest that the MBC publicity drive had very little immediate impact on the public at large. In contrast, there is evidence that the linkwork schemes were successful and were valued highly by Asian mothers and most health professionals. Linkworkers acted mostly as language interpreters and offered much emotional support. They contributed to objective changes in the maternity care of Asian women (e.g. provision of Asian food, long dressing gowns). They also highlighted how racism can affect service delivery. Linkwork schemes are recommended to health authorities for maternity care and other areas of health care, particularly mothers with young children. Recommendations are made on the management of linkwork schemes in the light of the findings of the evaluation. (Author)

960620-008*

Evaluation of the Asian Mother and Baby Campaign. Final report volume II: the before and after survey. Dickinson R, Khan S, Rocheron Y (1989), Leicester: University of Leicester, Centre for Mass Communications Research 1989. 170p

The Asian Mother and Baby Campaign (AMBC) was an initiative designed to improve maternity services for Asians in 16 District Health Authorities (DHAs) between 1984 and 1987. It consisted of a health education campaign aimed at making Asians aware of the importance of antenatal care and the services available. Linkworkers acted as a link between Asian women and health care professionals (from antenatal booking to six weeks after birth). They were trained to act as interpreters, cultural ambassadors, representatives of patients and staff, and health educators. An evaluation of the AMBC was carried out in three DHAs: Wandsworth, Brent and Dewsbury. The evaluation consisted of observation of the AMBC management teams, and surveys of linkworkers, health professionals, and mothers. A social survey of 2178 Asians and non-Asians was also carried out in four districts (the Evaluation Districts and a Control District) before and after the local launches of the Campaign in order to measure its impact. The results of the Before and After surveys - which were designed to detect short-term effects only - suggest that the AMBC publicity drive had very little immediate impact on the public at large. Various explanations are advanced in the report on these surveys to account for this. The survey findings also indicate that there is room for further health education and information initiatives with Asian people, and show that to be successful, these must take note of the different patterns of media use, and the linguistic and behavioural differences to be found among individuals within the Asian population of the UK. (Author)

960619-004

Alcohol, smoking and pregnancy: some observations on ethnic minorities in the United Kingdom. Waterson EJ, Murray-Lyon IM (1989), British Journal of Addiction vol 84, 1989, pp 323-325

This paper describes drinking and smoking patterns before and during pregnancy in 363 women from ethnic minorities living in West London. Drinking and smoking were less common and levels of consumption were lower amongst women of Afro-Caribbean, Asian or Oriental origin than amongst Europeans. However, 75% of the Afro-Caribbeans, 56% of the Orientals and 47% of the Asians did drink alcohol before pregnancy. Twenty-one per cent of the Europeans, 5% of the Afro-Caribbeans, 3% of the Orientals drank more than 100 g alcohol per week (the level at which fetal harm may result). Drinking and smoking decreased in pregnancy in all ethnic groups, but 31% of Afro-Caribbeans, 29% of Orientals and 18% of Asians continued drinking. it is important to take alcohol and smoking histories from all pregnant women whatever their racial origin as part of good antenatal care. (Author)

960613-077

Racial discrimination, the law and equal access in maternity care. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 5, May 1996, pp 235-238

Although there is no scientific basis for dividing people into racial groups, discrimination on the basis of `race' is widespread. This article looks at ways of combatting racism within the maternity services and beyond. (Author)

960613-002*

An analysis of health education materials for minority communities by cultural and linguistic group. Bhatt A, Dickinson R (1992), Health Education Journal vol 51, no 2, 1992, pp 72-77

This paper examines the perceptions of needs and priorities in health education for minority communities (South Asian, Chinese, and Caribbean) as reflected in the 1990 Health Education Authority catalogue of health education materials. The paper also examines the distribution of leaflet and non-leaflet materials amongst the cultural and linguistic groups within these communities. A comparison is made with the previous catalogue published in 1987 to identify shifts in emphasis in health education materials for minority communities. (Author)

960611-034*

'From here to maternity': a study of Irish women's experiences of maternity services in Brent. Carr M (1996), London: Equal Access January 1996. 29p

Report of a study of Irish women's experiences of maternity services in Brent, North London. (KL)

960611-033*

Asian women's voices on maternity: a study of the views, expectations and experiences of Asian women in Brent. Singh S (1996), London: Equal Access January 1996. 33p

Report of a research study by the Equal Access Asian Outreach Worker which aimed to enable Asian women to voice their experiences and concerns about maternity provision in Brent, to gather information to improve services to Asian women, and to make recommendations on carrying out the improvements. (KL)

960611-017*

Attitudes of pregnant Asian women to antenatal care. Jain C (1985), [Birmingham?]: West Midlands Regional Health Authority January 1985. 95p

Report of a study conducted at Dudley Road Hospital, Birmingham, into attitudes to and satisfaction with antenatal care among Asian women in the area. (KL)

960606-004*

Facing up to difference: a toolkit for creating competent health services for black and minority ethnic communities. Chandra J (1996), London: King's Fund 1996. 132p.

Toolkit for purchasers and providers to assess how far they have progressed to ensure that their provision of services is sensitive to the cultural and religious needs of different ethnic minority communities. (KL)

960606-003*

Directory of ethnic minority initiatives. Department of Health (1996), London: Department of Health May 1996. 92p.

Directory of initiatives and projects for the improvement of the health of black and ethnic minority communities in the UK. Arranged by subject, sections include patient's rights and information; general health promotion; women's health; maternity services; child health; and infant feeding and nutrition. (KL)

960604-020*

Evaluation of the Asian Mother and Baby Campaign. Synopsis. Rocheron Y, Dickinson R, Khan S (1989), Leicester: University of Leicester, Centre for Mass Communications Research 1989. 27p

The Asian Mother and Baby Campaign (AMBC) was an initiative designed to improve maternity services for Asians in 16 District Health Authorities (DHAs) between 1984 and 1987. It consisted of a health education campaign aimed at making Asians aware of the importance of antenatal care and the services available. Linkworkers acted as a link between Asian women and health care professionals (from antenatal booking to six weeks after birth). They were trained to act as interpreters, cultural ambassadors, representatives of patients and staff, and health educators. An evaluation of the AMBC was carried out in 3 DHAs: Wandsworth, Brent and Dewsbury. the evaluation consisted of observation of the AMBC management teams, and surveys of linkworkers, health professionals and mothers. A social survey of Asians and non-Asians was also carried out in 4 districts (the evaluation districts and a control district) before and after the local launches of the campaign in order to measure its impact. The results of the before and after surveys - which were designed to detect short-term effects only - suggest that the AMBC publicity drive had very little immediate impact on the public at large. In contrast, there is evidence that the linkwork schemes were successful and

were valued highly by Asian mothers and most health professionals. Linkworkers acted mostly as language interpreters and offered much emotional support. They contributed to changes in the maternity care of Asian women in the districts studied (eg the provision of Asian food, long dressing gowns), and they drew attention to the ways in which racism can effect service delivery. Linkwork schemes are recommended to health authorities for maternity care and other areas of health care, particularly the care of mothers and young children. Recommendations are made on the management of linkwork schemes and on the use of the mass media in further health education programmes focusing on Asian people. (Author)

960604-015*

The ethnic health handbook: a factfile for health care professionals. Karmi G, editor (1996), Oxford: Blackwell Science 1996. 132p

Expanded and updated version of the Ethnic health factfile issued by the Health and Ethnicity Programme of the NW/NE Thames Regional Health Authority in 1992. This book provides a summary of facts relevant to health care of a variety of ethnic groups of different cultures and religions that live in the United Kingdom. Information on language, customs, and specific health issues is given for Buddhism, Hinduism, Islam, Judaism and Sikhism, and for ethnic groups including African-Caribbeans, Arabs, Armenians, Bangladeshis, Chinese, Greek and Turkish Cypriots, Eritreans, Ethiopians, Ghanaians, Iranians, Japanese, Kurds, Nigerians, Punjabis, Somalis, Sudanese, Tamils, Gypsies and Vietnamese. (KL)

960526-010*

Health, 'race' and ethnicity: making sense of the evidence. Smaje C (1995), London: King's Fund Institute 1995. 151p

Information concerning the health of people from minority ethnic populations in Britain, their use and experiences of the health services, and the history of attempts to address their needs in the formulation of health policy. Bringing together research and analysis from a range of disciplines, the book provides an up to date summary of both existing knowledge and current controversies. (Author, edited)

960501-086

Newcastle Bangladeshi midwifery project. Sen DM, Holmes C (1996), MIDIRS Midwifery Digest vol 6, no 2, June 1996, pp 225-229

Women of Bangladeshi origin are known to experience many disadvantages, physically, socially and emotionally. There is evidence that this group have a poor uptake of the health service, particularly maternity care. Between January 1990 and March 1995 an enhanced midwifery care project was set up to address this problem: the Newcastle Bangladeshi Midwifery Project. (Author)

960429-112

Antenatal care in a multiracial society. Schott J, Henley A (1996), Modern Midwife vol 6, no 5, May 1996, pp 30-31

In this extract from Culture, religion and childbearing in a multiracial society, Judith Schott and Alix Henley discuss how a visit to the antenatal clinic can be a bewildering and often distressing experience for women from minority cultures. (Author)

960429-095

Maternity development project for the Vietnamese community. (1996), Maternity Action no 72, April-June 1996, pp 10-11

Description of the work of the Maternity Development Project for the Vietnamese Community set up in South East London to help and support pregnant Vietnamese refugees and asylum seekers. (KL)

960429-093

Safe motherhood?. (1996), Maternity Action no 72, April-June 1996, p 10

Brief introduction to two articles which describe problems for pregnant asylum seekers and refugees in the United Kingdom, and two projects which are endeavouring to help them. (KL)

960429-089

The missing linkworkers. (1996), Maternity Action no 72, April-June 1996, pp 4-5

Editorial discussion of the importance of linkworkers and advocates in the provision of maternity services to members of ethnic minority groups and to with a limited understanding of English. (KL)

960401-029*

Linking communities: the need for advocacy and language support in Bristol's health services. Starkey F (1995), Bristol: Maternity and Health Links 1995. 76p

Report of research aimed to identify unfulfilled needs for interpreting and advocacy services for NHS users whose first language is not English within Frenchay, Southmead and United Bristol Healthcare NHS trusts. Considers how Maternity and Health Links [an organisation providing interpreting and advocacy services to non-English speaking health care service users in Bristol] could work with local purchasers and providers to fulfil these needs. (Author)

960401-016*

Culture, religion and childbearing in a multiracial society: a handbook for health professionals. Schott J, Henley A (1996), Oxford: Butterworth-Heinemann 1996. 361p

Comprehensive discussion of how to identify and meet the maternity service needs of the whole range of cultural and religious groups living in the United Kingdom. The 5 parts cover: 1: Culture, race and health care - culture and difference; culture and health care; immigration and change; racial discrimination in society; racial discrimination, health and health care; challenging inequalities. 2: Communication - communication in a multiracial society; language and culture; the language barrier; communication across a language barrier; working with professional interpreters; informal interpreters; written material; getting people's names right. 3: Implications for practice - finding out what people need; personal heritage and religious belief; families, relationships and roles; daily living; pregnancy and antenatal care; labour and birth; postnatal period; childbearing losses; implications for purchasers, service managers and educators. 4: Specific health issues - female circumcision, female genital mutilation; haemoglobinopathies; HIV and AIDS; refugees and asylum seekers; substance use; Tay-Sachs disease. 5: Specific cultures and religions - African-Caribbean; Akan (Ghanian); Chinese; Somali; and South Asian; Christianity (Anglican, Roman Catholicism, Seventh-Day Adventism, Pentecostal churches); Hinduism; Islam; Jehovah's Witnesses; Judaism; Rastafarism; and Sikhism. Each chapter contains references and recommended further reading. (KL)

Living and working in a multicultural society, this book contains much of relevance for all health care professionals, irrespective of discipline. It is clearly written and actively engages the reader, encouraging them to think about different issues by challenging their own experiences in order to appreciate what the issues might be for people in other groups. The authors encourage us to avoid stereotypes and generalisations by indicating the subtleties and variations that exist within each culture. The need to respect the individual person and to acknowledge their special needs proves a central theme. The text is divided into five sections, each followed by a list of references and recommended further reading. In part 1 the assumptions frequently underlying the concepts of culture and 'race' are explored, and their relationship with health and the delivery of health services discussed. Good communication lies at the heart of health care delivery but can prove extremely difficult. Reminding us that there is more to communication than language, many of the problem areas are discussed in part 2. In exploring the influence of culture and religion on daily life and on attitudes to childbearing and maternity care, part 3 contains ideas and information not confined to the maternity sector, although the section exploring childbearing losses and grieving is particularly helpful. A few specific health issues are covered in part 4. The section highlighting the psychological and practical needs of refugees addresses a much neglected area, and the information concerning the use of substances such as khat and pan is useful. Issues relating to aspects of daily living and childbearing in specific cultures and religions are succinctly outlined in part 5, although the authors caution the reader in their use of this information. The reminder that culture is a framework rather than straitjacket is particularly pertinent. Thus material is offered as a framework for understanding some of the factors that may be important to some people, not a recipe for instant appropriate care. A real joy to review, this book is good, clearly written, and sensitive. Read it! (Reviewed for MIDIRS by Trudy Stevens, researcher-practitioner/ anthropologist)

960205-034

Ethnic monitoring: from paper to practice. Schott J, Henley A (1996), British Journal of Midwifery vol 4, no 2, February 1996, pp 61-62

Discussion of some of the advantages and possible pitfalls of ethnic monitoring and categorising in the provision of health services. (KL)

960129-084

Advocate for Asian women. Mir R (1996), MIDIRS Midwifery Digest vol 6, no 1, March 1996, pp 102-104

Robina Mir works as senior manager responsible for improving the maternity services for Asian women in Leeds. Here she describes some of the struggles and achievements so far. (Author)

960121-074

Hmong women in Wisconsin: what are their concerns in pregnancy and childbirth?. Jambunathan J, Stewart S (1995), Birth vol 22, no 4, December 1995, pp 204-210

Childbirth in different cultures is treated as a traumatic life crisis and a time of vulnerability for the mother and infant. This qualitative descriptive study explored specific concerns related to pregnancy and childbirth in 52 Hmong women living in central and northeastern Wisconsin. Women were questioned using a semistructured interview about 4.6 months after childbirth. They described concerns related to breastfeeding, contraception, touch, communication with health caregivers, and procedures performed during childbirth. Women preferred bottle-feeding over breastfeeding. They reported difficulty practising birth control because of cultural expectations of male and female roles, but were aware of the need for education about methods of contraception. Fear of miscarriage if they were touched by doctors and nurses resulted in delayed prenatal visits. The women believed that invasive procedures such as episiotomies and circumcisions are not natural, and they preferred natural tearing and healing. It is important for health caregivers to be culturally sensitive and understanding of Hmong practices and beliefs when touching and communicating with these women and when educating them about breastfeeding, contraception, and medical procedures during hospitalization. (Author)

951205-048

Childbirth choices in a multi-ethnic area - a collaborative project. (1995), Changing Childbirth Update no 4, December 1995, p 15

Brief report of one of the 24 projects receiving funds to further develop the Changing Childbirth initiative. Brent and Harrow Health Agency is developing strategies to improve the promotion of choices in maternity care for the black and ethnic minority groups, including about 16,000 refugees, living in the area. (KL)

951205-037

The case for bilingual workers within maternity services. Baxter C (1995), Changing Childbirth Update no 4, December 1995, pp 5-6

Review of the advantages of providing bilingual workers in the provision of maternity services to non English speaking women. (KL)

951201-105

Asian mothers' support service. (1995), Association of Breastfeeding Mothers vol 16, no 1, 1995, p 9

Brief explanation of the beginnings of the Asian Mothers' Support Service in Bristol. Trained maternity link and peer counsellors will provide information and support to Asian women in pregnancy and postnatally. (KL)

951121-067*

Access to antenatal and postnatal services for Asian women living in East Pollokshields, Glasgow. Pershad P, Tyrrell H (1995), London: Save the Children March 1995. 20p

Report of a study of Asian women attending the Save the Children Darnley Street Family Centre in Glasgow to determine barriers to the use of antenatal and postnatal services. The twenty women interviewed identified issues around lack of choice, poor provision of information, and language and cultural barriers, as well as the lack of a locally based clinic. Recommendations for improvements are given. (KL)

951111-012

Pregnancy, loss and culture: responding to the need. Bharj K, Khan D (1995), British Journal of Midwifery vol 3, no 11, November 1995, pp 600-602

This article focuses on the issues in policy development which provider units need to take into account when responding to the provision and delivery of appropriate services to bereaved women from black and minority ethnic communities and their families. (Author)

951111-011

Culture and loss in the clinical setting. Mander R (1995), British Journal of Midwifery vol 3, no 11, November 1995, pp 598-599

Reflection on incidents occurring in everyday midwifery practice can give valuable insight into the significance of culture in situations involving loss. This article focuses on three separate incidences in which cultural lessons were learnt. (Author)

951111-010

Implications of culture: caring for a mother following loss in pregnancy. Bartos C, Mander R (1995), British Journal of Midwifery vol 3, no 11, November 1995, pp 591-597

The midwife's care of the grieving mother has changed markedly in the past 20 years. It is necessary to question, however, whether these improvements have also benefitted the mother who belongs to an ethnic minority group. (Author)

951105-006

Good idea! Provision of antenatal classes in Preston for black and ethnic minority women. Edwards JE (1995), MIDIRS Midwifery Digest vol 5, no 4, December 1995, pp 412-413

In the 'Good Idea' series a parentcraft coordinator describes the antenatal education service set up in Preston for women from black and ethnic minority groups. (KL)

951017-033

Breaking the barriers. Williams A (1995), New Generation vol 14, no 3, September 1995, p 10

University College Hospital has formed a policy on equal access to maternity services for all women. Midwife manager Allyson Williams describes the initiative and the progress to date. (Author)

951017-012

Diverse needs, diverse choices - developing ethnically sensitive maternity services. Cowl J (1995), Changing Childbirth Update no 3, September 1995, pp 6-7, 10

Summary of papers presented at a national conference held in Manchester which explored ways to achieve racial equality in maternity service provision. (KL)

951011-086

Parent education for Asian mothers. Walker J, Pollard L (1995), Modern Midwife vol 5, no 9, September 1995, pp 22-23

Asian mothers' access to parent education can be restricted by language and cultural differences. Bradford midwives Julie Walker and Liz Pollard describe how they addressed this problem by making a series of videos. (Author)

950915-084

Asian research understanding ethnic communities. (1995), Maternal Matters Summer 1995, p 3

Brief discussion of some of the findings of an investigation by SMA Nutrition into attitudes towards pregnancy and childbirth among Asian communities in Britain. (KL)

950915-009

Asian mother peer counselling scheme. (1995), Keeping Abreast no 2, January 1995, p 2

The Association of Breastfeeding Mothers and the Asian Mothers' Support Service has set up a peer counselling for Asian mothers in Bristol to help and support them in breastfeeding. (KL)

950807-160

Good idea! All aboard in Bradford. Wilkinson A (1995), MIDIRS Midwifery Digest vol 5, no 3, September 1995, pp 302-303

The Maternity Bus Stop service was launched in Bradford in February 1995 with 'Changing Childbirth' funding. to provide antenatal care to women in parts of Bradford where access to the maternity clinic is difficult, or where the uptake of antenatal care is low. Particular target groups are ethnic groups, especially those where English is a second

language, travellers and the homeless. (KL)

950627-021

Services to women from ethnic minorities. Geddes A (1995), Changing Childbirth Update no 2, June 1995, p 7

Brief description of initiatives to improve maternity services for ethnic groups set up by the community midwifery service at St James's Hospital in Leeds. (KL)

950627-017

Experiences of Asian mothers in Rochdale. Cohen R, Kauser N (1995), Changing Childbirth Update no 2, June 1995, p 4

A research project has been set up by the Rochdale Family Service Unit to investigate women's experiences and expectations of maternity services during pregnancy, labour and in the three months following the birth. (KL)

950602-011

The need for nursing and midwifery programmes of education to address the health care needs of minority ethnic groups. Papadopoulos I, Alleyne J (1995), Nurse Education Today vol 15, no 2, April 1995, pp 140-144

The article reviews some of the more influential literature of the past decade on the health needs of ethnic groups, in an effort to identify what is being done by nursing and midwifery education to address the health care needs of these groups and to prepare practitioners who are able to respond to these needs. The article suggests that despite the relative lack of progress in this field of health care and education, there still exists much confusion, disagreement and lack of clarity around many issues, such as the identification of relevant content, the integration of this content into the curriculum and more importantly the delivery of this content. The literature seems to point to a lack of cultural knowledge, particularly for certain ethnic groups, which needs to be rectified. But even when knowledge is available, the evidence clearly indicates that both educators and practitioners are failing to translate this into effective and culturally sensitive care. The article suggests that nursing and midwifery education could and should play an important role in the development and dissemination of culturally sensitive care. (Author)

950530-058

The ideas and experiences of pregnancy and childbirth of Asian and non-Asian women in East London. Woollett A, Dosanjh N (1995), British Journal of Medical Psychology vol 68, no 1, March 1995, pp 65-84

This study examined the ideas and experiences of pregnancy and childbirth of Asian and non-Asian women from Newham in East London. It was carried out by means of in-depth interviews of 100 Asian and 43 non-Asian women, using different Asian languages where appropriate. Variables such as parity, religion, length of time in UK and how Asian women traditionally viewed themselves were noted, in order to determine which factors were most influential in affecting women's attitudes. The major differences which emerged were in the areas of diet in pregnancy, value placed on antenatal care and different emphases on the significance of the postnatal period. The Asian women in the study seem to place a high value on the care offered by the maternity services, being more likely to attend for all of their antenatal appointments than the non-Asian women. However, they were less likely to rate their antenatal clinic visits positively. They were slightly more likely to report food preferences in pregnancy and to attribute these to the need to counteract the 'hot' nature of pregnancy by eating 'cold' foods. At delivery, one difference generally assumed to apply, that Asian women are more likely to be accompanied by a female relative than by their husband, was not corroborated. Parity was more significant in determining who, if anyone, was present with the women at delivery and over two-thirds in both groups had the father present. In the postnatal period there were significant differences, with Asian women following practices associated with the need to rest and recover after childbirth. Differences also emerged in their lack of discussion of 'bonding' or of the establishment of early mother-child relationships which seem to reflect different ideas about family structures and relationships. The authors conclude that ethnic and cultural background affect women's needs and therefore require the provision of culturally appropriate care. One of the main uses of this study will be in contributing towards a more individualised assessment of Asian women's needs and wants, in contrast to the stereotypes that other studies (1) have shown to operate in midwives' interactions with Asian women. However, while this study did use a somewhat larger sample size than some other previous studies, it still represents the views of only 100 Asian women. As the authors did not distinguish between different ethnic sub-groups, using only religion and length of time in the UK as variables, there must be a wide range of cultural backgrounds encompassed within the responses. The experiences of a Muslim woman from urban Pakistan are likely to be different from those of a woman from rural areas of Pakistan or from those of a Bangladeshi or of a woman from the Punjab. The authors do acknowledge that the experiences of different communities in different areas of Britain

will vary but a stronger emphasis should have been placed on the heterogeneity of individual communities. The authors state that parity is as significant as ethnicity in determining women's attitudes. However, they did not attempt to distinguish the cultural context within which previous childbirths took place. This inhibits any distinction being made between the experience of childbirth itself and the acculturation which takes place as a result of experiencing childbirth within the Western maternity services. The other important areas highlighted by the responses in this study are in provision of ante- and postnatal care. The high compliance in attending for antenatal appointments contrasts with the lower satisfaction gained from attending and implies the need for change in order to exploit Asian women's willingness to attend by providing more effective care. The emphasis placed on postnatal care by the women contrasts with its Cinderella status within the maternity services and implies again the importance of awareness of women's beliefs and practices in order to provide appropriate care. Reference: 1. Bowler I. They're not the same as us: midwives' stereotypes of South Asian descent maternity patients. Sociology of Health and Illness, vol 15, no 2, Mar 1993, pp 157-178. (Abstract written for MIDIRS by Sarah Montagu, midwife.)

950510-040

Providing midwifery care in a multi-cultural society.. Bharj K (1995), British Journal of Midwifery vol 3, no 5, May 1995, pp 271-277

This article focuses on how the needs of women from black and minority ethnic communities can be incorporated by individuals and organisations to provide a more responsive, appropriate, sensitive and equitable maternity service. (Author)

950510-039

The importance of cultural beliefs. Chesney M (1995), British Journal of Midwifery vol 3, no 5, May 1995, pp 268-271

This article details the insights that were gained by the author during 5 years of working intermittently in a maternity hospital in Pakistan, including some thoughts on implications for the provision of maternity services to pakistani women in the United Kingdom. (Author, edited)

950502-040

Short birth intervals: the experience of Bangladeshi immigrants to the United Kingdom, 1974 through 1984. Hilder AS (1993), Ethnicity and Disease vol 3, March 1993, pp 137-144

Linked maternity data were used to calculate birth intervals from records of 7129 consecutive singleton births to Bangladeshi mothers who delivered in the London borough of Tower Hamlets from 1974 through 1984. During this period, there was active migration of women from Bangladesh, the majority coming to the United Kingdom as brides or young wives. Risk of a subsequent birth was calculated using life tables, and results were compared to national data from Bangladesh and the United Kingdom. The risk of a subsequent birth within 12 and 18 months for Bangladeshi women was twice that reported nationally for women in Bangladesh or in the United Kingdom, despite a demonstrable underestimation inherent in the method. The risk of short birth intervals was lower in the first 5 years than in the later years covered by the investigation. Short intervals stress maternal and infant health and are preventable. Possible explanations for the unusual excess of very short birth intervals include (1) the wide availability of artificial milk in a community that has traditionally used breast-feeding as the main method of spacing pregnancies and (2) confusion regarding appropriate postnatal contraception in a young, healthy married population. (Author)

950417-127

Unequal access to midwifery care: a continuing problem?. Hayes L (1995), Journal of Advanced Nursing vol 21, no 4, April 1995, pp 702-707

For women of an ethnic minority the maternity services have been described as inappropriate, inaccessible and inadequate. It is hoped that the contents of this paper will raise awareness amongst health professionals of the continuing problems faced by women trying to overcome a language barrier. (Author)

950308-015

Class and ethnicity. Powell A (1995), British Journal of Midwifery vol 3, no 3, March 1995, pp 162-167

This article discusses factors of social class and ethnicity which affect the birth outcome and midwifery care. Midwives need to be knowledgeable about social and cultural issues in order to provide effective care which meets the needs and choices of all women, irrespective of their social circumstances. (Author)

950301-178

Minority language word processing packages. Ece H (1995), Changing Childbirth Update no 1, February 1995, pp 8-9

A project at the Multi-Ethnic Women's project in Hackney, London, is translating and editing maternity leaflets into the 10 most common languages used by local pregnant women. (KL)

950301-173

Providing ethnic sensitive services is a challenge. Baxter C (1995), Changing Childbirth Update no 1, February 1995, p 4

No abstract available.

950201-108

An inner urban funded maternity care programme. Cook V (1995), Midwives vol 108, no 1285, February 1995, pp 42-45

Describes the work of the Midwifery Action Research programme set up in Bolton to improve maternity services in the inner city area. Specifically targeted were the higher than average perinatal and neonatal mortality rates and the incidence of late booking for and low uptake of antenatal care. (JAL)

950201-104

Many sacred texts offer advice to parents about care of children. (1994), BFHI [Baby Friendly Hospital Initiative] News December 1994, pp 2-3

Summary of references in sacred texts of several world religions regarding breastfeeding as part of the parents responsibility to provide for their children and protect their health. (KL)

950201-057

Breastfeeding among mothers of Pakistani origin living in the UK. Burton-Jeangros C (1995), Health Visitor vol 68, no 2, February 1995, pp 66-68

Studies have shown that many ethnic minority women coming to live in the UK adopt artificial feeding, contrary to custom in their country of origin. However a study of women of Pakistani origin living in Cardiff showed that most of the mothers favoured and initiated breastfeeding, but more than half stopped before the baby was three months old. Claudine Burton-Jeangros suggests this represents a missed opportunity for health visitors to advise and support ethnic minority mothers on the advantages of breastfeeding. (Author)

950117-029

The maternity needs of the Chinese community. Neile E (1995), Nursing Times vol 91, no 1, 4 January 1995, pp 34-35

A research project carried out from 1991 to 1993 to investigate what is taught in midwifery programmes of education about race and culture discovered that very little had been published about the maternity needs of the Chinese community. In response to this, a specific unit of learning (15 hours) on issues in health and race was included in the diploma in higher education midwifery programme validated in 1992 at Humberside College of Health. In planning the delivery of this unit of learning, efforts have been made to help student midwives gain a realistic insight into how the needs of the multiracial community may be met. (Author)

950114-114

Evaluation of linkworkers. (1995), Maternity Action no 67, January-March 1995, p 3

Tme Maternity Alliance has completed the first draft of its evaluation of linkworker and advocacy services for non-English speaking users of the maternity services. It is hoped to publish a series of reports later in the year. (KL)

941123-024

Use of translated written material to communicate with non-English Speaking patients. Tuffnell DJ, Nuttall K, Raistrick J, et al (1994), BMJ vol 309, no 6960, 15 October 1994, p 992

A survey of literacy rates in their first and any other languages among non-white patients in Bradford reveals a large number who cannot read or write in English and/or their own language. This has wide implications for effective communication and the provision of effective consumer information. (KL)

941105-022

Linkworkers for all?. Dance J (1994), Maternity Action no 66, October-December 1994, pp 9-10

Pregnancy outcome, including increased birth weight has improved in the Asian population of East Birmingham following the introduction of the Asian Linkworker Intervention Programme. A research project has now been set up to test whether English-speaking linkworkers can help improve pregnancy outcome of non-Asian women, at risk of delivering low birth weight infants. Outcomes measures will include analgesia in labour; length of labour; smoking cessation; breastfeeding and basic knowledge on pregnancy. (KL)

941029-002*

Mubarak! Breastfeeding video. Walker J, Pollard L (1994), Bradford: Community Midwives Office [1994?]. 20 mins

Women of Asian origin make up almost one third of those giving birth in Bradford today, and for many of these women English is not their first language. Recognising the needs of such women, midwives in Bradford embarked upon the ambitious project of creating informative videos in Bengali and Urdu in an attempt to reach those who do not attend more formal 'parentcraft' classes. The video runs for ten minutes, and has been designed for use in antenatal clinics, wards and in women's homes, with a view to stimulating discussion between women and midwives. It is divided into short sections covering why breast milk is best, the first feed, correct positions for feeding, the principles of demand feeding, the third day and common problems and questions. This ambitious content is communicated using scenes of Asian women breastfeeding accompanied by a voice-over, which imparts sound information in accordance with the RCM's breastfeeding guidelines. Scenes of breastfeeding women are used effectively to demonstrate aspects such as the first feed after delivery and alternative positions for feeding, but unimaginative repetition of such shots is disappointing. More care was needed to match the voice-over to the pictures. There is a need for a judicious use of diagrams to illustrate details that are difficult to film live. The video as a whole would best be used with a midwife on hand to discuss issues raised. The decision to market the video outside Bradford unfortunately appears to have been made after it was completed, as it contains a local reference regarding the availability of liaison officers in clinics and wards; a service that may not be available elsewhere. This criticism aside, the video will prove a useful resource for any midwife whose caseload includes Asian women. The video can currently be ordered in Bengali or Urdu, and there are plans to provide a Punjabi translation in the future. Each video comes with a script in English. The Bradford midwives are now working on the production of new videos in the Mubarak series to include pregnancy and antenatal care; labour; life with a new baby; and caesarean section. (Reviewed by Debbie Johnson, midwife.)

940925-025

Ethnic differences in infant care practices and in the incidence of sudden infant death syndrome in Birmingham. Farooqi S (1994), Early Human Development vol 38, no 3, 15 September 1994, pp 209-213

Certain infant care practices have consistently been shown to play an important role in the aetiology of the sudden infant death syndrome (SIDS). In the UK, the incidence of SIDS amongst Asians is less than half that of whites. We conducted a questionnaire-based survey of 374 multiparous mothers from a multiracial community in Birmingham. We found that the majority of Asian infants slept in the parental bedroom at night, 94% compared to 61% of whites, whilst 33% of white infants slept alone compared to 4% of Asians. Three times as many white mothers as Asians placed infants prone (31% vs. 11%). We, therefore, observed marked differences in the infant care practices of Asians compared to whites in the UK, which may partly account for the low incidence of SIDS amongst infants of Asian origin. (Author)

940925-022

Interactions between infant care practices and physiological development in Asian infants. Petersen SA, Wailoo MP (1994), Early Human Development vol 38, no 3, 15 September 1994, pp 181-186

Asian infants are less likely to suffer cot death despite apparently higher prevalence of some risk factors. This paper compares the development of night time body temperature patterns in a small sample of Asian babies with the pattern already established for white infants, where babies who develop an adult-like night time temperature pattern later than usual share characteristics with victims of SIDS. The Asian infants had similar body temperature patterns to whites, but tended to develop the adult-like pattern later, not earlier as might have been expected. More Asian infants than white in our sample slept in the parental bed, and, before the adult-like body temperature patterns appeared, co-sleeping infants had higher body temperatures than those in their own cots. Asian infants slept in significantly warmer rooms than whites, but under similar amounts of bedding. These studies do not therefore reveal any physiological difference between Asians and whites which might account for low vulnerability to cot death,

indeed, if anything the reverse. (Author)

940912-032

Midwifery care for orthodox Jewish women. Waterhouse C (1994), Modern Midwife vol 4, no 9, September 1994, pp 11-14

Ultra-orthodox Jewish women observe a number of religious and cultural rituals during pregnancy, childbirth and the puerperium. An understanding of these practices is necessary, says Carole Waterhouse, to the provision of appropriate maternity care. (Author)

940816-041

Attitudes and beliefs of Muslim mothers towards pregnancy and infancy. Gatrad AR (1994), Archives of Disease in Childhood vol 71, no 2, August 1994, pp 170-174

Principles of Muslim life which may affect women during pregnancy, childbirth and postnatally are described. (KL)

940719-016*

Maternity services for Asian women. NHS Management Executive (1993), London: Department of Health November 1993. 23p

Booklet aimed primarily at purchasers of maternity service to enable them to improve maternity services to Asian women. (KL)

940415-045

Assessment of antenatal care for Asian women. Narang I, Murphy S (1994), British Journal of Midwifery vol 2, no 4, April 1994, pp 169-173

Perinatal mortality statistics show disparities between children of mothers from the Indian subcontinent and those of mothers from the UK. This article describes a study of the antenatal care of women whose first language is not English, to ascertain whether they have adequate knowledge to be active participants and suggests improvements in service provision. (Author)

940323-005*

Research into the uptake of maternity services as provided by primary health care teams to women from black and ethnic minorities. Leeds Family Health (1992), Leeds: Leeds Family Health Services Authority October 1992. 48p

This study is concerned with the uptake of antenatal and neonatal care provision, by primary health care teams, for women from black and minority ethnic communities in Leeds. A review of the literature reveals that barriers to quality aspects of maternity care can be due to communication problems. Lack of awareness about the traditional cultural values of women from minority ethnic groups is a further important consideration for service providers. The study involved the development of a consumer questionnaire, unstructured interviews with relevant primary health care personnel and interest groups. A postal questionnaire to general practitioners to gain their views of the service provision formed part of the study. Because of the nature of this research, and to gain the views of minority ethnic women outside a formal medical environment, it was considered to be of value to link informally with local interest groups, in addition to attending a series of women's focus groups, to discuss the nature of the research and the consumer questionnaire. Interviews, using the developed questionnaire were obtained from pregnant, or recently pregnant women in community centres and in their homes. The results suggest that minority ethnic women may not be making optimal use of the maternity services by primary health care teams in Leeds due to language/communication problems. Maternity services which do not take into account multicultural expectations of pregnancy, childbirth and parenthood are a further contributing factor. (Author)

931213-022*

Caring for multi-cultural clients. Odekunle BB (1993), London: St Thomas' Hospital, Midwifery Unit [1993?]. 52p

Summary of cultural beliefs and attitudes to childbirth in various ethnic groups in Britain. Groups covered in depth are Afro-Caribbeans (West Indian), Rastafarians, Africans, Asians, Asian Hindus, Asian Muslims, Asian Sikhs, Cypriots, and Vietnamese. Aspects covered include diet, religion, fasting, modesty, clothes, marriage, birth customs, social and family structure, family planning and bereavement. (KL)

931106-086*

The sudden infant death syndrome (SIDS). Possible socio-cultural links with infant care practices. Gantley M, Davies DP, Murcott A (1993), Welsh Paediatric Journal vol 5, no 1, 1993, pp 15-16

No abstract available.

930917-126

Cross cultural perspective. Jones MP (1993), In: Midwives: hear the heartbeat of the future. Proceedings of the International Confederation of Midwives 23rd International Congress, May 9-14 1993, Vancouver, Canada. Vol II. Vancouver: International Confederation of Midwives 1993, vol 2, pp 947-966

Many midwives live and work in the inner city with populations that have a rich ethnic mix. Traditional practices as they relate to child bearing and the postpartum period are influenced by cultural and religious beliefs. A cross cultural perspective is essential in understanding the cultural diversity that exists. The midwife needs to become familiar with the practices and beliefs of her clients in order to give them care that is tailored to and sensitive to these traditional customs. Knowledge gleaned from literature review, interviews, experiences/observations are presented. This paper discusses cross cultural beliefs and practices as they relate to specific Vietnamese, Indian and Caribbean communities. Mode of dress, issue of modesty, diet and birth practices are examined. Innovative ways that midwives can reduce cultural shock and promote a holistic milieu for this culturally diverse population will be addressed. (Author)

930404-082

Stereotypes of women of Asian descent in midwifery: some evidence. Bowler IMW (1993), Midwifery vol 9, no 1, March 1993, pp 7-16

The subject of this paper is part of a larger study which investigated the delivery of maternity care to women of South Asian descent in Britain (Bowler, 1990). An ethnographic approach was used and the main method of data collection was non-participant observation in antenatal clinics, labour and postnatal wards in a teaching hospital maternity unit. These observations were supported by data from interviews with midwives. It was found that the midwives commonly use stereotypes of women in order to help them to provide care. These stereotypes are particularly likely to be used in situations where the midwife has difficulty (through pressure of time or other circumstances) in getting to know an individual woman. The stereotype of women of Asian descent contained four main themes: communication problems; failure to comply with care and service abuse; making a fuss about nothing; a lack of normal maternal instinct. Reasons for stereotyping are explored. Effects on service provision in the areas of family planning and breast feeding are highlighted. (Author)

920924-004

Bridging the cultural gap with southeast Asians. D'Avanzo CE (1992), MCN - American Journal of Maternal/Child Nursing vol 17, no 4, July/August 1992, pp 204-208

Accommodating these recent immigrants' traditional childbirth practices encourages their continuing contact with health professionals. (Author)

920720-001

The Asian mother and baby campaign: the construction of ethnic minorities' health needs. Rocheron Y (1988), Critical Social Policy vol 8, no 1, Summer 1988, pp 4-23

This paper discusses the Asian Mother and Baby Campaign, an initiative in health promotion which aims to promote better maternity services for Asian women. The Campaign has been sponsored by the DHSS and the Save the Children Fund since its launch in September 1984. What is under consideration here is the medical, social and political background to the Campaign. How the Campaign relates to such issues as the interpretation of perinatal mortality rates, women's rights in obstetric care and racism in the NHS will be examined. The overall argument is that the Campaign, in its initial conception and objectives, represents an attempt by health authorities, to create a consensus among health professionals on how to meet the health needs of Asian mothers. Its reformist intentions tend to collude, at the ideological level, with an image of a `Black pathology' although they represent a genuine attempt to challenge personal racism. It is this core tension in the Campaign which will be discussed. (Author)

920626-009

Reproductive health of Asian women: a comparative study with hospital and community perspectives. Firdous R, Bhopal RS (1989), Public Health vol 103, 1989, pp 307-315

A comparative study of Asian and non-Asian women's reproductive health was performed. The hospital case notes of

48 Asian and 51 non-Asian women, matched for age, were examined. Asian women had shorter stature, bigger families, booked later for antenatal care, and were less likely to have a cervical smear taken . Of the above, 30 Asian and 24 non-Asian women were interviewed in their homes. Many Asian women had difficulties with the English language and a low literacy rate which gave rise to communication barriers during health care. Their knowledge of procedures and tests such as amniocentesis, self examination of the breast etc. was comparatively low. Fewer Asians attended parent-craft classes or did post-natal exercises. Many disliked, and some refused, vaginal examination by male doctors. Despite equal access, Asian women were less well informed and made lesser use of services. Lack of knowledge and difficulties of communication, rather than negative attitudes, may explain Asian women's lesser use of services and to some extent the poor outcome of pregnancy observed in many studies. (Author)

920604-017

Nutrition for Bangladeshi babies. Costello A, Shahjahan M, Wallace B (1992), Community Outlook vol 2, no 4, April 1992, pp 21-22, 24

Anthony Costello, Mohammed Shahjahan and Barbara Wallace describe a small study to look at the feeding practices of Bangledeshi mothers in the UK. (Author)

920226-046

Weaning practices of Asians in Britain. Price S (1988), Health Visitor vol 61, September 1988, pp 279-281

This article discusses why common features of the weaning of Asian infants in Britain may have arisen, following a description of weaning practices in the Indian subcontinent. The relevance for health professionals working with Asian parents is considered. (Author)

920220-041

Asian expectations. Turrell S (1985), Nursing Times vol 81, 1 May 1985, pp 44-46

Midwives attending Asian women may find themselves regarded as a member of the family and expected to deal with its problems. How prepared are midwives for coping with such expectation? Sally Turrell outlines some customs surrounding pregnancy and childbirth. (Author)

920204-039

An enquiry into the attitudes of Muslim Asian mothers regarding infant feeding practices and dental health. Williams SA, Sahota P (1990), Journal of Human Nutrition and Dietetics vol 3, 1990, pp 393-401

Recent studies have highlighted some unfavourable dietary practices among Asian infants in the UK. A number of reasons for such nutritional patterns have been suggested. In the present study, attitudes, beliefs and expectations of 100 first-generation Muslim Asian mothers regarding infant feeding practices were explored through group discussions in their mother tongue. It was found that mothers generally favoured breast-feeding but lacked knowledge of weaning practices. There was great emphasis on the consumption of milk. The advice from health professionals to discontinue using a feeding bottle by 12 months of age was not considered acceptable. Some mothers thought the change might cause infants to stop drinking milk and that there was little alternative suitable nourishing food available for that age group. The main requirement for infant foods was that they must be halal. Sugar was used either because it ensured that more milk would be consumed, or because it was considered to be intrinsically beneficial. Some mothers fed children on demand, some stated that children chose what they wanted to eat, and that mothers lacked firm control of dietary intake. Against a background of conflicting advice from health professionals, pressure from in-laws, and the powerful influence of advertising, there is considerable scope for the training of health professionals and for continuing education for families and communities. (Author)

911217-006

Food for Asian mothers-to-be. Way S (1991), Nursing Times vol 87, no 49, 4 December 1991, pp 50, 52

Pregnant Asian women may suffer from dietary deficiencies because their traditional food may not supply all their needs. The author shows how carers can offer practical help while respecting the spiritual values of this group of clients. (Author)

911203-029

Cultural childbearing: beliefs and practices. Starn JR (1991), International Journal of Childbirth Education vol 6, no 3, August

1991, pp 38-39

Childbirth educators are traditionally middle class Caucasian, serving a somewhat similar clientele. There is a growing awareness that childbirth education needs to be extended to other ethnicities and socioeconomic groups. While prenatal care routines are considered essential standards of care, childbirth professionals must also assess the cultural, ethnic and socioeconomic factors which influence the adaptation to pregnancy, birth and parenthood. Since ethnic minority and lower socioeconomic families often are least likely to sign up for prenatal classes and do not value early prenatal care, childbirth professionals must provide outreach to these clients. (Author)

911127-025

Realities of midwifery in the black community. Ade A (1991), Birth Gazette vol 7, no 3, Summer 1991, pp 16-19

The author changed careers and became a midwife, later setting up the organization, Childbirth Providers of African Descent. Teen pregnancy has always been part of the black community, because in rural areas there were extended families; girls married young, but had family support. This became a problem in urban areas, where many are single parents, and do not enjoy extended family support. Low birth weights are another problem. Her group provides classes in nutrition. Black people come from a mostly oral tradition, so her group organizes literature very carefully, so that it is brief and clear. Videos are a very effective means of communication. Her group also works to promote breastfeeding. (LB)

911107-041

Cultural differences in pregnancy. Rooke J (1991), Journal of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology no 69, Summer 1991, pp 7-8

Reading has a large Asian population, and Reading Adult College runs a parentcraft class for non-English speaking women. The culture and customs of Muslim women as they relate to childbirth are discussed. (RKG)

910903-006

Asian women's experience of childbirth in east London: the support of fathers and female relatives. Woollett A, Dosanjh-Matwala N (1990), Journal of Reproductive and Infant Psychology vol 8, no 1, January-March 1990, pp 11-22

Thirty-two Asian women were interviewed about their experiences of childbirth and about the roles of fathers and female relatives at birth and in the post-natal period. In general women accepted the medical management of childbirth. Even though almost all the marriages were arranged, the majority of fathers were present for at least some of the labour and delivery and women valued their help and support. Viewing birth as an event to be shared by the couple rather than the family contrasts with traditional woman-centred practices. Fathers played a less active role post-natally. Women who were supported by their female relatives could rest and were not required to engage in taboo activities. Many women were not living with their in-laws and looked to their own families or to friends for support, although almost a fifth were isolated. The influence of women's living situations and fluency in English on their experiences of childbirth are discussed. (Author)

910903-002

Communication in the maternity services. Hayes L (1991), Maternity Action no 50, July/August 1991, pp 6-7

Having a first baby is an overwhelming experience for any mother; it can be a frightening one too when it happens in a country where the culture and language are both unfamiliar. Ethnic minority women are often poor and without means of transport. They may not speak English and many have large families. They may be aware of the existence of clinics, but are reluctant to attend because they are held far from their home and offer information in a way they cannot utilise. Asian women in Britain face specific problems which health professionals need to understand if they are to provide effective care. This could best be achieved with the assistance of people with knowledge and experience of ethnic minority groups' culture and language. (Author)

910806-001

Ethnic and cultural aspects of maternity care. Raphael-Leff J (1991), Maternal and Child Health Journal vol 16, no 5, May 1991, pp 145-6

Report of a meeting held at the Royal Society of Medicine, as part of the Forum on Maternity and the Newborn. The group discussed the maternity services in relation to the needs of ethnic groups living in the UK, and ways of improving that service. (JAL)

910131-011

Pregnant at work. Peel AS (1990), Maternity Action no 47, November 1990, pp 10-11

The Department of Community Health at Leicester University has recently completed a research project examining the working conditions and experiences of pregnant women. The survey was funded by the Health and Safety Executive and entitled 'Pregnant Women at Work: A Study of Ethnic Minority Risk in Leicestershire'. It was designed to try to discover why Asian women who work during pregnancy are more likely to suffer the heartbreak of losing a baby than non-Asian colleagues, even when variables such as social class, height, number of previous pregnancies and the qualifications of their GPs are all considered. (JAL)

910104-014

Postnatal care: the attitudes and experiences of Asian women in east London. Woollett A, Dosanjh-Matwala N (1990), Midwifery vol 6, no 4, December 1990, pp 178-184

Purpose: To elicit the views of Asian women about their hospital postnatal care and the difficulties which arose because cultural expectations were not acknowledged by staff. Type of study and setting: Semi-structured interviews by an Asian woman psychologist with 32 Asian women in East London. All the women interviewed spoke fluent English, Hindi, Punjabi or Urdu. The women varied in age, religion, socio-economic grouping, length of time they had been resident in the UK, parity and age of their baby. Findings: The relations with hospital staff most concerned the Asian women. They commented on the importance to them of rest, both in hospital and at home. Following a long or difficult birth, they felt insufficient help was given. They were expected to care for and feed their babies despite feeling tired or physically uncomfortable. The women felt staff did not listen to them and non-English speaking women were thought to have even less care and attention. Their cultural expectations were largely ignored. The importance midwives attach to feeding and bonding with the baby was not identified as being of major concern to the women in the study. Discussion: The study highlighted the significance of the immediate postnatal period for Asian women. The relative lack of importance attached to postnatal care compared with pregnancy or intrapartum care did not differ from findings of studies with non-Asian women. The influence of cultural and ethnic attitudes during the puerperium was given little consideration and posed the question of what is meant by 'normal' maternal behaviour. The cultural norms of the extended family's involvement in the practices and ceremonies surrounding childbirth for Asian families was also largely ignored by hospital staff. Abstract writer's comments: Maternity Care in Action: Part III highlighted the need to give greater consideration to the postnatal period (1). This study identified the different values attached to the puerperium by staff and mothers particularly if the mothers are 'different' - in this case Asian women. Although the sample size was small, the findings would suggest the midwives failed to take into account the influence which women's ethnic and cultural origins have on their response to, and values they associate with, childbirth. There is much written today about empowering women and holistic care. In busy postnatal wards it is often easier to be pre-occupied with routine assessments than pausing to consider the underlying needs of the mother. Another challenge which midwives should not ignore! Reference: 1. Third Report of the Maternity Services Advisory Committee: Maternity Care in Action. Part III. London: HMSO, 1985. (Abstract written by Janet Knowles for MIDIRS)

901207-003

Pregnant women at work: a study of ethnic minority risk in Leicestershire. Peel A, Clarke M (1990), British Journal of Industrial Medicine vol 47, 1990, pp 649-655

Possible reasons for the excess risk of perinatal mortality experienced by Asian women living in Leicestershire who work during pregnancy were investigated. This entailed a detailed examination of the work undertaken locally by a group of pregnant Asian women and comparison with the work undertaken by an occupationally matched group of pregnant non-Asian women. A total of 306 pregnant women were interviewed. The results suggest that the two ethnic groups experienced similar working conditions, and most of the women continued working until the 29th week of pregnancy. The Asian women worked significantly longer hours on average than the non-Asian group, and were more likely to report financial dependence by the family upon their earnings. (Author)

901031-046

The Asian Mother and Baby Campaign: a way forward in health promotion for Asian women?. Rocheron Y, Dickinson R (1990), Health Education Journal vol 49, no 3, 1990, pp 128-133

This article examines the 1984-1986 Department of Health Asian Mother and Baby Campaign, reviewing the implications of the relevant research findings. This involved four separate studies based in three of the 16 district health authorities, which the DoH included in the campaign. These evaluations used qualitative and quantitative

research methods and have been reported elsewhere in detail. The authors discuss the strategy of the campaign, concentrating on the schemes involving locally organised but centrally funded own-language support workers for Asian maternity clients. This innovation was stimulated by persistent excessive Asian perinatal mortality rates, which were attributed in part to cultural and linguistic barriers. With such a perspective, the focus was on changing individual mother's behaviour, rather than tackling socio-economic determinants of ill-health or institutional racism. The organisation of district schemes varied, as a response to local problems. But a lack of clarity about the role of the linkworkers was felt to weaken the project: the contradictions between client advocacy and the cultural or linguistic interpretation expected by the professional went unresolved. The same difficulty arose with the question of accountability. Although key to the success of schemes, health service managers were often inaccessible, providing insufficient support and direction. Changing these factors could have increased the effectiveness of the campaign. However, in spite of these structural problems, the researchers found the campaign linkworkers did have a considerable impact. Professionals felt their care was safer and more effective, increasing their job satisfaction. Mothers using linkworkers reported being more confident and better informed. They valued the emotional support and continuity of contact, which has been shown elsewhere to have an impact on clinical outcomes. In addition, for many women the individual experience of racism in the NHS was ameliorated. Furthermore, various piecemeal improvements, developed as managers became more responsive to the needs of ethnic minority patients (such as the provision of long hospital gowns) were probably of great significance to the women concerned. Abstract writer's comments. This paper provides a useful and diplomatic summary, from a health education perspective, of the work relating to an equivocally received national project. It will be of interest to all midwives caring for Asian mothers and should be essential reading for anyone planning innovations in ethnic minorities maternity services. The political contradictions detailed regarding racism and community can just as easily confound a small scale local project. (Lindsay Ahmet for MIDIRS)

900905-007*

[Concern over conditions at the Mothers' Hospital]. City and Hackney Community Health Council (1979), London: City and Hackney Community Health Council April 1979, 4p

Members of the CHC visited the Mothers Hospital on February 9th. There were three areas which members were very unhappy about. 1. The state and organisation of the ante natal clinic. 2. The execution of building work without evacuation of wards. 3. The provision of food for Asian mothers. (Author)

900727-014

The language of love. El Halta V (1990), Midwifery Today no 13, 1990, pp 23, 25

Midwives have special skills to communicate with ethnic minority women giving birth. Cultural beliefs and practices can affect their care, and advice to these women must take account of their cultural beliefs. This midwife recounts some of her experiences. (RKG)

900509-027

Parentcraft classes for Asian mothers. Nathani KH (1990), MIDIRS Information Pack no 14, August 1990 [Maternity Services]

The midwives at Crawley Maternity Unit in West Sussex are offering a new service for ethnic women. This includes parentcraft classes given in Urdu and Gujerati, and a walk-in clinic. (RKG)

900503-010

Maternity needs of ethnic minority women. Nolan M (1990), New Generation vol 9, no 1, March 1990, pp 23-24

Are NCT classes unable to provide for the needs of ethnic minority women? This article outlines some of the difficulties experienced by ethnic minority women in dealings with the UK maternity services. (Author)

900503-002

Decline in breastfeeding. Emery JL, Scholey S, Taylor EM (1990), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 65, no 4, April 1990, pp 369-372

This was a large population study set in Sheffield with data collected from 55,100 mothers over a 10 year period. Sheffield has three main maternity units: Nether Edge Hospital situated close to the affluent area of the city, Northern General Hospital serving the inner and East part of the city and the Jessop Hospital for Women containing the main neonatal intensive care unit (situated within the university campus). There has been a decline both in the intention and achievement of breast feeding in Sheffield since 1981. The purpose of the study was to identify the groups

concerned and the factors that may have been influential in the process. Factors included the mother's age, her intention to breast or bottle feed, the age at which she completed full time education, and parity. Data was collected at birth and at one month of age. The results of the study showed a reduction in the number of mothers breastfeeding at one month in all three units, but the greatest reduction occurred in the Jessop Hospital for Women (44% 1981-83 down to 31% in 1988). The possible reasons given for this are that the hospital houses the regional neonatal intensive care unit giving a higher number of births of low-weight babies and mothers with obstetric problems. 'Sheffield experienced a steady rise in the proportion of mothers successfully breast feeding during the 1970s, but the years 1981-7 have shown a progressive and rapid decline in both the number of mothers intending to breast feed and the number fully breast feeding at one month. This decline has taken place during a period of time when factors such as increasing maternal age and birth weight (which are known to enhance breast feeding rates) have either increased or remained static'. The authors were unable to identify a single cause for the recent decline in breast feeding in Sheffield. 'The biggest decline in intention has been among Asian mothers and among mothers that did not receive further education'. Abstract writer's comments: This study does not extend our knowledge as to why there is a decline in breastfeeding although it does present some novel data. The authors failed to give any statistical analysis of the data, simply providing a comparison of trends. Neither did they present a graph of the difference between intention to breastfeed and the outcome at one month. This would have shown that the 'failure rate' has dropped over the period of study. In their discussion, the authors said, 'the discrepancy between intention and success, however, must at least be partly because professionals are unable to give adequate time to the active promotion and encouragement of breast feeding'. If it is success that is discrepant, then it should be the support and skill of the professionals that is important, not their promotion and encouragement. The last OPCS data appeared in 1988 and related to national data collected in 1985. The Sheffield study shows a downward trend in breast feeding in a typical urban population; every health professional should be aware of this. Reference: Martin J and White A. Infant Feeding 1985. London: Office of Population Censuses and Surveys. (Miranda Bragg for MIDIRS)

900327-008

Family planning - religion and culture. Ahmed G (1990), Maternity Action no 43, January/February 1990, pp 8-9

To give family planning advice and counselling to Asian women in Britain you need to know something of life in the Indian subcontinent. Over 70 per cent of the population in the Indian subcontinent lives in villages. The overwhelming majority are illiterate, actively practising and influenced by religions which sustain them while motivating them to work hard with little reward. The people are hard working, supporting an agricultural economy within a social structure in which a child is viewed as another pair of hands to assist in production and not another mouth to feed. Medical facilities are few and far between. Maternal and child mortality is high and there is no guarantee that all the children will survive. Inability to have children, a condition usually blamed on the women, is considered a curse and is grounds for ending a marriage. (Author)

900222-015

Asians in Britain. Phillips K (1985), Midwife, Health Visitor and Community Nurse vol 21, no 4, April 1985, pp 114, 116-118

An outline of the difficulties caused by language, cultural and religious differences, with particular reference to fertility, childbearing and family life. (Author)

900222-014

From Batley to Alipor. Rhodes H (1985), Community Outlook July 1985, pp 8,11,12,14

In her second article on the health needs of an Asian community in West Yorkshire, the author describes her visit to Batley Asians' place of origin, Alipor in the Gujerat state of India, and compares the two lifestyles. (Author)

900222-013

Understanding Asian women in pregnancy and confinement. Ahmed G, Watt S (1986), Midwives Chronicle vol 99, no 1180, May 1986, pp 98-101

The author outlines some of the differences and difficulties relating to pregnancy and childbirth experienced by the Asian community. (Author)

900222-012

Understanding Asian diets. Shircore R, Baichoo S (1985), Community Outlook March 1985, pp 16-17

Knowledge of their cultures and dietary patterns is vital if health visitors are to give Asian parents appropriate advice on feeding babies and young children. The authors some basic information on the different cultures within the Asian population. (Author)

900222-009

Breastfeeding and Asian mothers. Bahl V (1986), New Generation vol 5, no 2, June 1986, p 34

Why do Asian women tend not to breastfeed in the UK when it is the norm in their own cultures? The author, director of the Asian Mother and Baby Campaign, discusses the reasons for this and challenges the health service to wake up to the needs of the Asian mother. (Author)

900131-003

Antenatal care for Asian women in multiracial Cardiff. Jepson C (1989), Midwifery Matters no 43, Winter 1989, pp 11-12

This article aims to look at some of the issues and initiatives involved with caring for Asian women in the antenatal period to discuss recent developments within this area in Cardiff. (Author)

900115-017

A model for midwives - support for ethnic breast-feeding mothers. Ahmet L (1990), Midwives Chronicle vol 103, no 1224, January 1990, pp 5-7

A quantitative look at the barriers to Bangladeshi mothers in Britain breast-feeding successfully. (Author)

890516-017

Maternal insecurity and failure to thrive in Asian children. Fenton TR, Bhat R, Davies A, and others (1989), Archives of Disease in Childhood vol 64, no 3, March 1989, pp 369-372

Four Asian babies were investigated because they failed to thrive. In all four cases the failure to thrive was a result of the mother's social isolation and inability to communicate, and to the father's refusal to accept that there was a problem in the family. (Author)

890403-028

Asian culture and communications in midwifery. Sen D (1989), Midwife, Health Visitor and Community Nurse vol 25, nos 1 and 2, January/February 1989, pp 16-18

An insight into childbirth in the Asian community. (Author)

890117-058

Racial grouping and women's experience of giving birth in hospital. Windsor-Richards K, Gillies PA (1988), Midwifery vol 4, no 4, December 1988, pp 171-176

This study compares the views of 89 Caucasian, Afro-Caribbean and Asian women who gave birth in two hospitals in Nottingham, all of whom had vaginal deliveries. Most of the women had support from a partner or relative during labour. Interviews were carried out in hospital on the first or second post-partum day. Most women appeared satisfied with their care; however, although interpreters were provided for those thought to require them, Asian women were likely to have difficulties in communication. Most of the women in these hospitals had their labours induced or accelerated and 15 per cent of them said they did not like this. All the women were electronically monitored and over one third of the Afro-Caribbean women disliked having to be monitored. One in four women said they would have liked more relief from pain. When women were asked to give an overall comment, selecting from a list of phrases provided, the one selected by most of them was 'survivable'. Only eight per cent of them said that labour was 'great'. The researchers found this encouraging and conclude from this that 'The vast majority of women were happy with their experience of giving birth in hospital' and 'There were few differences in black and white women's satisfaction with their experience.' It is open to question whether 'survivable' means the same as 'happy'. If it does not, the data presented does not support the conclusions. Studies done while women are 'sitting ducks' in hospital beds, being interviewed by doctors in white coats, may result in placatory answers to questions in an effort to please the professionals who are part of the system. The authors acknowledge that what they claim are high levels of satisfaction can be attributed to a tendency for women to defer to medical professionals and to be uncritical of care. They also recognise that the answers they received were probably influenced by the fact that interviews were carried out whilst the women were still in hospital. Discussion in the woman's home environment some weeks after might have

produced different comments. It is therefore surprising that they conclude that 'The majority of the needs of the black and white women who took part in this study appear to have been met.' (MIDIRS)

881220-008*

The employment and training of linkworkers: training manual. A report of the work carried out in the pilot districts in the Asian Mother and Baby Campaign. Bahl V (1988), London: DHSS January 1988, 63p

Editing in progress.

880718-075

Linking community and care. Coad H (1986), Health Service Journal 8 May 1986, pp 626-627

The Asian mother and baby campaign has been effective in improving accessibility of antenatal care for Asian mothers and has resulted in many important spin offs. Soon health authorities will have to consider future funding. (Author)

880718-072

Understanding Asian women. Asian Mother and Baby Campaign (1986), Midwives Chronicle vol 99, no 1186, November 1986, p 271

Editing in progress.

880718-071

Late booking - whose problem is it?. Randhawa K (1986), Maternity Action no 25, July/August 1986, p 9

Workers of the DHSS-funded Asian Mother and Baby Campaign are constantly asked, 'Do Asian women book late for antenatal care?'. While there is some evidence to suggest late bookings, there are marked disparities between different areas - and even between different groups of health professionals in the same area. (Author)

880718-056

Asians' knowledge and behaviour on preventive health issues: smoking, alcohol, heart disease, pregnancy, rickets, malaria prophylaxis and surma. Bhopal RS (1986), Community Medicine vol 8, no 4, 1986, pp 315-321

Sixty-five Asians were interviewed in their homes to ascertain their health knowledge and their use of alcohol, cigarettes and malaria prophylaxis. Knowledge of the health hazards of cigarettes, alcohol and surma and of the prevention of heart disease was low. Knowledge of rickets prevention may reflect an earlier educational campaign. Beliefs on health maintenance in pregnancy conformed with medical recommendations, but the use of malaria prophylaxis did not. Taboos concerning cigarettes and alcohol were demonstrated and may explain the low prevalence in their use within subgroups of this community. The traditional taboo regarding the avoidance of protein-rich 'hot' foods by pregnant women enjoyed little support. Asians' knowledge of these health issues, though inadequate, was firmly based on the Western health model. Educational campaigns, particularly on the prevention of circulatory disorders, are indicated. (Author)

880718-050

Mothers' advocate. Hadley A (1986), Nursing Times vol 82, 5 February 1986, pp 16-17

This article charts the progress of the controversial Asian Mother and Baby Campaign one year on. (Author)

880614-003*

The effectiveness of antenatal education of Pakistani and Indian women living in this country. McEnery G, Rao KP (1986), Child: Care, Health and Development vol 12, no 6, November/December 1986, pp 385-399

Eighty-two Asian women (mostly Muslims) living in East London were prospectively studied through their pregnancy and delivery. Their infants were assessed during the second year of life for growth, nutrition, morbidity, development and vaccination history. There was no increase in perinatal or infant mortality over the general population in the same borough, though there was increased infant morbidity, most commonly iron deficiency (in 25%), and one child with subclinical rickets. One child had a genetic neurodegenerative disorder. The incidence of low birth weight babies was only slightly greater than that of the district as a whole, but after 1 year of age they were less well grown than the population studied by Tanner & Whitehouse. Sixty-four per cent of the women started to breast feed, but many also gave artificial milk and they usually ceased to breast feed earlier than most women in the same district. When half of

the women were randomly allocated to receive specialized education, with the others acting as controls, very few attended and little benefit was detected. Though the significance is doubtful, the infants of those educated did tend to be better grown (especially in length), be less likely to have development well below average, have reduced morbidity and have more complete immunization schedules than those of the women not receiving education. This study shows no benefit due to antenatal education, but suggests that the children have advantages when their mothers have the drive to attend the education sessions. (Author)

880307-006

Parentcraft classes with Bengali mothers. Munro J (1988), Health Visitor vol 61, no 2, February 1988, p 48

The author describes her involvement in setting up parentcraft classes for Bengali women. (SJH)

2025-07266

'I'm dreading birthing in such a system': what Indigenous women globally think of birth care and what they'd like to see instead. Sivertsen N, Smith SE, Johnson T (2025), The Conversation 26 June 2025

Presents the main findings from a study of 1,400 Indigenous women, Elders, fathers, family members and health workers from several countries, including Australia, New Zealand, Canada, the United States, Greenland and Sápmi (parts of Norway, Sweden, Finland and Russia), to ascertain their views and experiences of pregnancy and maternity care. States that the study found that many of the families feel disrespected and that their culture and basic rights during their maternity care were not taken into consideration. (JSM)

Full URL: https://theconversation.com/im-dreading-birthing-in-such-a-system-what-indigenous-women-globally-think-of-birth-care-and-what-theyd-like-to-see-instead-256877

2025-06948

Ethnicity, culture and COVID-19 vaccine behaviour in South Asian and Caucasian pregnant women. Kaddeer S, Czuber-Dochen W, Norton C (2025), BJM vol 33, no 6, June 2025, pp 316–323

Background/Aims
During the pandemic, COVID-19 vaccines were offered to pregnant women in the UK. Uptake was unequal across ethnic groups. This study aimed to explore attitudes, beliefs and decision-making processes in relation to the COVID-19 vaccine, focusing on ethnicity and cultural factors that may influence uptake.

Methods
This interpetive phenomenological study gathered qualitative data using semi-structured online interviews with 10 women who were pregnant during the pandemic. Data were analysed thematically.

Results
South Asian participants showed varying degrees of vaccine hesitancy, shaped by mistrust from broader systemic factors and inconsistent information, often amplified by media. In contrast, Caucasian participants generally exhibited greater vaccine confidence, driven by trust in healthcare professionals and satisfaction with accessible vaccine information.

Conclusions
There is a need to address hesitancy and healthcare mistrust in ethnic minority communities. Access to credible information and addressing specific concerns of pregnant women from diverse backgrounds are essential to achieving equitable health outcomes.

Implications for practice
Ethnicity and culture must be understood as individualised and context-specific experiences to avoid distrust and disconnect in maternity services. Embedding this from higher education through to research and ongoing in-house training is essential for safe and equitable care.

2025-06930

Patient, Caregiver and Family Guide to the Perinatal Quality Standard. Health Quality British Colombia (2024), August 2024. 33 pages

The Perinatal Quality Standard was developed to advance high-quality perinatal care across British Columbia. It features nine quality statements to guide improvement efforts where they are needed most. These future-focused

statements serve as common goals to which the BC health care system can aspire. (© Author)

Full URL: https://healthqualitybc.ca/wp-content/uploads/Perinatal-Quality-Standard-Patient-Caregiver-and-Family-Guide-Health-Quality-BC.pdf

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2025-06846

Developing antenatal education resources for CALD women: First steps, exploring what women from CALD backgrounds want and need. Palani D, Tucker J, Briley A (2025), Midwifery vol 145, June 2025, 104367

Problem

There are significant health risks for women from culturally and linguistically diverse backgrounds accessing perinatal care.

Background

Disparity exists for accessing perinatal care. In Australia, women from culturally and linguistically diverse (CALD) backgrounds have higher rates of obstetric complications compared to others. Reasons are often complex and multifactorial. Low health literacy is commonly reported amongst CALD communities as a contributor to reduced antenatal care participation and utilisation, compromising recognition of pregnancy complications, and understanding of educational resources. Typically, antenatal education follows generic formats. The usefulness and appropriateness may not be suitable or understood amongst CALD women.

Aim

This project aims to derive deeper understanding of the needs and barriers of CALD women accessing antenatal resources.

Method

Qualitative study utilising in-depth semi-structured interviews in two focus groups (n = 10) with CALD pregnant women. Antenatal education resources were reviewed. Thematic analysis was used to uncover themes and subthemes.

Findings

Three themes were identified 1) Health Literacy, 2) Navigating service and 3) Identity.

Discussion

Improved health literacy was cited the main finding, with participants stating accessing information should be simplified and meet the cultural needs throughout a woman's perinatal journey. Women wanted information in multiple formats and variations to accommodate cultural sensitivities on taboo topics.

Conclusion

Improvements in current prenatal information are required for CALD women accessing care. Changes in content and format reflecting cultural needs would aid understanding and potentially improve pregnancy outcomes for this group. Further research is required understanding of the diverse cultural needs of maternity care for CALD women. (© 2025 The Author(s). Published by Elsevier Ltd.)

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2025-06821

Breastfeeding experiences and infant feeding decisions for women birthing Aboriginal children in Adelaide, South Australia: a qualitative study. Hawke K, Bowman A, Cameron C (2025), International Breastfeeding Journal vol 20, no 48, 6 June 2025

Background

Increasing breastfeeding rates among Aboriginal and Torres Strait Islander (hereafter, respectfully Aboriginal) infants could improve health outcomes that disproportionately affect Aboriginal children into adulthood. This study was undertaken with mothers birthing Aboriginal children in Adelaide, Australia. The study sought to: understand their perceptions, motivations, influences and experiences around breastfeeding; explore factors affecting the ability to breastfeed; perceptions of alternative feeding options; and experiences of care to support breastfeeding.

Methods

Semi-structured Research Yarning interviews were conducted between November 2020 and May 2022 with 30 mothers who birthed an Aboriginal baby within metropolitan Adelaide, Australia, within the previous 18 months. Women were invited to participate if they were enrolled in a larger cohort study known as the Aboriginal Families and Baby Bundles Study, or had antenatal care from the local Aboriginal community controlled health service, were aged 16 and over, and were involved in feeding the child since birth. Three female Aboriginal researchers undertook the Yarning interviews, which were transcribed and analysed thematically.

Results
Participants demonstrated a strong desire to breastfeed and described a range of factors impacting on their ability to establish or maintain breastfeeding. The role of healthcare providers was key to breastfeeding success with participants reporting both positive and negative care experiences. Participants described supportive experiences as those where non-judgemental care was provided that was tailored to their needs, included Aboriginal staff, and provision of continuity of care. Mothers described negative effects of their experiences of racism and ageism (young mothers) from care providers.

Conclusions
Aboriginal women expressed a range of challenges to sustaining breastfeeding that could be addressed by increased investment in provision of timely, non-judgemental postnatal care tailored to their social and cultural needs, including access to specialised lactation care in the hospital and including facilitated continuation of successful breastfeeding at home. (© Author)

Full URL: https://doi.org/10.1186/s13006-025-00742-4

2025-06342

Empathy for diverse patient perspectives. Ridge D (2024), Nursing Standard vol 39, no 1, 3 January 2024, pp 35-36

The healthcare experience for patients of minority ethnic heritage can be tainted by bias, with outcomes suffering. So what can we do to address that inequality?

The issues patients from minority ethic backgrounds experience when seeking healthcare – like lack of empathy, discrimination, and poor outcomes – are well documented. (© Author)

2025-06312

Bereavement care: a reflection. Ferguson N (2025), MIDIRS Midwifery Digest vol 35, no 2, June 2025, pp 127-129

Bereavement care is a core element of midwifery that must take a
holistic approach, considering aspects including cultural needs, mental health, lactation suppression and memory making (Nursing & Midwifery Council (NMC) 2019). It is important that midwives are skilled in bereavement care, and knowledgeable about local and national policy and guidelines; however, the evidence base in this field demonstrates varying parental experiences and a lack of standardisation of practices and training across the UK (Smith et al 2020).
This reflective paper will argue that a delay in implementing the recommendations made by the National Bereavement Care Pathways (NBCP) (Scottish Government 2020), which sets out comprehensive guidelines for bereaved parents' care, has resulted in a significant evidence–practice gap. This is partially due to delays caused by the COVID-19 pandemic but also because of the complexity around the implementation of guidelines and the historic failure of research to give weight to the views of parents. This paper will also explore the value of compassionate leadership models and how they could improve care in this specialised area of midwifery practice, examining the importance of workplace culture and the relationship with high-quality bereavement care.
An episode of bereavement care that I experienced as a student midwife will be explored using Rolfe's model of reflection (Rolfe et al 2001), which offers a flexible approach to ensure appropriate critical depth. (© MIDIRS 2025)

2025-06217

How to avoid language that stigmatises. Bradley J (2023), Nursing Standard vol 38, no 10, 4 October 2023, pp 75-76

Person-centred nursing care requires an understanding of how certain terms have the power to belittle, frighten, disempower, or even lead to adverse patient outcomes.

When communicating information to patients, the words you choose can be as important as the message itself. A nurse's choices of language can affect how patients view their health. Clumsy use of language can make a person feel stigmatised and distressed, which, experts argue, can lead to adverse health outcomes. And there are many ways nurses can unconsciously perpetuate unhelpful and incorrect views about various health conditions, in addition to longstanding societal stigmas, such as those around race, gender and sexuality. (© Author)

2025-06177

Perinatal Health Care Preferences in a Rural Mennonite Community: A Mixed-Methods Study. Ward AE, Hackley BK, McGahey EC (2025), Journal of Midwifery & Women's Health 20 March 2025, online

Introduction
A rapidly growing rural community of Old Order Mennonites in upstate New York abruptly lost midwifery services in 2018, causing a crisis in perinatal care access. A mixed-methods study was undertaken to explore health status, perinatal needs, and preferences in this culturally homogenous group.

Methods
An anonymous survey mailed to 650 Mennonite families assessed demographic characteristics, general health, perinatal optimality, perinatal care characteristics, stress and anxiety related to rural childbearing, and preferences for a perinatal health care system. Voluntary follow-up telephone interviews explored recent perinatal experiences and desires for future care.

Results
Surveys were returned by 218 Mennonite women, a 33.5% response rate. Home birth was preferred by 94.6% of participants. The mean (SD) Perinatal Background Index score was 86.7% (11.7), indicating a high level of optimality. Elevated levels of stress and anxiety, as measured by the Rural Pregnancy Experience Scale, were reported by 12 participants (6.6%). Qualitative descriptive analysis of 21 interviews revealed a strong desire to preserve home birth, receive care that was respectful of Mennonite cultural norms, and maintain a personal choice of birth attendants.

Discussion
According to participants, an ideal perinatal care system would ensure locally available, skilled midwives willing to maintain the community's traditional childbearing practices. Despite rural remoteness, distance from inpatient perinatal services was not associated with increased stress and anxiety. Access to care could be improved by state-level initiatives to expand the licensure of midwives and to remove barriers to birth center development. (© American College of Nurse-Midwives)

2025-06100

Experiences of Hmong Women in the Perinatal Period. Xiong S, Yu Z, Lor M (2025), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing 28 March 2025, online

Objective
To explore Hmong women’s experiences in the perinatal period and how their cultural practices intersect with Western health care in the United States.
Design
Descriptive qualitative study.
Setting
In-person and online interviews in several geographic locations in the United States.
Participants
Twenty-five Hmong women with a mean age of 35.7 years (SD = 4.1 years) from Wisconsin, California, Minnesota, Michigan, Oklahoma, Arkansas, and Kansas. Most had at least a bachelor’s degree and one to seven children.
Methods
We recruited participants using purposive sampling through social media and word of mouth, collected data via semistructured interviews with audio recording, used verbatim transcription, and conducted reflexive thematic analysis.
Results
Participants’ experiences focused on three overarching themes: Navigating the Hmong Traditional World, Navigating Adverse Perinatal Experiences in the Medical World, and Walking Two Worlds Alone. While navigating the traditional Hmong world, participants managed cultural expectations and experienced cultural silencing about certain perinatal topics. Simultaneously, participants navigated adverse experiences such as a lack of shared decision-making and support from health care providers in the Western medical world. They often encountered challenges with navigating the intersection of both worlds alone and reported inadequate support and guidance.
Conclusion
We found that participants’ experiences in the perinatal period were shaped by cultural, social, and health care–related factors. More culturally responsive care is needed to improve the health outcomes of Hmong women in the perinatal period. (© Author)

2025-06071

Cultural Brokering in Pregnancy Care: A Qualitative Study. Spigel L, Bazan M, Karlage A, et al (2025), Birth 18 May 2025,

online

Introduction

Cultural brokers bridge cultural and linguistic differences between patients and healthcare teams, but their role in pregnancy care is not well understood. We aimed to identify and describe the roles cultural brokers fulfill throughout pregnancy care, moments of impact when they enhance care for patients with limited English proficiency (LEP), and how to integrate cultural brokering into pregnancy care teams.

Methods

We conducted a descriptive qualitative study nested within a human centered design process. We conducted 21 semi-structured, qualitative interviews among Spanish-speaking pregnancy care patients with LEP, cultural brokers, and pregnancy care clinicians in the Boston metropolitan area between December 2022 and May 2023. Data were coded and analyzed using qualitative content analysis to summarize themes about cultural brokering within pregnancy care. Data were used to create a journey map of an illustrative pregnancy experience.

Results

Cultural brokers played five key roles in pregnancy care for Spanish-speaking patients with LEP: cultural bridging, language support, social support, health system navigation, and advocacy. The journey map highlighted moments of impact when cultural brokers enhanced patient care: connecting patients to care, meeting the care team, making informed decisions, connecting to resources, childbirth, and transitioning to parenthood. Most participants wanted cultural brokers to be integrated into pregnancy care teams to diversify teaming and enable shared decision-making; however, additional training, clarifying cultural broker roles, and adequate compensation for cultural brokers would be needed to achieve integration.

Conclusion

Cultural brokers fulfill a critical role during pregnancy care for patients with LEP. However, more work is needed to recognize, value, and integrate cultural brokering into pregnancy care. (© Author)

2025-06007

Overreliance on cultural doulas: the paradox of entrusting the communication and care of high-risk migrant women to cultural doulas. Essén B, Wickramasinghe A, Eriksson L (2025), BMC Pregnancy and Childbirth vol 25, no 574, 14 May 2025

Background

It is widely recognized that migrant women from low-income countries are considered to be a group with increased obstetric challenges. To address these challenges, cultural doulas were introduced to provide continuous emotional and practical support during childbirth in Sweden. Leveraging their shared cultural background, language skills, and understanding, the idea behind these doulas was supposed to facilitate effective communication between the woman, her partner, and healthcare staff, with the assumption that this would lead to better maternity care for migrants. The aim of this study was to explore healthcare providers reflections on the role of cultural doulas and to explore their perceptions of cultural doulas' impact on childbirth.

Methods

A qualitative study was conducted in 2022, involving semi-structured interviews with 18 healthcare providers; obstetricians and midwives from two Swedish counties. The data was analyzed using reflexive thematic analysis and discourse analysis, guided by Bacchi's 'What Is the Problem Represented to Be?' approach.

Results

Using Bacchi's 'What Is the Problem Represented to Be?' approach, the analysis highlights how healthcare providers interpreted cultural doulas as an asset in relation to problems in migrants' maternity care. Three key discourses that emerged were: underlying social and cultural factors, assumptions of improved outcomes and integration, and cultural doulas as informal interpreters. Instead of emphasizing medical risks, healthcare providers focused on social risks and overlooked the importance of professional training.

Conclusions

Cultural doulas are recognized as valuable in addressing gaps in migrant maternity care, yet their role presents a paradox. Entrusting the care of high-risk migrant women to minimally trained non-medical professionals paradoxically risks miscommunication and compromised care quality. Insufficient training, unclear roles, and the overextension of cultural doulas further exacerbate this issue, underscoring the need for systemic reforms. To resolve this paradox and

improve maternal outcomes, the maternity care system must redefine the role of cultural doulas, prioritize professional interpretation services, and implement integrated care models tailored to the evidence based medical needs of migrant women. (© Author)

Full URL: https://doi.org/10.1186/s12884-025-07700-2

2025-05893

How to ensure you deliver culturally sensitive care. Kendall-Raynor P (2022), Nursing Standard vol 37, no 2, 5 February 2022, pp 19-20

Culture and religion are important determinants in patients' experience of care.

Culturally appropriate care is the provision of care that recognises a person's identity, in terms of the groups they feel they belong to. (© Author)

2025-05857

Validation of a Bilingual Patient-Reported Outcome Measure for Patient Trust during Pregnancy Care. Molina RL, Reyes D, Hacker MR, et al (2025), American Journal of Obstetrics & Gynecology MFM 14 April 2025, online

Multilingual approaches to patient-centered outcomes research (PCOR) are needed to understand the breadth of patient experiences and outcomes across diverse populations facing unique healthcare system barriers. The vast majority of PCOR in the US has been focused exclusively on English-speaking populations, and few validated patient-reported outcomes have been rigorously tested and validated in languages other than English. Trust is a critical construct in healthcare delivery, yet there is conceptual ambiguity for how it is defined across languages and cultures. The Confianza scale is the first patient-reported outcome measure for trust in pregnancy care clinicians developed empirically in Spanish. The Confianza scale was developed from 5 constructs of trust: caring, communication, comfort, competency, and accompaniment. This study aimed to validate the English translation of the Confianza Scale among a national sample of English-speaking participants. (© Author)

2025-05856

A Spanish-Language Patient-Reported Outcome Measure for Trust in Pregnancy Care Clinician. Molina RL, Bazan M, Hacker MR, et al (2025), JAMA Network Open vol 8, no 2, February 2025, e2460465

Importance Despite the importance of patient trust in health care, there are no patient-reported outcome measures (PROMs) for trust in their clinician that have been developed empirically in Spanish, which is the second most common language in the US.

Objective To develop and validate a Spanish-language PROM for trust in pregnancy care clinician.

Design, Setting, and Participants This cross-sectional study used a national online panel of patients who reported a Spanish language preference and had limited English proficiency and were currently pregnant or had given birth within the 12 months before the survey. Participants resided in the United States, and data were collected from January to May 2024.

Exposures Participants had clinical interactions during pregnancy and/or postpartum care. Data collected included demographics, Confianza (Trust) Scale candidate items, and 4 measures for concurrent validity evidence: the Trust in Physician Scale (TPS), the Mothers on Respect Index, the Edinburgh Postpartum Depression Scale (EPDS), and the Patient-Reported Outcomes Measurement Information System Global 10.

Main Outcomes and Measures The main outcomes were psychometric properties of the Confianza scale and its association with validated scales (validity coefficients). Item response theory (IRT) analyses were conducted to evaluate the psychometric properties of the candidate items, select the best item subset for the Confianza scale, examine its correlation with other measures, and compare scores according to demographic characteristics.

Results Of the included 204 participants (mean [SD] age, 26 [7] years; 62 participants from South America [30%]; 32 participants from Mexico [16%]), 117 participants were pregnant (57%), and 87 were within 1-year post partum (43%) at the time of survey completion. Four items were removed based on exploratory factor analysis. Using results from IRT analysis on the remaining 12 items, 5 items were selected to represent communication, caring, competency, accompaniment, and overall trust for the final measure. The 5-item Confianza scale had high measurement precision,

with reliability above 0.90 across a wide range of the trust continuum. The Confianza scale (mean [SD] score, 21.5 [4.6] out of 25) was positively correlated with the TPS (r = 0.47; 95% CI, 0.36 to 0.57; P < .001) and negatively correlated with the EPDS (r = −0.41; 95% CI, −0.52 to −0.29; P <.001). Higher trust scores were obtained when there was language concordance with clinicians (mean [SD], 23.6 [2.3] vs 20.0 [5.3]; P < .001) and care continuity (mean [SD], 22.3 [3.8] vs 20.9 [5.3]; P = .001).

Conclusions and Relevance In this cross-sectional study of pregnant and postpartum Spanish-speaking individuals, a Spanish-language PROM for trust in pregnancy care clinician had initial validity. (Author)

Full URL: https://doi.org/10.1001/jamanetworkopen.2024.60465

2025-05679

Human milk bank services and Islamic milk kinship: pathways and processes for ensuring respect for religious law and tradition in the provision of donor human milk for small vulnerable newborns. Gribble KD, Zambrano P, Omer-Salim A, et al (2025), International Breastfeeding Journal vol 20, no 31, 16 April 2025

Islam provides strong support for infants to be breastfed, including for wet nursing where mothers are unable to breastfeed. Amongst those infants who may be in need of breastmilk from another woman are small vulnerable newborns. These infants can benefit from donor human milk from a human milk bank (HMB). However, in Islamic contexts, HMBs must be both medically and religiously safe and take account of the religious principle of milk kinship whereby the consumption of breastmilk can create a family relationship between the donor mother and the infant. This paper explores the variety of circumstances under which milk kinship may be created and highlights the two main pathways followed by HMBs to ensure religious safety. It presents the case of the KK HMB in Singapore as an example demonstrating how close collaboration between medical and religious authorities can enable HMBs to provide donor human milk to small vulnerable newborns. Finally, key processes for HMB establishment in the context of Islamic milk kinship are outlined including partnering with key religious leaders, knowing and working with local understandings of milk kinship, ensuring clear communication, proactively addressing community concerns and designing and adapting HMB processes to ensure religious requirements can be maintained. (© Author)

Full URL: https://doi.org/10.1186/s13006-025-00704-w

2025-05389

Engaging South Asian Communities in the United Kingdom to Explore Infant Feeding Practices and Inform Intervention Development: Application of the REPLACE Approach. Kwah K, Sharps M, Bartle N, et al (2025), Maternal & Child Nutrition vol 21, no 3, July 2025, e70009

Breastfeeding in UK Pakistani and Bangladeshi communities is positively and negatively influenced by cultural beliefs and practices. The LIFT (Learning about Infant Feeding Together) project aimed to understand the determinants of infant feeding in these target communities and to engage them in the development of a culturally specific and acceptable infant feeding intervention to support breastfeeding. Reported here is phase one of the LIFT project guided by the REPLACE approach (a framework for the development of community-based interventions). The project involved an initial lengthy period of engagement with the target communities, using methods such as a community outreach event and identification of community peer group champions to help build trust. This was followed by iterative community workshops used to explore and build an understanding of infant feeding practices and the social norms and beliefs underlying these, and to assess community readiness to change. Consistent with previous research, the six key practices and beliefs identified from the workshops were: (1) Disparities between personal views versus cultural and normative barriers, (2) Family relationships and the influence on infant feeding decisions, (3) Pardah (modesty) and being unable to breastfeed in front of others, (4) Discarding colostrum (first breast milk), (5) Pre-lacteal feeds (feeds within a few hours of birth and before any breast or formula milk has been given) and complementary feeding before the baby is 6 months old, and (6) The belief that bigger babies are better and that formula helps babies to grow. Participants perceived that Pakistani and Bangladeshi communities would be amenable to intervention that aimed to change some but not all of the infant feeding behaviours identified. Findings informed the co-development of a culturally appropriate intervention toolkit to optimise infant feeding behaviour. (© Author)

Full URL: https://doi.org/10.1111/mcn.70009

2025-05332

Application of the Behaviour Change Wheel to Optimise Infant Feeding in Bangladeshi and Pakistani Communities in the UK: Co-Development of the Learning About Infant Feeding Together (LIFT) Intervention. Kwah K, Bartle N, Sharps M, et al (2025), Maternal & Child Nutrition vol 21, no 3, July 2025, e70019

Breastfeeding rates in the UK are amongst the lowest in the world, largely driven by individual- and social-level

barriers. Evidence has also highlighted that cultural factors can play an important part, such as for the UK South Asian community. Although aggregated breastfeeding data indicates that initiation is high amongst the UK South Asian population, sub-group data shows that this is substantially lower amongst people of Pakistani and Bangladeshi ethnicity. As such, culturally tailored interventions are called for. This research aimed to systematically develop an evidence-based culturally tailored intervention to support the optimisation of infant feeding in these communities. The 'Learning about Infant Feeding Together' (LIFT) intervention was co-developed by researchers, six community peer group champions, and a 3rd sector organisation supporting UK South Asian women. Development was guided by the REPLACE approach (a framework for the development of culturally specific community-based interventions) and the Behaviour Change Wheel (a framework for describing, designing and evaluating behaviour change strategies). It involved three co-development intervention workshops as part of a rigorous systematic intervention development approach. A culturally tailored intervention incorporating nine behaviour change techniques was produced. The intervention aims to increase breastfeeding by targeting six infant feeding behaviours identified as important, changeable and pertinent to the communities involved. The final intervention includes posters, leaflets, and an animation. The transparent reporting of intervention content and the approach taken to development will support the growth of evidence-based practice in the field of infant feeding. (Author)

Full URL: https://doi.org/10.1111/mcn.70019

2025-04399

Supporting Faith-Based Practices for Muslim Women. Choudhury S (2025), The Practising Midwife vol 28, no 2, March 2025, pp 33-36

Pregnancy and childbirth are considered to be of the most profound spiritual times. Pregnancy is a sacred journey for Muslim women which entails carrying a sanctified soul. Muslims believe that they are in essence spiritual beings living a human experience on earth. Non-pharmacological interventions rooted in Islamic spirituality and religiosity implemented in pregnancy and in the intrapartum period have a positive psychological and physiological impact for Muslim women. Midwives that pair their clinical expertise with an appreciation and understanding of Islamic faith-based practices can facilitate a holistic, culturally-sensitive and inclusive experience to support Muslim women's needs during this time. (Author)

2025-04276

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 42014, 27 March 2025

Karin Symth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that ethnic minority women are adequately represented in the development of national maternity care (a) policies and (b) guidelines. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-27/42014

2025-04273

Postnatal Care [written answer]. House of Commons (2025), Hansard Written question 41912, 27 March 2025

Karin Smyth responds to a written question from Mr Will Forster to the Secretary of State for Health and Social Care, regarding what steps he plans to take to ensure that (a) all and (b) ethnic minority women have effective access to (i) postnatal care, (ii) mental health support and (iii) support for new mothers. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-27/41912

2025-04271

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40664, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to (a) monitor and (b) reduce racial disparities in the (i) experiences, (ii) levels of satisfaction and (iii) care outcomes of women during (A) antenatal, (B) labour and (C) postnatal care. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40664

2025-04269

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40662, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that maternity services (a) are free from racial discrimination and (b) effectively meet the needs of women from all ethnic backgrounds. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40662

2025-04255

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40658, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that maternity healthcare professionals receive training on (a) unconscious bias and (b) culturally competent care. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40658

2025-04243

Midwives and Obstetrics: Training [written answer]. House of Commons (2025), Hansard Written question 41182, 25 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to ensure that culturally competent (a) midwifery and (b) obstetric training is available in the NHS; and how his Department assesses the effectiveness of these steps. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-25/41182

2025-04237

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40661, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps he is taking to improve access to culturally appropriate maternity care for women from diverse ethnic backgrounds in (a) urban and (b) rural areas. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40661

2025-04135

Midwives experiences of caring for high risk women from Black Asian Ethnic Minority groups. Chitongo S (2020), 2020. 100 pages

Report by Sarah Chitongo on midwives' experiences of caring for high-risk women from Black, Asian and ethnic minority groups, completed as part of the Mary Seacole Development Award 2018-2019. Findings suggest that staff do not always listen to women, there is a lack of cultural safety training, there is inconsistent access to translation services, women are too afraid to seek National Health Service (NHS) care, and women may benefit from continuity of carer. The report puts forward several recommendations in order to address health disparities in maternity services. (LDO)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/06/midwives-experiences-of-caring-for-high-risk-women-from-black-asian-ethnic-minority-groups.pdf

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2025-04131

Informing culturally sensitive neonatal palliative care: Divergence of belief. Clancy M, Thomas F, Redman H, et al (2025), Infant vol 21, no 1, February 2025, pp 8-10

Following on from the first and second in the series on informing culturally sensitive neonatal palliative care in Infant journal which focused on communication and bereavement support on neonatal units, this article will focus on how neonatal teams provide culturally appropriate support for parents from culturally diverse communities. (Author)

2025-04047

Experiences of communication in the neonatal intensive care unit for mothers with a preferred language other than English. Kalluri NS, Witt RE, Kubicka Z, et al (2025), Journal of Perinatology 20 February 2025, online

Objective

To understand the experiences of mothers with a preferred language other than English (PLOE) in communicating with staff and engaging in the care of their hospitalized infant.

Design
We qualitatively analyzed a previously collected and a prospective dataset comprised of transcripts of 36 interviews with Spanish-, Haitian Creole-, and Brazilian Portuguese-speaking mothers of preterm infants from 3 NICUs. We applied the constant comparative method to develop codes and themes, which were inductively structured using the socio-ecological framework.

Results
We identified themes across socio-ecological levels: Individual (unaddressed language barriers, varied maternal empowerment, and justification of suboptimal interpreter use); Interpersonal (family-staff language concordance facilitating engagement, positive impact of non-interpreted informal interactions, and differential treatment based on maternal language status); Institutional (system-level interpretation barriers and varied interpreter service quality).

Conclusion
Mothers with PLOE face multilevel communication and engagement barriers in the NICU; we discuss potential interventions to improve equity in these areas. (Author)

2025-03984

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40659, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what assessment he has made of the potential impact of racial disparities in maternity care on the mental health and wellbeing of women from ethnic minority communities. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40659

2025-03932

Maternity Services: Ethnic Groups [written answer]. House of Commons (2025), Hansard Written question 40665, 24 March 2025

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what information his Department holds on the (a) number and proportion of maternity services that use tailored interventions to address the specific needs of ethnic minority groups and (b) effectiveness of tailored interventions in reducing racial disparities in maternal health outcomes. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40665

2025-03893

Maternity Services: Ethnic Groups [written answer]. House of Commons (2024), Hansard Written question 40656, 24 March 2024

Karin Smyth responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, regarding what steps he is taking to reduce disparities in maternity care outcomes for Black, Asian, and Minority Ethnic women. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2025-03-24/40656

2025-03734

Predictors of cultural competence among healthcare professional in maternity department: A systematic review. Preziosi J, Portaleone S, Colagiovanni E, et al (2025), Midwifery vol 142, March 2025, 104285

Background
In recent years, the number of foreign women seeking perinatal care from health services has increased. These women come from diverse cultural and social backgrounds, highlighting the importance of properly training healthcare professionals to respond effectively to their needs. Cultural Competence refers to the set of skills, knowledge, and awareness that providers must possess to deliver care to patients from different cultures.
Aim
This study aims to investigate the determinants of Cultural Competence in healthcare professionals who assist women during childbirth.
Method
A systematic literature review was conducted using MEDLINE/PubMed, Web of Science, CINAHL, Scopus, and

ProQuest. Quantitative studies were included if they investigated at least one psychosocial characteristic in midwives or staff assisting pregnant women.
Findings
Out of 4,193 articles, 8 were selected that measured the level of Cultural Competence using validated scales. These studies related the data to the sociodemographic characteristics of the chosen population. Variables significantly associated with Cultural Competence that recurred in at least two studies were selected: age, gender, years of experience, role, and previous Cultural Competence training. These determinants were categorized as (a) individual variables and (b) Jobs-related variables.
Discussion
Age diversity boosts Cultural Competence (CC) in healthcare teams, enhancing care for diverse women. Our study confirms prior cultural training and experience with different cultures predict CC. Health services should promote CC, but understanding in high-income countries remains limited.
Conclusions
By strategically promoting age diversity, facilitating cultural training, and encouraging experiences with diverse populations, healthcare institutions can significantly improve the Cultural Competence of their staff. (Author)

2025-03705

'Walking the journey' with pregnant and birthing women from remote Australian First Nations communities: A qualitative study in the Top End of the Northern Territory. Bowden ER, Toombs MR, Chang AB, et al (2025), Midwifery vol 141, February 2025, 104277

Problem/Background
Australian First Nations people experience disproportionate burdens of poor outcomes compared to non-First Nations people. Further, women living in remote communities face more barriers to care-seeking in pregnancy. Despite work being done in some remote communities, there is limited data exploring women's experiences of pregnancy care, thus a limited understanding of specific barriers and enablers to care-seeking for these women.
Aim
This study aimed to identify barriers and enablers to care-seeking during pregnancy for Australian First Nations women living in several remote communities in the Northern Territory, by listening to their stories.
Methods
Yarning, highly regarded and rigorous qualitative approach developed by and for First Nations peoples, was undertaken in several settings with women living in remote First Nations communities. Using purposive sampling, nine women participated.
Findings
Two themes emerged: (1) the importance of family and community for women's emotional wellbeing; (2). ways healthcare providers and services build trust with pregnant women.
Discussion
Women identified various family and community members as significant sources of support in community and while hospitalised, including having companions while away from home. Further, reduced access to community life impacted emotional wellbeing.
Continuity-of-care throughout pregnancy was essential for building trust, as was responsive, clear communication. Intentional connection building by care providers enabled development of trust.
Conclusion
Providing culturally safe care will likely facilitate enablers and reduce barriers to care-seeking in pregnancy in remote communities. It requires ongoing and sustained efforts to ensure true partnership and collaboration between First Nations peoples and health services. (Author)

Full URL: https://doi.org/10.1016/j.midw.2024.104277

2025-03675

A systematic review of key principles relating to decolonising interventions in midwifery education. Thomas S, Allan G, Heaslip V, et al (2025), Women and Birth: Journal of the Australian College of Midwives vol 38, no 2, March 2025, 101869

Problem
Midwifery education is predominantly influenced by Eurocentric models, contributing to systemic health inequalities for marginalised groups.
Background
The health disparities for ethnically diverse maternity service users are well documented. There are various decolonising interventions such as cultural safety education, being implemented to address these disparities by

challenging colonial legacies and power imbalances that perpetuate health inequity.
Research Question: What are the key principles of decolonising interventions in midwifery education, that can be applied to midwifery education on a global scale?
Methods
This study follows a systematic literature review based on the PRISMA guidelines. Data were sourced from six databases, evaluating peer-reviewed articles between February 2014 and February 2024. The PICO framework guided the research. A thematic synthesis approach was used for data analysis.
Findings
Four major themes emerged: (1) centring Indigenous knowledge, (2) cultural safety, (3) transformative learning, and (4) systemic institutional support. Workshops, yarning circles, and experiential placements were identified as effective mechanisms for promoting cultural safety and addressing discomfort. However, educators often lacked the skills and confidence to implement these changes.
Discussion
Decolonising midwifery education requires ongoing reflexivity, institutional support, and curricula co-design with Indigenous communities. Barriers such as discomfort from participants and inadequate institutional structures must be addressed to ensure long-term impact.
Conclusion
Decolonising interventions in midwifery education fosters culturally safe care. However, further research is needed to assess the long-term outcomes on health equity and the impact of such interventions on marginalised communities. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2025.101869

2025-03673

Who plans to give birth with a doula? Demographic factors and perceptions of birth. Benyamini Y, Tovim S, Preis H (2025), Women and Birth: Journal of the Australian College of Midwives vol 38, no 2, March 2025, 101880

Problem
Research has demonstrated the benefits of continuous care during childbirth, particularly with doula support. However, much less is known about the factors underlying pregnant women's plans to have doula support.
Background
Doulas provide one-on-one continuous care, emotional support, and advocacy, in a culturally sensitive way.
Aim and questions
We aimed to investigate the characteristics of pregnant women who consider doula support and whether it is related to their birth experiences, beliefs and concerns, including fear of childbirth and of the staff, beliefs about birth as a natural and as a medical process, and expectations of motherhood.
Method
A cross-sectional study, in which pregnant women (N = 1593) recruited in prenatal clinics completed questionnaires regarding socio-demographics, obstetric history, beliefs and concerns about birth, maternal expectations, and their plans for mode and place of birth and for having doula care.
Findings
Women who planned to have doula care were more likely to be nulliparous and to plan a more natural birth. A doula plan was more prevalent among recent immigrants, religious women, women who viewed birth as natural and not as medical, and were concerned about the staff's attitude and control during birth.
Discussion
In a medicalised maternity care system, women who view birth as natural birth and who have concerns regarding the care they will receive, are more likely to plan doula care.
Conclusion
Understanding the factors related to a doula plan may uncover unmet needs, particularly the need for culturally sensitive care and support for women's personal choices. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2025.101880

2025-03639

Midwives' perceptions of communication at antenatal care using a bilingual digital dialog support tool– a qualitative study. Bitar D, Oscarsson M, Hadziabdic E (2025), BMC Pregnancy and Childbirth vol 25, no 282, March 2025

Background
Sweden has a large population of migrant women, which contributes to communication challenges and, consequently, suboptimal maternity care. Compared with native-born women, migrant women have an increased prevalence of

adverse pregnancy outcomes. Miscommunication and language barriers are among the reasons for these results. Thus, language barriers can also lead to providing less information to migrant women. A digital Swedish-Arabic dialog support tool was developed and tested at antenatal care, to facilitate communication between midwives and Arabic-speaking women. This study aimed to describe midwives' perceptions of communication via Swedish-Arabic dialog support (Sadima) in antenatal care.

Methods
A qualitative study was conducted with 14 midwives in antenatal care with experience communicating using a Swedish-Arabic dialog support tool. The data were collected via semi structured individual interviews and were analyzed via phenomenographic analysis.

Results
The analysis resulted in three categories: (1) Dialog support - the skill of constructing bridges, comprised the main finding that dialog support facilitated communication by providing a multimodal way of communication including intercultural evidence-based content;(2) Dialog support - challengingly implementing adaptive efficiency, represented the implementation of dialog support to be time-consuming and, eventually, time-efficient when midwives gained digital skills; and (3) Women and their partners - the ability to be empowered, included the main finding of increased women's empowerment and control over their lives by being less dependent on interpreters.

Conclusions
The findings contribute to the understanding of communication via dialog support based on midwives' experiences. This study highlights that communication via dialog support facilitates communication between midwives and Arabic-speaking women and enhances midwives' working conditions. Within our increasingly heterogeneous societies, health care could provide support for communication via digital dialog support that is women-centered and culturally sensitive to avoid misunderstandings and delayed or incorrect treatment of migrant women. (Author)

Full URL: https://doi.org/10.1186/s12884-025-07368-8

2025-03607

Open letter in response to the recent briefing Birthing Outside of Guidance proposed by the Maternity and Newborn Safety Investigations (MNSI, previously HSIB) Team. Quashie M (2025), Midwifery Matters no 184, March 2025, pp 12-14

The author, a long time midwifery campaigner, writes to the MNSI regarding their publication on Birthing Outside of Guidance. (Author, edited)

2025-03580

"I hope to feel part of something bigger than my immediate world…"; the values and attitudes that motivate participation in a virtual international midwifery student experience. Harvey TM, Wallace HJ (2025), Women and Birth: Journal of the Australian College of Midwives vol 38, no 2, March 2025, 101883

Problem
As ethnic and cultural diversity of societies increases, healthcare professionals are required to provide culturally appropriate care for the communities they serve.
Background
One way to prepare midwifery students for the diverse settings and women they will care for, is to provide short-term international study experience opportunities, to nurture the development of cultural sensitivity and humility. During the COVID-19 pandemic, the higher education industry was challenged to identify innovative ways to develop student's cultural competences, without international travel. A midwifery virtual study program was an innovative way to provide an international experience for students while borders were closed. Research on impacts of virtual short-term international study experiences and midwifery students' motivation to participate is sparce.
Aim
The aim of this study was to gain an understanding of what motivates midwifery students to participate in a virtual short-term international study experience.
Methods
A descriptive qualitative design using reflective thematic analysis to analyse students' written journal entries and reflections.
Findings
An overarching theme of 'Develop compassion' was identified, underpinned by three sub themes, 'Deepening understanding and knowledge', 'Expanding cultural identify and attitudes', and 'strengthening professional self'.

Discussion and Conclusion
Students' motivation to participate in a virtual short-term international study experience included aspects of improving and enhancing their developing professional self, including compassion, in anticipation of supporting their career progression and the effectiveness of the care they deliver. The findings are relevant for academics and administrators involved in study abroad programs for ongoing improvement of quality cultural learning opportunities for health discipline students. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2025.101883

2025-03534

Trauma informed care in The Kimberly. Salvado J (2025), Australian Midwifery News vol 39, Summer 2025, pp 34-38

Culturally responsive safer care, reducing trauma and increasing women's self-determination in birth. Reflections on caring for women from remote communities. (Author)

2025-03533

Frangipani Women's Group - weaving country, connection, learning & support together for First Australian Mothers in remote Ne Arnhem Land. Elborough V (2025), Australian Midwifery News vol 39, Summer 2025, pp 30-32

Discusses some of the issues facing indigenous pregnant women in East Arnhem Land (EAL), a remote area of Australia, approximately 1000 kilometres east of Darwin. Pregnancy outcomes are poor compared with the rest of Australia and pregnant women in EAL are required to spend time away from country while they wait to give birth in major maternity facilities, a period known as 'sit down', something which adds to the stress and fear they already feel. This article highlights the importance of culturally safe education and midwifery care in improving outcomes for Aboriginal and Torres Strait Islander families living in remote Australia and discusses the work being undertaken by Youth & Family Education Resources (YFER) in collaboration with multiple service providers, including their Core of Life (COL) Program, which has fostered the establishment of the Frangipani Women's Group. The group meets weekly 'on country' and enjoy various activities while receiving culturally safe antenatal education. (JSM)

2025-03043

The development of a conceptual framework to support global mobility, transnational learning and cultural sensitivity for midwifery students: the TOTEMM project. Walker L, Borrelli S, Konstantinidis S, et al (2025), MIDIRS Midwifery Digest vol 35, no 1, March 2025, pp 49-54

Background
Globally, midwives play a vital role in providing safe maternity care and reducing health inequalities. The principles of this care need to be embedded into midwifery education to support the development of a workforce that understands global health practices, and is culturally aware and sensitive to individual needs. International mobility is one way to foster a student's awareness of different cultures and to develop their identity as global citizens. However, traditional mobility models used in midwifery education have often prioritised clinical placements and are influenced by the capacity at the health care facilities, meaning only a small number of students can participate. This is exacerbated by the exclusion of a group of students whose personal and financial barriers make it impossible for them to live in another country for the required nine weeks.
Objective
Developing and evaluating new ways to widen opportunities for transnational learning and student mobility to support the development of intercultural sensitivity is an urgent priority for midwifery education. This has been further highlighted by the global
pandemic and the impact this has had on undergraduate student mobility, especially on health care programmes. The development of a conceptual framework to promote enriched transnational learning and achievable student mobility should enable midwifery education to fulfil this need. The TOTEMM (TransfOrming Transnational intercultural sensitivity for Midwifery students through an inclusive Mobility model) project developed interactive online learning packages used during virtual mobility with students co-producing a resource to demonstrate their learning from the packages. During physical mobility, students travelled to another country or remained in their home country to act as hosts for the incoming students. The aim was to build on knowledge gained and to present their co-produced resources. This innovative blended model for midwifery student mobility and reusable open access e-learning resources could be used by other higher education institutions and educators to support student learning of global midwifery. (Author)

2025-03026

RCM Decolonising midwifery education toolkit: reflections and evaluation of the first 18 months. Bower H, Bekoe J, Chapman M, et al (2025), MIDIRS Midwifery Digest vol 35, no 1, March 2025, pp 19-25

Maternity care is a universal service for all women and birthing people, regardless of background, race, culture or ethnicity. In the UK, it is — or should be — equally accessible to all through NHS
maternity services provision. Yet the stark statistics of the recent MBBRACE report (Knight et al 2024) provide evidence of the difference in maternal outcomes for Black and Asian women when
compared to White women in the UK. Black women are 3.7 times more likely than White women to die in pregnancy, childbirth and up to a year postnatally; South Asian women are 1.8 times and women of mixed race are 1.3 times more likely to die (Knight et al 2024). These statistics require action. One way in which outcomes can be improved is to increase racial literacy (to understand how racial inequalities are produced and reproduced) and decolonise midwifery education (Royal College of Midwives (RCM) 2023a). The aim is to encourage a greater understanding of the needs of women and families from all races, ethnicities, cultures and backgrounds, thereby eliminating the disparity in maternal and neonatal outcomes. (Author)

2025-02984

An Interprofessional Collaboration Between a Community-Based Doula Organization and Clinical Partners: The Champion Dyad Initiative. Marshall C, Nguyen A, Cuentos A, et al (2025), Journal of Midwifery & Women's Health 18 January 2025, online

As access to doula services expands through state Medicaid coverage and specific initiatives aimed at improving maternal health equity, there is a need to build and improve upon relationships between the doula community, hospital leaders, and clinical staff. Previous research and reports suggest rapport-building, provider education, and forming partnerships between community-based organizations and hospitals can improve such relationships. However, few interventions or programs incorporating such approaches are described in the literature. This article describes the development and 5 core components of the Champion Dyad Initiative (CDI), a novel program that uses bidirectional feedback between SisterWeb, a community-based doula organization, and 5 clinical sites (4 hospitals and one birthing center) to ensure pregnant and birthing people receive fair and equitable treatment. We also describe implementation challenges related to documentation, funding, and institutional support. The CDI is a promising model for community-based doula organizations and health care institutions to develop collaborative partnerships, build respectful doula-provider relationships, and work toward improving the pregnancy-related care that Black, Indigenous, and people of color receive in hospital and birth center settings. It is our hope that this innovative initiative can serve as a model that can be adapted for other locales, organizations, and hospitals. (Author)

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2025-02829

“I’d probably just say that they probably just don’t care”: a qualitative study of the experiences of wāhine Māori of mental health screening during the perinatal period. Hayward PE, Bidois-Putt M-C, McKercher AE, et al (2025), BMC Pregnancy and Childbirth vol 25, no 186, February 2025

Background
For many women, having a baby is one of the most exciting and rewarding experiences; however, not everyone experiences the same positivity and pleasure when pregnant or having a new baby. For some, the ongoing hormonal and physical changes, mood swings, and personal and familial situations can create a lonely experience that can lead to distress and mental health issues. Wāhine Māori (Māori women) experience greater rates of postnatal distress (PND) and are less likely to seek help than women of European descent. Screening for PND could help identify those at risk of developing mental health issues or distress before it escalates. However, it is unclear how often Māori mothers are screened, or what their experiences of screening are.

Method
Using a Māori-centred approach, we explored the experience of wāhine Māori of mental health screening during the perinatal period.

Results
Eleven wāhine Māori were interviewed about their experiences, with transcripts analysed using thematic analysis. Four themes and 12 subthemes were found in the data. Participants reported feeling a lack of relationship with their midwives, experiencing inconsistent care, lacking trust, that their views were unimportant, fearing judgment, concerns about losing their children to authorities if they disclosed mood issues and a lack of culturally appropriate

care.

Conclusions
There was an overall sense of inadequate screening support for mental health concerns among Māori mothers in Aotearoa New Zealand. These results indicate the need for more culturally appropriate screening tools and a genuinely holistic approach to perinatal services encompassing a more whānau-centred approach to maternal care. (Author)

Full URL: https://doi.org/10.1186/s12884-024-07008-7

2025-02592

Equal Alternatives or Lower Standards for Immigrant Women—Analyzing Obstetric Care for Immigrant Women in Berlin Within the Framework of Cultural Health Capital. Großkreutz C, Gürbüz B, Borde T, et al (2024), Journal of Racial and Ethnic Health Disparities vol 11, no 5, October 2024, pp 2689-2698

In obstetric clinics in Berlin, Germany, more than half of the women are immigrants. The main objective of the qualitative study was to explore the staff's experiences with obstetric care for immigrants and juxtapose it with the immigrants' comments on their birth experiences. We analyze potential differences along the framework of a cultural health capital (CHC). Between May and August 2017, semi-structured interviews were carried out with 17 obstetricians and 17 midwives at four obstetric clinics in Berlin. The verbally transcribed interview material was subjected to a qualitative content analysis according to Mayring. Furthermore, a secondary data from an interview study was analyzed in the purpose of providing some insight into the practitioner study participant perspective. Between January and May 2017, in the postpartum ward at the Berlin Charité Campus Virchow Clinic, an interview study guided by the migrant-friendly maternity care questionnaire was conducted among 410 migrant and non-migrant women. For this study, the free-text comments on the pregnancy care were analyzed. The staff interviewees identified language barrier and legal status as risk factors for the late onset of obstetric care. CHC functioning potentially as alternatives to the established health care structures were voiced. Strong family ties among immigrant families bear a high potential for support. Gratefulness was voiced by the staff and immigrant patients as a source of satisfaction with care. Our study shows that obstetric care for immigrant women remains a challenge. CHC of immigrant women might partially compensate for exclusion.

Keywords: Cultural Competency; Culture; Healthcare Disparities; Immigrant health; Professional-Patient Relations.

2025-02370

How have interventions targeting pregnant women from refugee, migrant and culturally and linguistically diverse backgrounds living in high-income countries been developed or tailored to meet community needs? A systematic scoping review of stillbirth-related literature. Sharma S, Jegadeesh G, Raynes-Greenow C, et al (2025), BMC Pregnancy and Childbirth vol 25, no 103, January 2025

Background
People from migrant, refugee and culturally and linguistically diverse backgrounds experience significant disparities in pregnancy outcomes compared to the general population, including a higher risk of stillbirth. This study aimed to identify stillbirth-related programs or interventions for pregnant women from culturally and linguistically diverse backgrounds and explore how these interventions have been developed and/or tailored for culturally and linguistically diverse women.

Methods
We searched MEDLINE, CINAHL, Embase, and Scopus for articles published from inception to 12 Jan 2023. We included studies that report on the development and/or evaluation of a program or intervention to reduce the risk of stillbirth which has been specifically developed or tailored for pregnant women from culturally and linguistically diverse backgrounds living in high-income countries. Two independent reviewers conducted screening of the articles, data extraction, and quality appraisal. We first summarized the descriptive information of eligible studies using text and tables and then thematically grouped interventions based on approaches to meet community needs and synthesized data qualitatively.

Results
We identified 1999 studies from the database search. After removing duplicates and screening for eligibility, 9 studies

met our inclusion criteria and were included in the review. Studies were conducted in Australia, the UK, US and Denmark between 1986 and 2021, with multi-ethnic populations (n = 6) or specific cultural and language groups (n = 3) (e.g. Pakistani and Indian women; African American and Hispanic population groups). Approaches to tailoring included the use of interpreters and translated materials, linking women to existing community resources and networks and community outreach delivered to women outside of hospital settings. Training of staff in cultural competence and multi-component, multiagency interventions addressing the wider social determinants of health and system-based approaches to facilitate access to language services were also identified.

Conclusion
While there are currently few targeted interventions for pregnant women from migrant, refugee and culturally and linguistically diverse backgrounds, approaches to cultural tailoring identified in this review can be used as a starting point for effectiveness testing and wider application. Ongoing work is needed to continue to address significant disparities in pregnancy outcomes for minoritised community groups. (Author)

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2025-02228

How do midwives learn about, understand, and integrate Cultural Safety into their care of First Nations women and families? A qualitative exploration. Williamson M, Capper TS, Chee RM, et al (2025), Women and Birth: Journal of the Australian College of Midwives vol 38, no 1, January 2025, 101868

Problem
Midwives are required to provide care based on Cultural Safety for First Nations women and families. Recent literature has suggested that midwives' understanding of Cultural Safety and how it translates into their practice differs widely. This disparity requires further exploration.
Background
The Australian professional midwifery codes and standards state that there is a requirement to provide care based on Cultural Safety. It is critical to understand how First Nations people's history and culture impacts their health and wellbeing, requiring midwives to recognise how this may impact care.
Aim
To determine Australian midwives' knowledge and understanding of Cultural Safety and how this translates into their practice when caring for First Nations women and families.
Methods
A qualitative study was undertaken. Data were collected via semi-structured interviews with 12 midwives practicing in Australia. Data were transcribed and thematically analysed.
Findings
Three themes were identified: 'Society and Systems', 'Knowingness versus Understanding', and 'Personal Qualities, Engagement and Partnerships' which highlight the strengths and deficits of Cultural Safety education and its integration into midwifery practice in Australia.
Discussion
Health systems providing maternity care remain rooted in Western biomedical philosophies, which influences the practice of Cultural Safety at all levels. Midwives are beginning to understand the ongoing impact of colonisation on the health and wellbeing of First Nations families, but still face challenges when striving to provide culturally safe care.
Conclusion
Cultural Safety must be valued at an organisational level, in which midwives can engage in authentic, maternity-based educational programs led by suitably prepared educators. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2025.101868

2025-01996

Culture, Language and Community in Midwifery. Akkouch E (2024), The Practising Midwife Australia vol 2, no 4, April 2024, pp 31-34

I write to discuss my perspective of midwifery from the lens of multiculturalism and coming from a culturally and linguistically diverse background (CALD). Working in the field of midwifery regularly exposes me to a diverse community often with many of my personal cultural practices and my second language, Arabic, in the workplace whilst caring for women and their babies. This is my story of discovering my passion for midwifery through my upbringing, cultural environment and local community. (Author)

2025-01992

A Review of Maternity Care for Migrant Women. Gross O (2024), The Practising Midwife Australia vol 2, no 4, April 2024, pp 25-30

Migrant women's experiences of maternity services have been well documented in literature. However, many studies do not account for the impact of migrant women's language proficiency on their experience with maternity care services. This paper explores the factors contributing to women's experiences including language barriers, access to care, physical outcomes and emotional outcomes. It provides a comparison of English-speaking native-born women with migrant women of non-English speaking backgrounds (NESB). Through evaluation of the data, the reader will gain an understanding of the needs of migrant women where English was their second language (ESL), to reduce health inequalities and implement system reform. (Author)

2025-01985

Culturally-Responsive Maternity Care. Elmir R (2024), The Practising Midwife Australia vol 2, no 4, April 2024, pp 12-16

Culture forms part of many individuals' identities. Many people have firmly held beliefs and practices that inform their being and the way they conduct themselves in society. Culture influences health beliefs and engagement with the maternity system for women. Health professionals engaging with women and their partners in the maternity space may have preconceived notions and ideologies about culture. Midwives have a right to differing cultural and religious views, however, they must ensure their views do not impede on the provision of midwifery care. (Author)

2025-01838

Childbirth Experience, Mistreatment, and Migrant Status: A Retrospective Cross-Sectional Study. Mangindin EL, Gottfreðsdóttir H, Stoll K, et al (2025), Birth 1 February 2025, online

Introduction

Childbirth experience can affect women's long-term health and well-being. However, there is limited knowledge on whether migrant status affects woman's experience during childbirth. We aimed to answer the following research questions: (1) Is there a difference in childbirth experience between migrant and native-born women in Iceland; and (2) Are migrant women more likely to experience mistreatment in childbirth compared to native-born women in Iceland?

Methods

An online survey was developed including the Childbirth Experience Questionnaire 2 to assess overall childbirth experience, and descriptive analysis and linear regression were conducted to determine differences between migrant and native-born women in Iceland. The mistreatment by care providers in childbirth indicators were used to evaluate mistreatment in childbirth, and frequencies and logistic regression were conducted. Both regression models were adjusted for sociodemographic and obstetric factors.

Results

A total of 1365 women participated. Migrant women reported statistically significantly lower scores for birth experience compared to native-born women ($F [12, 1352] = 23.97$, $p < 0.001$). There was no statistical difference between groups regarding mistreatment in childbirth. One in four of all women reported at least one form of mistreatment.

Conclusion

This study suggests that there are areas in maternity care that can be improved upon, particularly in providing care for migrant women and addressing mistreatment in childbirth for all. Our results suggest further research in this area as well as evaluation of maternity systems, training in cultural competency and effective communication. (Author)

Full URL: https://doi.org/10.1111/birt.12900

2025-01836

Understanding the experiences of young, urban, Indigenous mothers-to-be in British Columbia, Canada. Catherine NLA, Leason J, Marsden N, et al (2025), BMC Pregnancy and Childbirth vol 25, no 42, January 2025

Background

Indigenous Peoples comprise the youngest and fastest growing demographic in Canada, with many living in urban-suburban areas. Given higher fertility rates, younger overall ages and higher adolescent pregnancy rates,

perinatal research is needed—to inform policymaking and programming throughout pregnancy and childhood. Yet such data remain scarce in British Columbia (BC), Canada. This study therefore aimed to describe the experiences of young, urban, Indigenous mothers-to-be who enrolled in a larger BC early prevention trial designed to reach families experiencing socioeconomic disadvantage.

Methods
This descriptive study utilized baseline data from a trial that enrolled first-time mothers-to-be who met indicators of socioeconomic disadvantage and who were residing in select urban-suburban areas. These indicators included being young (19 years or younger) or having limited income, low access to education, and being single (aged 20−24 years). We described and compared survey data on girls (n = 109; aged 14−19 years) and young women (n = 91; aged 20−24 years) using Chi-square or Student's t-tests.

Results
Of the 739 trial participants, 200 or 27% identified as Indigenous and met trial eligibility criteria: limited income (92.9%), limited access to education (67.0%), and/or being single (90.9%). Beyond this, participants reported associated adversities including: unstable housing (63.3%), psychological distress (29.3%), severe anxiety or depression (48.5%), experiences of childhood maltreatment (59.4%) and intimate partner violence (39.5%). Compared to girls, young women reported higher income and educational attainment ($p < 0.001$), more unstable housing ($p = 0.02$) and more childhood maltreatment ($p = 0.014$). Many had recently received primary healthcare (75%), but few had received income assistance (34%). Most (80.5%) reported experiencing four or more adversities.

Conclusions
We present data illustrating that a high proportion of pregnant Indigenous girls and young women engaged with public health and consented to long-term research participation—despite experiencing cumulative adversities. The trial socioeconomic screening criteria were successful in reaching this population. Girls and young women reported relatively similar experiences—beyond expected developmental differences in income and education—suggesting that adolescent maternal age may not necessarily infer risk. Our findings underscore the need for Indigenous community-led services that address avoidable adversities starting in early pregnancy. (Author)

Full URL: https://doi.org/10.1186/s12884-024-07070-1

2025-01553

Arabic validation of the parental stress scale (PSS) in a population-based sample of Lebanese parents. Hemade A, El Hawat L, Chahine A, et al (2024), Journal of Reproductive and Infant Psychology 13 October 2024, online

Background
Parental stress significantly impacts the well-being of families, and necessitates culturally sensitive tools for its assessment. The Parental Stress Scale, widely used in diverse cultural settings, lacks a validated Arabic version suitable for the Lebanese context, where unique sociopolitical and economic factors might influence parental stress differently. This study aimed to translate, culturally adapt, and validate the scale in Arabic among a Lebanese sample

Methods
Following the Snowball sampling method, participants (n = 502) were adult Lebanese parents who answered demographic questions and completed the Arabic version of the Parental Stress Scale and the Depression, Anxiety, and Stress Scale-8.

Results
Confirmatory Factor Analysis showed a two-factor model of the Parental Stress Scale (CFI = 0.956). We found adequate composite reliability for both the 'Parental Stress' ($\omega = 0.91/\alpha = 0.91$) and 'Parental satisfaction' ($\omega = 0.94/\alpha = 0.94$) subscales. Convergent validity and concurrent validity were demonstrated through positive correlations with measures of depression, anxiety and stress. Our translation of the scale was shown to be invariant across sexes, with fathers scoring significantly higher than mothers.

Conclusion
Our validated Arabic version of the Parental Stress Scale offers a culturally sensitive instrument for assessing parental stress in Lebanon. This tool enables healthcare providers and researchers to identify stressors affecting Lebanese families, facilitating the development of targeted interventions to support parental mental health. (Author)

2025-01265

Culturally responsive, trauma-informed, continuity of care(r) toolkits: A scoping review. McEvoy E, Henry S, Karkavandi MA, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 6, November 2024, 101834

Background
Models of care that are culturally responsive, trauma-informed and provide continuity of care(r), are important components of care for Aboriginal and Torres Strait Islander parents during the broad perinatal period (pregnancy to 2 years after birth; first 1000 days). Many health services do aim to incorporate these concepts in care provision, but often focus on only one.
Aim
To identify practical toolkits that guide implementation of culturally responsive care, trauma-informed care, or continuity of care(r) in the perinatal period, and map the key elements.
Methods
A scoping review was conducted. Relevant databases and grey literature were searched to identify toolkits that guided implementation of any one of the aforementioned concepts in the perinatal period. Toolkit context, principles, core components and processes were extracted and synthesised.
Findings
Thirteen toolkits, from both Indigenous and non-Indigenous contexts, met the inclusion criteria. Six related to culturally responsive care, nine to trauma-informed care, and eight to continuity of care(r), with some overlap. Key principles included continuity of carer, collaboration, woman (or family) centred care, safety and holistic care. Individualised care, team work, having a safe service environment and continuity of care/r were highlighted as core components. Key processes related to planning, implementation, monitoring and evaluation, and sustainability.
Discussion
There are no available resources that support holistic implementation of all three concepts of culturally responsive, trauma-informed continuity of care(r), spanning the first 1000 days, for Aboriginal and Torres Strait Islander families. A synthesised toolkit of key principles, core components and key processes would assist implementation of this.
Statement of significance
Problem: Aboriginal and Torres Strait Islander families experience health inequalities and poorer perinatal outcomes due to a legacy of colonisation and ongoing discrimination.
What is already known
Culturally responsive care, trauma-informed care and continuity of care(r) are elements of perinatal care shown to improve outcomes and experiences.
What this paper adds
This review synthesises key aspects of culturally responsive, trauma-informed and continuity of care(r) models. It highlights the lack of resources to support services implementing models pertaining to these three concepts across the full First 1000 days, for Aboriginal and Torres Strait Islander families. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2024.101834

2025-01254

Secondary Qualitative Analysis of Stigmatizing and Nonstigmatizing Language Used in Hospital Birth Settings. Barcelona V, Scroggins JK, Scharp D, et al (2025), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 54, no 1, January 2025, pp 112-122.E4

Objective
To more clearly understand the use of stigmatizing and nonstigmatizing language in electronic health records in hospital birth settings and to broaden the understanding of discrimination and implicit bias in clinical care.
Design
A secondary qualitative analysis of free-text clinical notes from electronic health records.
Setting
Two urban hospitals in the northeastern United States that serve patients with diverse sociodemographic characteristics during the perinatal period.
Participants
A total of 1,771 clinical notes from inpatient birth admissions in 2017.
Methods
We used Krippendorff's content analysis of categorial distinction to identify stigmatizing and nonstigmatizing language. We based our categories for the content analysis on our pilot study and preexisting categories described by other researchers. We also explored new language categories that emerged during analysis.
Results
We reviewed 1,771 notes and identified 10 categories that demonstrated stigmatizing language toward patients,

nonstigmatizing language toward patients, and stigmatizing language among clinicians. We identified a new stigmatizing language category, Unjustified Descriptions of Social and Behavioral Risks. Positive or Preferred Language and Patient Exercising Autonomy for Birth are two new categories that represent language that empowers patients. Clinician Blame and Structural Care Barriers are new language categories that imply complex interprofessional dynamics and structural challenges in health care settings that can adversely affect the provision of care.
Conclusions
The results of this study provide a foundation for future efforts to reduce the use of stigmatizing language in clinical documentation and can be used to inform multilevel interventions to reduce bias in the clinical care in birth settings. (Author)

2025-00971

Racial and Ethnic Diversity of Family Physicians Delivering Maternity Care. Eden AR, Taylor MK, Morgan ZJ, et al (2022), Journal of Racial and Ethnic Health Disparities vol 9, no 4, August 2022, pp 1145-1151

Background: Maternal and birth outcomes represent some of the most profound racial and ethnic disparities in health in the USA, and are, in part, attributed to a lack of diversity in the maternity care workforce. Family physicians are an often-overlooked part of the maternity care workforce, yet frequently provide care to underserved populations. This study aims to characterize the family physician workforce providing obstetric care in terms of race/ethnicity.

Methods: In this cross-sectional study, we used data collected via the American Board of Family Medicine Exam Registration Questionnaire from 2017 to 2019. Respondents included family physicians seeking to continue their certification in those years. We conducted bivariate tests and an adjusted analysis using logistic regression to examine associations with providing obstetric deliveries. Variables included race, ethnicity, age, gender, degree type, international medical graduate status, practice site, and rurality.

Results: Of 20,820 family physicians in our sample, those identifying as Black/African American (OR 0.55, CI 0.41 to 0.74) and Asian (OR 0.40, CI 0.31 to 0.51) had significantly lower odds of including obstetrics in their practice than those identifying as White. We found no significant difference in practicing obstetrics between Hispanic and non-Hispanic family physicians (OR 0.94, CI 0.73 to 1.20). Asian (OR 0.40, CI 0.31 to 0.51) and Black/African American (OR 0.55, CI 0.41 to 0.74) physicians still have significantly lower odds of providing obstetric care than White physicians after controlling for rurality.

Conclusions: Family physicians who identified as Black/African American or Asian are less likely to include obstetrics in their practice. A diverse and racially/ethnically representative maternity care workforce, including family physicians, may help to ameliorate disparities in maternal and birth outcomes. Enhanced efforts to diversify the family physician maternity care workforce should be implemented.

Keywords: Diversity race/ethnicity; Maternity care; Obstetric care; Patient-physician concordance; Workforce.

2025-00966

Challenges and facilitators to perinatal mental healthcare among first-generation migrant women: A qualitative ethnographic study in Flanders, Belgium. Claerbout A, Steppe J, Joni G, et al (2024), European Journal of Midwifery vol 8, December 2024, p 71

Introduction:
Women with a migration background face significant barriers to accessing perinatal mental health support. This study aims to explore the needs, barriers and facilitators regarding perinatal mental health support in women with a first-generation migration background and how they experience support within their own community.

Methods:
We conducted qualitative in-depth face-to-face interviews with mothers who gave birth within 12 months preceding the interview, recruited from an Antwerp maternity ward between August and September 2022. Three midwife researchers conducted interviews at the participants' home, using an interpreter if needed. A midwife researcher with relevant expertise reviewed the final manuscript. Two researchers independently performed qualitative inductive content analysis and constant comparison of audio transcripts using NVIVO.

Results:
Of the 11 participants, none reported mental health issues at the time of the interview. However, four mothers shared experiences indicative of postnatal depression, highlighting significant challenges such as isolation, language barriers, and a lack of awareness about mental health support. Recurring themes included the importance of professionals taking the time and making efforts to provide accessible information, navigating language barriers, differences in participants' openness toward discussing mental health, the importance of having a close network available for psychological support, and practical aspects inhibiting access. Overall, participants reported a desire for more culturally sensitive care and information about available support.

Conclusions:
Findings underscore the urgent need for tailored perinatal mental health support that is easy to access, emphasizing awareness and training for professionals, especially midwives, to meet diverse needs. Recognizing this population's variety is essential. (Author)

Full URL: https://doi.org/10.18332/ejm/194682

2025-00789

Prenatal And Postpartum Care Experiences Among Black Birthing People In The United States: An Integrative Review.
Segovia LM, Neiman E, Gillespie SL, et al (2025), Journal of Midwifery & Women's Health vol 70, no 2, March/April 2025, pp 235-246

Introduction
Among Black birthing people, high-quality, respectful care throughout pregnancy and postpartum is hindered by distrust, racial discrimination, and unsatisfactory care. The purpose of this integrative review was to examine prenatal and postpartum care experiences among Black birthing people in the United States.

Methods
A literature search, spanning from inception through October 6, 2022, across 4 research databases, used a combination of keywords to capture reports on care experiences among Black birthing people. We included quantitative and qualitative studies in the United States with people who self-identified as Black or African American and reported prenatal or postpartum health care experiences. Intrapartum experiences were excluded. All studies were evaluated with the Mixed-Methods Appraisal Tool, National Institutes of Health Study Quality Assessment tool, or Joanna Briggs Institute critical appraisal checklist. Data were analyzed and synthesized using the Joanna Briggs Institute convergent integrated approach to incorporate quantitative and qualitative research.

Results
A total of 16 studies published over 27 years met the inclusion criteria. All studies examined the health care experiences of Black birthing people during prenatal or postpartum care. None of the studies focused solely on postpartum care experiences. The 2 most prominent themes were models of care and patient-provider interactions, encompassing both positive and negative experiences. Positive care experiences included collaborative patient-provider interactions, continuity of care, and culturally centered care. Adverse experiences were more frequently noted and involved discriminatory treatment during patient-provider interactions, fragmented care models, and a lack of cultural awareness.

Discussion
Black birthing people in the United States report some positive but more negative health care experiences during pregnancy and postpartum care, which may play an important role in health inequities. Promoting prenatal and postpartum care models that provide continuity and are high-quality, collaborative, and culturally centered were identified as high-priority targets to foster patient safety and improve clinical outcomes. (Author)

Full URL: https://doi.org/10.1111/jmwh.13705

2025-00649

Controversial Issues Regarding Conceiving Children through Sperm Donation: A Shia Perspective. Ghodrati F (2023), Journal of Midwifery & Reproductive Health vol 11, no 4, October 2023, pp 4002-4005

In the religious texts of Islam, procreation and having children are things that are praised, and there has been a lot of emphasis and encouragement in this regard. Also, the most important function of the family is to bear children, and there are many hadiths encouraging men to get married to women who are capable of bearing children. On the other hand, the financial, psychological, and physical challenges caused by assisted reproductive technologies probably put additional stress on infertile couples. It is estimated that infertility affects 8–12% of couples of reproductive age

worldwide. The prevalence of infertility in Iran has been reported to range from 10.3% to 24.9%. Also, the infertility rate in South and West Asia is up to 30%. (Author)

Full URL: https://doi.org/10.22038/jmrh.2022.67342.1972

2025-00285

Traditional Practice Affecting Maternal Health in Pastoralist Community of afar Region, Ethiopia: A Facility-Based Cross-sectional Study. Ebabu AA, Muhammed MA (2021), Journal of Midwifery & Reproductive Health vol 9, no 3, July 2021, pp 2817-2827

Background and aim: Every day, at least 830 women die around the world as a result of complications related to pregnancy and childbirth, with the majority of the deaths occurring in the developing countries. Traditional practices throughout pregnancy and childbirth are one of the causative reasons for this maternal death. This study aimed to assess traditional practices that affect maternal health and its associated factors among women of childbearing age.
Methods: A facility-based cross-sectional study design was conducted on 308 participants using systematic sampling method. The study was done from 17 May to 17 June 2018, at Aysaita primary hospital, Afar region, Northeast Ethiopia. The data was collected by a structured interviewer-administered questionnaire. Data were entered into SPSS version 20 for analysis. X2 test with a p-value of less than 0.05 was used to declare the significance of the association with the independent and outcome variable.
Results: The study findings showed that 101 women (32.8%) practiced nutritional taboo during pregnancy. Also, 53(17.2%) and 56(18.2%) women practiced abdominal massage during pregnancy and delivery, respectively. Among included study participants, 54(17.5%) washed their babies immediately after birth. There was an association between educational status (p=0.041) and parity (p=0.003) with nutritional taboo. Additionally, an association was seen between parity (p=<0.001) and education (p=<0.001) with abdominal massage and home delivery.
Conclusion: Traditional practices in the study area were relatively high. Therefore, health education of the mother and promoting formal female education are crucial to the reduction or avoidance of these cultural malpractices. (Author)

Full URL: https://doi.org/10.22038/jmrh.2021.46790.1575

2025-00222

Violence and Its Related Factors in Infertile Women Attending Infertility Centers: A Cross-Sectional Study. Omidi K, Pakseresht S, Niknami M, et al (2021), Journal of Midwifery & Reproductive Health vol 9, no 4, October 2021, pp 3023-3033

Background & aim: Infertility, as a crisis in marital life, has multiple psychological and social consequences for couples, especially women. Infertile women are more vulnerable to violence than fertile women. The purpose of this study was to examine violence and its related factors in infertile women referring to infertility centers of Rasht, Iran.
Methods: This cross-sectional study was conducted on 245 women with primary infertility who referred to infertility canters in Rasht, Iran in 2017, using sequential sampling method. The data collection tool was a self-structured questionnaire to examine the demographic characteristics of the couples and Onat's violence standard questionnaire for assessing the exposure of infertile women to violence. The data were analyzed using Kolmogorov-Smirnov, Friedman, Mann-Whitney and Kruskal-Wallis tests as well as Spearman correlation and logistic regression.
Results: The results showed that the mean total score of violence was 50.93 ± 18.76. Also, there were significant relationships between the total score of violence and the variables of the duration of marriage, the duration of awareness and treatment of infertility, the age of married couples, occupation/education of the couples, the family relationship between couples, unwillingly marriage and the number of infertility treatment attempts (P<0.05).
Conclusion: Infertility is not merely a biomedical disorder and can lead to violence against women, therefore providing counselling services to infertile couples, making them aware of infertility treatments, improving the socio -economic status of women as well as teaching the way of managing marital, cultural and family issues to couples can be effective in reducing violence against infertile women. (Author)

Full URL: https://doi.org/10.22038/jmrh.2021.58462.1708

2025-00159

A review of NHS Health Communications with (and for) Jewish Communities. NHS Race & Health Observatory (2024), London: NHS Race & Health Observatory December 2024

This significant report and resource toolkit addresses healthcare communications within Jewish communities across England. Commissioned by the NHS Race and Health Observatory in 2022, and co-developed by Intent Health, this work identifies best practice and community-led actions with co-produced communication resources to improve public health initiatives, understanding and engagement between the NHS and Jewish communities.

The findings show a general lack of understanding about Jewish identity and Judaism within the NHS, leading to

miscommunications and stereotypes. It also identifies barriers such as inconsistent data capture, mistrust, and doubts about safety, which hinder effective communication and engagement between Jewish people and healthcare professionals.

The report offers several recommendations for improving engagement and communications with Jewish communities, alongside co-created and co-produced resources, tailoring engagement to specific needs which have implications and learning for a wide range of diverse communities. (Author)

Full URL: https://www.nhsrho.org/research/health-communications-report-and-resources-to-improve-access-to-nhs-services-for-jewish-communities/

2024-14711

Informing culturally sensitive neonatal palliative care: Focus on communication. Clancy M, Thomas F, Redman H, et al (2024), Infant vol 20, no 6, November 2024

Following on from the first in the series on informing culturally sensitive neonatal palliative care in Infant journal, which focused on how bereavement support is provided on neonatal units, this article will focus on how neonatal teams communicate with bereaved parents. Communication underpins every element of neonatal palliative care, with good communication with parents and families at the core of high quality support. How information is presented and discussed and the ability to understand and empathise with a variety of cultural practices and beliefs is an important part of bereavement care, applying to the multidisciplinary team antenatally and perinatally. (Author)

2024-14700

Involving women with limited English proficiency in group antenatal care: Findings from the integrated process evaluation of the Pregnancy Circles pilot trial. Wiseman O, McCourt C, Mehay A, et al (2024), Midwifery vol 139, December 2024, 104197

Problem In the United Kingdom, poor experiences and outcomes of antenatal care among women with limited English proficiency (LEP) are widely documented.
Background
Group antenatal care aims to address some limitations of traditional care by combining health assessment, information sharing and peer support, but the inclusion of women with LEP in mixed-language groups has not been explored.
Aim
This qualitative study used observations and interviews to explore whether linguistic diversity could be incorporated into group antenatal care (Pregnancy Circles). Women with LEP were invited to take part in mixed-language groups in a large urban NHS trust as part of the Pregnancy Circles pilot trial (ISRCTN66925258 Retrospectively registered 03 April 2017; North of Scotland Research Ethics Service 16/NS/0090).
Findings
Three Pregnancy Circles including women with LEP were implemented. Linguistically integrated groups required additional resources (time, interpreters, midwifery skills). Four themes emerged: ‘Interpreting as helping’, ‘Enhanced learning’, ‘Satisfaction and belonging’ and ‘Complex lives’.
Discussion
Women with LEP accessing interpreting in Pregnancy Circles reported high levels of satisfaction, contrasting with reported experiences in traditional care. Three theories of effect emerged as relevant for women with LEP: social support. (Author)

Full URL: https://doi.org/10.1016/j.midw.2024.104197

2024-14696

The cultural significance of Syrian refugees' traditional childbirth and postpartum practices. Alnaji N, Akesson B, Gottlieb A (2024), Midwifery vol 139, December 2024, 104180

Problem
Childbirth and the postpartum period are critical times for both mothers and babies. Traditional cultural practices often play a significant role in providing support during this time. However, in exceptional circumstances, such as those faced by refugees giving birth in disrupted social environments, these practices may be inaccessible, leading to emotional distress and delayed physical recovery.
Aim
To explore the cultural significance of traditional motherhood practices in Syria that are still observed by some Syrian refugees in Lebanon.

Methods
The study used a phenomenological approach and included in-depth interviews with eight Syrian mothers residing in informal settlements in Lebanon.
Findings
Findings were organized around three themes: (1) Familial Support during the Postpartum Period, (2) Specific Cultural Practices during the Postpartum Period, and (3) Emotional Experiences during the Postpartum Period
Discussion
Understanding these cultural practices is essential for developing culturally sensitive interventions that can improve wellbeing of refugee mothers. (Author)

2024-14485

Grow through what you go through: A qualitative description of South Asian immigrant mothers' NICU experiences. Deol R, Wahoush O, Chen R, et al (2025), Journal of Neonatal Nursing vol 31, no 1, February 2025, pp 314-318

Background
While existing research highlights the challenges mothers face in the Neonatal Intensive Care Unit, there is limited understanding of the specific experiences of South Asian immigrant mothers in this context.
Purpose
To describe and understand the experiences of South Asian immigrant mothers in the Neonatal Intensive Care Unit.
Methods
Employed qualitative descriptive methodology, engaging four participants through semi-structured interviews and a demographic questionnaire. Data was analyzed via content analysis.
Findings
Four key themes emerged: Seeking to Understand, The Impact of South Asian Culture on the Neonatal Intensive Care Unit Experience, Becoming a Mother One Step at a Time, and Circle of Care.
Conclusion
South Asian immigrant mothers encounter numerous challenges in the Neonatal Intensive Care Unit, such as language barriers, societal perceptions, maternal self-doubt, and the complexities of navigating motherhood. These challenges highlight the importance of healthcare professionals such as nurses offering tailored and culturally-sensitive care to families. (Author)

Full URL: https://doi.org/10.1016/j.jnn.2024.10.006

2024-14447

Successful Strategies for Practice-Based Recruitment of Racial and Ethnic Minority Pregnant Women in a Randomized Controlled Trial: the IDEAS for a Healthy Baby Study. Goff SL, Youssef Y, Pekow PS, et al (2016), Journal of Racial and Ethnic Health Disparities vol 3, no 4, December 2016, pp 731-737

Background: Racial/ethnic minority patients are often underrepresented in clinical trials. Efforts to address barriers to participation may improve representation, thus enhancing our understanding of how research findings apply to more diverse populations.

Methods: The IDEAS (Information, Description, Education, Assistance, and Support) for a Healthy Baby study was a randomized controlled trial (RCT) of an intervention to reduce barriers to using publicly reported quality data for low-income, racial/ethnic minority women. We used strategies grounded in a health equity framework to address barriers to recruitment and retention in three domains: preparation, process, and patient-centeredness. "Preparation" included teaching study staff about health inequities, role-playing skills to develop rapport and trust, and partnering with clinic staff. "Processes" included use of electronic registration systems to pre-screen potential candidates and determine when eligible participants were in clinic and an electronic database to track patients through the study. Use of a flexible protocol, stipends, and consideration of literacy levels promoted "patient-centeredness."

Results: We anticipated needing to recruit 800 women over 18 months to achieve a completion goal of 650. Using the recruitment and retention strategies outlined above, we recruited 746 women in 15 months, achieving higher recruitment (87.1 %) and retention rates (97.3 %) than we had anticipated.

Discussion: These successful recruitment and retention strategies used for a large RCT promoted inclusivity and accessibility. Researchers seeking to recruit racial and ethnic minority pregnant women in similar settings may find the preparation, process, and patient-centered strategies used in this study applicable for their own studies.

Trial registration: ClinicalTrials.gov NCT01784575 , 1R21HS021864-01.

Keywords: Low socioeconomic status; Pregnant women; Racial and ethnic minority; Randomized controlled trial; Recruitment; Retention. (Author)

2024-14438

Perceived Safety, Quality and Cultural Competency of Maternity Care for Culturally and Linguistically Diverse Women in Queensland. Mander S, Miller YD (2016), Journal of Racial and Ethnic Health Disparities vol 3, no 1, March 2016, pp 83-98

Various policies, plans and initiatives have been implemented to provide safe, quality and culturally competent care to patients within Queensland's health care system. A series of models of maternity care are available in Queensland that range from standard public care to private midwifery care. The current study aimed to determine whether identifying as culturally or linguistically diverse (CALD) was associated with the perceived safety, quality and cultural competency of maternity care from a consumer perspective, and to identify specific needs and preferences of CALD maternity care consumers. Secondary analysis of data collected in the Having a Baby in Queensland Survey 2012 was used to compare the experiences of 655 CALD women to those of 4049 non-CALD women in Queensland, Australia, across three stages of maternity care: pregnancy, labour and birth, and after birth. After adjustment for model of maternity care received and socio-demographic characteristics, CALD women were significantly more likely than non-CALD women to experience suboptimal staff technical competence in pregnancy, overall perceived safety in pregnancy and labour/birth, and interpersonal sensitivity in pregnancy and labour/birth. Approximately 50 % of CALD women did not have the choice to use a translator or interpreter, or the gender of their care provider, during labour and birth. Thirteen themes of preferences and needs of CALD maternity care consumers based on ethnicity, cultural beliefs, or traditions were identified; however, these were rarely met. Findings imply that CALD women in Queensland experience disadvantageous maternity care with regards to perceived staff technical competence, safety, and interpersonal sensitivity, and receive care that lacks cultural competence. Improved access to support persons, continuity and choice of carer, and staff availability and training is recommended.

Keywords: CALD; Consumer evaluation; Consumer experience; Maternity care; Survey. (Author)

2024-14173

Birth afterthoughts: accessible to global majority mothers?. Ireland J, Chigborogu M, Savage R (2024), The Practising Midwife vol 27, no 6, November 2024, pp 8-11

This paper describes preparatory steps taken in planning a quality improvement (QI) project, in a National Health Service maternity unit of the south coast of England. A questionnaire (Appendix A) was used as a pilot, data to be shared in a future publication. It was used to understand the reach of the service and feelings about fear and trauma in general and gather ideas for improvement. The tiny number of women from non-white backgrounds making use of the service is out of proportion with local population data. Lessons we have learned in the process are also shared. (Author)

2024-14128

Determinants of Colostrum Avoidance among Postpartum Mothers in North West Ethiopia. Addisu D, Melkie A, Bezie M, et al (2020), Journal of Midwifery & Reproductive Health vol 8, no 4 October 2020, pp 2486-2493

Background & aim: Colostrum feeding has a significant health benefit for neonates and infants, particularly in low-income countries, such as Ethiopia which has greater magnitudes of child starvation and mortality. However, colostrum is not given to newborns in the area under study for a various socio-cultural reasons and misconceptions. Therefore, the present study aimed to determine the determinant of colostrum avoidance among postpartum mothers in Ethiopia.
Methods: This hospital-based cross-sectional study was performed in Debre Tabor General Hospital, Debre Tabor, Ethiopia, from January 2 to June 28, 2019. A total of 437 postpartum mothers who had a child ≤ 6 weeks of age were included in this study. A systematic random sampling method was applied, and an interviewer administered the structured questionnaires to collect the data. Data analysis was performed in SPSS software (version 23) using bivariate and multivariable logistic regression.
Results: The prevalence rate of colostrum avoidance was found to be 10.5%. According to the results, the determinants of colostrum avoidance were postpartum mothers with non-formal educational status [AOR=3.1, 95%C1=1.51-6.32], rural residency [AOR =5.2, 95%Cl =2.60-10.40], primiparity [AOR =5.1, 95%Cl =2.30-11.57], and lack of receiving counseling about breastfeeding during antenatal care [AOR =2.6, 95%Cl =1.32-5.47].

Conclusion: The prevalence rate of colostrum avoidance was low in Debre Tabor General Hospital, compared to the results of other studies. Nevertheless, it is recommended to give routine and detailed counseling about breastfeeding during antennal care to decrease colostrum avoidance. (Author)

Full URL: https://doi.org/10.22038/jmrh.2020.45863.1558

2024-14082

Mental Health Experiences of Muslim American Women During the Perinatal Period. Kanan M, Quad N, Ramirez XR, et al (2025), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 54, no 1, January 2025, pp 102-111

Objective
To describe the mental health experiences of Muslim American women in the perinatal period.
Design
Qualitative descriptive.
Setting
Telephone interviews.
Participants
Eighteen Muslim American women who gave birth in the last 12 months.
Methods
We used a semistructured guide to conduct individual interviews and thematic network analysis to identify key themes across the interviews.
Results
Participants had a mean age of 32.5 years, 83% were White, and 17% were Asian. Educational attainment ranged from high school diploma to doctorate degree (83% completed a bachelor's degree or higher), and 83% reported U.S. citizenship. We identified four organizing themes: Need for Tailored Mental Health Support; Challenging Screening Experiences; Mental Health Experiences That Affect Maternal–Infant Bonding; and Faith, Culture, and Mental Health.
Conclusion
Findings underscore the need for culturally responsive mental health screening and enhanced support tailored to Muslim American women during the perinatal period. Health care providers should use culturally sensitive care approaches to build trust and enhance mental health outcomes. (Author)

2024-13253

Cultural adaptation of the person-centered maternity care scale at governmental health facilities in Cambodia. Naito YT, Fukuzawa R, Afulani PA, et al (2023), PLoS ONE vol 18, no 1, January 2023, e0265784

Background
In Cambodia, the importance of valuing women's childbirth experiences in improving quality of care has been understudied. This is largely because of absence of reliable Khmer tools for measuring women's intrapartum care experiences. Generally, cross-cultural development of those tools often involves translation from a source language into a target language. Yet, few earlier studies considered Cambodian cultural context. Thus, we developed the Cambodian version of the Person-Centered Maternity Care (PCMC) scale, by culturally adapting its original to Cambodian context for ensuring cultural equivalence and content validity.

Methods
Three rounds of cognitive interviewing with 20 early postpartum women were conducted at two governmental health facilities in Cambodia. Cognitive interviewing was composed of structured questionnaire pretesting and qualitative probing. The issues identified in the process of transcribing and translating audio-recorded cognitive interviews were iteratively discussed among study team members, and further analyzed.

Results
A total of 14 issues related to cultural adaptations were identified in the 31 translated questions for the Cambodian version of the PCMC scale. Our study identified three key findings: (i) discrepancies between the WHO recommendations on intrapartum care and Cambodian field realities; (ii) discrepancies in recognition on PCMC between national experts and local women; and (iii) challenges in correctly collecting and interpreting less-educated women's views on intrapartum care.

Conclusion
Not only women's verbal data but also their non-verbal data and cultural contexts should be comprehensively counted, when reflecting Cambodian women's intrapartum practice realities in the translated version. This is the first

study that attempted to develop the tool for measuring Cambodian women's experiences during childbirth, by addressing cross-cultural issues. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0265784

2024-13231

A qualitative study of factors influencing the utilization of institutional delivery: Insights from pastoral communities, Southwest Ethiopia. Kebede K, Tadesse AH, Bekele B (2020), Journal of Midwifery & Reproductive Health vol 8, no 3, July 2020, pp 2284-2295

Background & aim: The practice of institutional delivery services utilization is reported to be very low in Ethiopian pastoral community. In this regard, health programmers should gain an insight into factors influencing the utilization of institutional delivery to improve health facility delivery among these women.
Methods: A qualitative study was conducted in pastoralist communities of Bench-Maji zone, southwest Ethiopia within September-October 2017. The data were collected through in-depth interviews and focus-group discussions with women, health extension workers, traditional birth attendants, and supervisors of health extension workers. After transcription and translation, the data were thematically analyzed using Open Code software (version 3.6).
Results: As evidenced by the results of the current study, poor risk awareness, inadequate infrastructure and transport, poor quality of care, and lack of financial independence hinder easy access to obstetric care. In this regard, readily available traditional birth attendants become the best alternative to the non-responsive health system. These communities were also marginalized since they receive less health education due to their long distances to healthcare facilities. Consequently, they are encouraged to deliver at home in the belief that only complications require medical attention.
Conclusion: In order to design interventions to support pastoral women's use of obstetric services, existing barriers need to be addressed together since they jointly hinder women's access to institutional delivery. (Author)

Full URL: https://doi.org/10.22038/jmrh.2020.40116.1448

2024-13184

Identifying common conditions of pregnancy for women, including women from culturally and linguistically diverse backgrounds, at an Australian hospital: A survey. Levett KM, Louis J, Sutcliffe KL, et al (2025), Midwifery vol 140, January 2025, 104195

Problem
Research that explores the prevalence and range of treatments sought for common conditions of pregnancy is limited, particularly for culturally and linguistically diverse (CALD) women.
Background
During pregnancy, physical and psychological conditions affect participation in the home, workplace, and community. However, treatment options may be limited, particularly for CALD women.
Aim
To establish the prevalence of physical and psychological conditions experienced during pregnancy, and ascertain treatments options sought by women attending a hospital in a multicultural area of Sydney (Australia), including medical, allied health and complementary medicines.
Methods
A cross-sectional survey of pregnant women attending an outpatient antenatal clinic (July-December 2019). The survey was conducted in the most common language groups, English, Arabic and traditional Chinese (inclusive of Cantonese and Mandarin). Univariate and bivariate analysis was conducted.
Findings
A total of 154 women participated. CALD women most frequently reported lower-back pain (41.5 %), constipation (34 %), nausea (28 %), and anxiety (7.5 %) . English-speaking women reported lower-back pain (43.5 %), difficulty sleeping (37 %), severe tiredness (35 %), and anxiety (15.8 %), and were more likely to seek treatment ($p < 0.01$). Practitioners most consulted were massage therapists, physiotherapists, community nurses and counsellors. Doctors were least consulted overall.
Conclusions
Pregnant women most commonly reported lower-back pain, however conditions were reported and treated less frequently by CALD women, including psychological conditions. It is vital that women can access hospital-based treatment for common physical and psychological conditions of pregnancy. The implication for clinicians is to establish routine asking, adequate care provision and referral to culturally safe and appropriate services. (Author)

Full URL: https://doi.org/10.1016/j.midw.2024.104195

2024-12982

Caring for Indigenous families in the neonatal intensive care unit. Wright AL, Ballantyne M, Wahoush O (2020), Nursing Inquiry vol 27, no 2, April 2020, e12338

Inequitable access to health care, social inequities, and racist and discriminatory care has resulted in the trend toward poorer health outcomes for Indigenous infants and their families when compared to non-Indigenous families in Canada. How Indigenous mothers experience care during an admission of their infant to the Neonatal Intensive Care Unit has implications for future health-seeking behaviors which may influence infant health outcomes. Nurses are well positioned to promote positive health care interactions and improve health outcomes by effectively meeting the needs of Indigenous families. This qualitative study was guided by interpretive description and the Two-Eyed Seeing framework and aimed to understand how Indigenous mothers experience accessing and using the health care system for their infants. Data were collected by way of interviews and a discussion group with self-identifying Indigenous mothers of infants less than two years of age living in Hamilton, Ontario, Canada. Data underwent thematic analysis, identifying nursing strategies to support positive health care interactions and promote the health and wellness of Indigenous infants and their families. Building relationships, providing holistic care, and taking a trauma-informed approach to the involvement of child protection services are three key strategies that nurses can use to positively impact health care experiences for Indigenous families.

Keywords: cultural safety; indigenous health; indigenous peoples; infant newborn; intensive care units neonatal; maternal-child nursing; qualitative studies; trauma-informed care.

2024-12752

Factors which influence ethnic minority women's participation in maternity research: A systematic review of quantitative and qualitative studies. Lovell H, Silverio SA, Story L, et al (2023), PLoS ONE vol 18, no 2, February 2023, e0282088

Background

Women from Black, Asian and mixed ethnicity backgrounds in the UK experience higher rates of maternal and neonatal mortality and morbidity, and report poorer experiences of maternity care. Research is required to understand how to reduce these disparities, however, it is acknowledged these groups of women are under-represented in clinical research.

Aim

To investigate factors which influence participation in maternity research for women from an ethnic minority background.

Methods

A systematic review was conducted to examine influencing factors for research participation.
MEDLINE/CINHAL/PsycInfo/EMBASE databases were systematically searched in March 2021 and updated in March 2022. Papers were eligible if they explored maternal research participation and identified a woman's ethnicity in the results. No restrictions were placed on methodology. A convergent integrated approach was used to synthesise findings.

Findings

A total of 14 papers met the inclusion criteria. Results were divided into eight overarching themes. A personalised approach to recruitment and incorporating culturally sensitive communication and considerations enhanced research participation. Distrust around sharing data, a perception of risk to research participation, and research lacking in personal relevance adversely affected the decision to participate. Large variation existed in the quality of the studies reviewed.

Conclusions

Consideration of a woman's culture and background in the design and the delivery of a maternity research study may facilitate participation, particularly when sampling from a specific population. Further research, informed by women from ethnic minority backgrounds is warranted to develop women-centred recommendations for conducting inclusive maternity research. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0282088

2024-12748

Birth and prenatal care outcomes of Latina mothers in the Trump era: Analysis by nativity and country/region of origin. Gutierrez C, Dollar NT (2023), PLoS ONE vol 18, no 3, March 2023, e0281803

We examined whether and how birth outcomes and prenatal care utilization among Latina mothers changed over time across years associated with the Trump sociopolitical environment, using restricted-use birth records from the National Center for Health Statistics (NCHS). To assess potential variation among subpopulations, we disaggregated the analyses by maternal nativity and country/region of origin. Our results indicate that both US- and foreign-born Latina mothers experienced increasingly higher risks of delivering low birthweight (LBW) and preterm birth (PTB) infants over the years associated with Trump's political career. Among foreign-born Latinas, adverse birth outcomes increased significantly among mothers from Mexico and Central America but not among mothers from Puerto Rico, Cuba, and South America. Levels of inadequate prenatal care utilization remained largely unchanged among groups who saw increases in LBW and PTB, suggesting that changes in prenatal care did not generally explain the observed worsening of birth outcomes among Latina mothers during the Trump era. Results from this study draw attention to the possibility that the Trump era may have represented a source of chronic stress among the Latinx population in the US and add to the growing body of literature linking racism and xenophobia in the sociopolitical environment to declines in health among Latinx people, especially among targeted groups from Mexico and Central America. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0281803

2024-12370

Culturally competent nursing care as a promoter of parental empowerment in neonatal unit: A scoping review. Guarda-Rodrigues J, Dias MPFC, Rodrigues Fatela MM, et al (2025), Journal of Neonatal Nursing vol 31, no 1, February 2025, pp 31-38

Problem
In neonatal units, a significant number of newborns and their respective parents and families are hospitalized, each with culturally distinct practices and perspectives that require specialized knowledge. However, the literature lacks comprehensive evidence depicting culturally competent nursing care that concurrently promotes parental empowerment in the neonatal units.
Eligibility criteria
The review was conducted following the methodology recommended by the Joanna Briggs Institute and in accordance with the Preferred Reporting Items for Systematic Reviews - Scoping Reviews (PRISMA-ScR) guidelines. Searches were performed on MedLine, CINAHL, Psychology and Behavioral Science Collection, MedicLatina, Scopus, Web of Science, the Scientific Open Access Repository of Portugal (RCAAP), Mednar, and Google Scholar. Study eligibility criteria were defined based on the PCC mnemonic.
Sample
A total of 608 records were identified for title and abstract screening, with 30 selected for full-text review. Ten studies met the inclusion criteria.
Results
The studies, published between 2002 and 2023, focused on the following cultures: Lumbee, Chinese, Jewish, Ghanaian, Nigerian, Ugandan, Mexican, Taiwanese, Iranian, and Aboriginal. Culturally competent nursing care promoting parental empowerment is categorized into: the relationship between parents and healthcare professionals, the care process, alignment of needs with community resources, alignment of needs with healthcare, and receiving information and emotional support.
Conclusions
Culturally competent care, rooted in family-centered care, promotes parental empowerment, which can consequently translate into improved quality of nursing care.
Implications
Recommendations for clinical practice, education, and research are suggested, emphasizing the importance of identifying cultural determinants and needs perceived by parents with children admitted to neonatal care units, specific to each culture present in different countries. (Author)

Full URL: https://doi.org/10.1016/j.jnn.2024.08.007

2024-12154

Attitudes, beliefs and social norms regarding infant and young child feeding among Nigerian mothers, fathers and grandmothers across time. Schnefke CH, Flax VL, Ubanmhen F, et al (2023), Maternal & Child Nutrition vol 19, no 4, October 2023, e13524

Infant and young child feeding (IYCF) interventions in low-resource countries mainly target pregnant women and mothers of young children; however, fathers and grandmothers also influence IYCF practices. We conducted focus group discussions with mothers, fathers and grandmothers of young children across three time points in areas where an IYCF social and behaviour change intervention was implemented in Nigeria to explore differences by participant type and shifts over time in attitudes, beliefs and social norms related to breastfeeding and dietary diversity (DD). Overall, across time points, we found more discrepancies in attitudes, beliefs and social norms for early initiation of breastfeeding (EIBF) and exclusive breastfeeding (EBF) among different participant types than for DD. Although most participants agreed EIBF and EBF are good practices, mothers believed this more strongly than fathers and grandmothers; however, at endline, a shift towards acceptance of EIBF and EBF appeared among fathers and grandmothers. Across time points, all participant types acknowledged the nutritional and health benefits of green leafy vegetables and animal-source foods but described various barriers to feeding them to children. Across time points, all participant types also highlighted the importance of health workers and antenatal visits as important sources of IYCF knowledge and facilitators to following recommended practices. Insights from this study highlight the importance of including key influencers of IYCF practices in qualitative research. (Author)

Full URL: https://doi.org/10.1111/mcn.13524

2024-11982

How do cultural elements shape speak-up behavior beyond the patient safety context? An interprofessional perspective in an obstetrics and gynecology department. Malik RF, Azar P, Taimounti A, et al (2024), Frontiers in Medicine 4 September 2024, online

Introduction: Interprofessional working and learning thrives with speak-up behavior. Efforts to improve speak-up have mainly focused on isolated techniques and training programs within the patient safety scope, yet sustained improvement requires a cultural shift beyond this scope. This research investigates the influence of culture elements on speak-up behavior in interprofessional teams beyond the patient safety context.

Methods: An exploratory qualitative study design was used in a Dutch hospital's Obstetrics and Gynecology department. A representative sample of stakeholders was purposefully selected, resulting in semi-structured interviews with 13 professionals from different professional backgrounds (nurses, midwifes, managers, medical specialists, and residents). A speak-up pledge was developed by the research team and used to prime participants for discussion. Data analysis involved three-step coding, which led to the development of themes.

Results: This study has identified six primary cultural themes that enhance speak-up behavior. These themes encompass the importance of managing a shared vision, the role of functional hierarchy, the significance of robust interpersonal relationships, the formulation of a strategy delineating when to speak up and when to exercise restraint, the promotion of an open-minded professional mindset, and the integration of cultural practices in the context of interprofessional working and learning.

Conclusion: Six crucial cultural elements have been pinpointed to boost the practice of speaking up behavior in interprofessional working and learning. Remarkably, hierarchy should not be held responsible as the wrongdoer; instead, can be a great facilitator through respect and appreciation. We propose that employing transformational and humble leadership styles can provide guidance on effectively integrating the identified cultural elements into the workplace and provide an IMOI framework for effective interprofessional speak-up beyond patient safety. (Author)

Full URL: https://doi.org/10.3389/fmed.2024.1345316

2024-11972

Restricting diet for perceived health benefit: A mixed-methods exploration of peripartum food taboos in rural Cambodia. Labonté JM, Kroeun H, Sambo S, et al (2023), Maternal & Child Nutrition vol 19, no 3, July 2023, e13517

Food taboos encompass food restrictions practiced by a group that go beyond individual preferences. During pregnancy and lactation, food taboos may contribute to inadequate nutrition and poor maternal and infant health. Restriction of specific fish, meat, fruits and vegetables is common among peripartum women in many Southeast Asian countries, but data from Cambodia are lacking. In this mixed-methods study, 335 Cambodian mothers were asked open-ended questions regarding dietary behaviours during pregnancy and up to 24 weeks postpartum. Descriptive statistics and content analysis were used to characterize food taboos and multiple logistic regression analyses were conducted to identify predictors of this practice. Participants were 18–44 years of age, all of Khmer ethnicity and 31% were primiparous. Sixty-six per cent of women followed food taboos during the first 2 weeks postpartum, whereas ~20% of women restricted foods during other peripartum periods. Pregnancy taboos were often beneficial, including

avoidance of sugar-sweetened beverages, coffee and alcohol. Conversely, postpartum avoidances typically included nutrient-dense foods such as fish, raw vegetables and chicken. Food taboos were generally followed to support maternal and child health. No significant predictors of food taboos during pregnancy were identified. Postpartum, each additional live birth a woman had reduced her odds of following food taboos by 24% (odds ratio [95% confidence interval]: 0.76 [0.61–0.95]). Specific food taboo practices and rationales varied greatly between women, suggesting that food taboos are shaped less by a strict belief system within the Khmer culture and more by individual or household understandings of food and health during pregnancy and postpartum. (Author)

Full URL: https://doi.org/10.1111/mcn.13517

2024-11926

A Sacred Connection with the Land. Thomas BP (2024), O & G vol 26, no 2, Winter 2024

The concept of "whenua" in Māori culture represents both land and the placenta, and it's a symbol for the deep connection between ancestry, birth, and the environment. Māori traditionally bury the whenua (placenta) in the whenua (land) of the child's ancestors, symbolising a spiritual bond between the individual, their ancestral roots, and the land they have walked on. Modern healthcare challenges, such as urbanization and loss of cultural practices, threaten these traditions. Organizations like RANZCOG advocate for culturally respectful maternity care, to support Māori and other Indigenous mothers' childbirth practices. (AS)

Full URL: https://www.ogmagazine.org.au/26/2-26/a-sacred-connection-with-the-land/

2024-11892

Informing culturally sensitive neonatal palliative care: Focus on bereavement. Clancy M, Thomas F, Redman H, et al (2024), Infant vol 20, no 5, September 2024

Each year around 2,000 babies in England and Wales will require a palliative approach to care. While the need to provide compassionate care to culturally diverse families has been noted, there remains a distinct lack of evidence base to guide culturally sensitive neonatal palliative care. To address this gap, this research project brought together perspectives and expertise from nursing, applied social science, palliative care, health systems research and migration studies. In doing so, it provides important transdisciplinary insights into the experiences of culturally diverse families requiring neonatal palliative care, as well as insights into the challenges facing neonatal palliative care providers. In this series of articles that will be published in Infant in succession, three key themes that emerged from the research findings will be discussed: Bereavement, communication and divergence of belief. Each article ends with a set of questions intended to support reflective practice. These questions were developed through two workshops with multidisciplinary professionals working in neonatal palliative care. Those involved included a neonatal consultant, a bereavement midwife, an advanced neonatal practitioner, a practice development nurse in neonatal care, a regional neonatal lead nurse and a chaplain. Participants came from diverse areas across England offering regional insights. (Author)

2024-11670

ACOG Committee Statement No. 10: Racial and Ethnic Inequities in Obstetrics and Gynecology. American College of Obstetricians and Gynecologists (ACOG) (2024), Obsterics & Gynecology vol 144, no 3, September 2024, pp e62-e74

Disparate health outcomes and unequal access to care have long plagued many communities in the United States. Individual demographic characteristics, such as geography, income, education, and race, have been identified as critical factors when seeking to address inequitable health outcomes. To provide the best care possible, obstetrician–gynecologists should be keenly aware of the existence of and contributors to health inequities and be engaged in the work needed to eliminate racial and ethnic health inequities. Obstetrician–gynecologists should improve their understanding of the etiologies of health inequities by participating in lifelong learning to understand the roles clinician bias and personally mediated, systemic, and structural racism play in creating and perpetuating adverse health outcomes and health care experiences. (Author)

Full URL: https://doi.org/10.1097/AOG.0000000000005678

2024-11568

Translating informed consent in Scottish Maternity Services. University of Edinburgh (2022), 7 October 2022

A blog from a colloquium hosted by the University of Edinburgh, held online on 7 October 2022. The colloquium welcomed UK and international researchers and practitioners from a range of fields, including midwifery, obstetrics, translation and interpreting studies, medical ethics, medical anthropology, and medical/health humanities. The purpose of the event was to address the problem of obtaining informed consent in maternity services in Scotland for

women and birthing people whose first language is not English, or with limited host language ability. (JSM)
Full URL: https://blogs.ed.ac.uk/translating-informed-consent/colloquium/

2024-11565

Provision of interpreting support for cross-cultural communication in UK maternity services: A Freedom of Information request. MacLellan J, McNiven A, Kenyon S (2024), International Journal of Nursing Studies Advances vol 6, no 100162, June 2024

Background
Language, communication and understanding of information are central to safe, ethical and efficient maternity care. The National Health Service (NHS) commissioning board, NHS England, describes how healthcare providers should obtain language support through professionally trained interpreters. Providers of interpreters are commissioned to deliver remote/face to face interpretation across the NHS. Services can be booked in advance or calls can be made in real time. However, women report infrequent use of professionally trained interpreters during their maternity care, often relying on friends and family as interpreters which can compromise confidentiality, disclosure and accuracy.

Methods
To determine the demand for, and provision of, professionally trained interpreters in practice, we sent a Freedom of Information (FOI) request to 119 NHS Trusts delivering maternity services in England in November 2022. For the financial years 2020/2021 and 2021/2022, we asked how many women in the maternity service were identified as needing an interpreter, the number and mode of interpreter sessions, and the annual spend on interpreting services. Data were analysed using descriptive statistics.

Results
One hundred maternity Trusts responded by 21st April 2023 (response rate 100/119–84 %). Of these, 56 (56 %) recorded a woman's need for an interpreter. Nineteen Trusts relied on documentation in paper notes and 37 Trusts recorded the information on a digital system. From the 37 Trusts where this information could be digitally retrieved, women requiring interpreter support reflected between 1 and 25 % of the annual birth rate of the Trust (average 9 %) and received an average of three interpreter sessions across their pregnancy, birth and postnatal journey. Telephone was the dominant mode used for interpreting sessions, though 11 Trusts favoured face to face interpreting. Financial spend on interpreting services varied across Trusts; some funded their own in-house interpreting services, or worked with local community groups in addition to their contracted interpreting provider.

Conclusion
Information obtained from this FOI request suggests that documentation of a woman's interpreting need is not complete or consistent across NHS maternity services. As a result, it is not clear how many women require an interpreter, the mode of provision or how frequently it is provided, and the cost involved. However, the limited information available suggests a failure to provide interpreter support to women at each scheduled care encounter. This raises questions about, the risk of women not understanding the care being offered, and the increased risk of uninformed, unconsented care as women traverse pregnancy and birth.

Tweetable
There appears to be failure to provide interpreter support to women at each scheduled maternity care encounter increasing the risk of uninformed, unconsented care. (Author)

Full URL: https://www.sciencedirect.com/science/article/pii/S2666142X23000462

2024-11563

Case story. Language and digital barriers to accessing maternity care and advice. NHS Resolution (2024), 2024. 8 pages

Learning material produced as part of the NHS Resolution's maternity campaign 2022/25 #ImprovingMaternityOutcome. This resource addresses the issue of access to maternity services for non-English speaking women and birthing people, and highlights the importance of engaging with interpreting and translating services. (JSM)

Full URL: https://resolution.nhs.uk/wp-content/uploads/2024/02/Language-and-digital-barriers-to-accessing-maternity-care-and-advice.pdf

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2024-11553

Project20: interpreter services for pregnant women with social risk factors in England: what works, for whom, in what

circumstances, and how?. Rayment-Jones H, Harris J, Harden A, et al (2021), International Journal for Equity in Health vol 20, no 233, 2021

Background
Black and minority ethnic women and those with social risk factors such as deprivation, refugee and asylum seeker status, homelessness, mental health issues and domestic violence are at a disproportionate risk of poor birth outcomes. Language barriers further exacerbate this risk, with women struggling to access, engage with maternity services and communicate concerns to healthcare professionals. To address the language barrier, many UK maternity services offer telephone interpreter services. This study explores whether or not women with social risk factors find these interpreter services acceptable, accessible and safe, and to suggest solutions to address challenges.

Methods
Realist methodology was used to refine previously constructed programme theories about how women with language barriers access and experience interpreter services during their maternity care. Twenty-one longitudinal interviews were undertaken during pregnancy and the postnatal period with eight non-English speaking women and their family members. Interviews were analysed using thematic framework analysis to confirm, refute or refine the programme theories and identify specific contexts, mechanisms and outcomes relating to interpreter services.

Results
Women with language barriers described difficulties accessing maternity services, a lack of choice of interpreter, suspicion around the level of confidentiality interpreter services provide, and questioned how well professional interpreters were able to interpret what they were trying to relay to the healthcare professional during appointments. This resulted in many women preferring to use a known and trusted family member or friend to interpret for them where possible. Their insights provide detailed insight into how poor-quality interpreter services impact on their ability to disclose risk factors and communicate concerns effectively with their healthcare providers. A refined programme theory puts forward mechanisms to improve their experiences and safety such as regulated, high-quality interpreter services throughout their maternity care, in which women have choice, trust and confidence.

Conclusions
The findings of this study contribute to concerns highlighted in previous literature around interpreter services in the wider healthcare arena, particularly around the lack of regulation and access to high-quality interpretation. This is thought to have a significant effect on pregnant women who are living socially complex lives as they are not able to communicate their concerns and access support. This not only impacts on their safety and pregnancy outcomes, but also their wider holistic needs. The refined program theory developed in this study offers insights into the mechanisms of equitable access to appropriate interpreter services for pregnant women with language barriers. (Author)

Full URL: https://doi.org/10.1186/s12939-021-01570-8

2024-11224

Provision of translation services is failing to follow best evidence: reflections on midwives and use of informal translation services. Ferguson N (2024), MIDIRS Midwifery Digest vol 34, no 3, September 2024, pp 223-225

Effective communication is foundational to midwifery practice. In this article, I will reflect on a placement experience, using Rolfe's model (2001) to analyse the current provision for translation services in maternity care, a model that enables appropriate critical depth.
I will argue that there is a theory–practice gap between evidence-based care (NMC 2019) and reality by focusing on the interpreter, the midwife and the use of informal translation. Drawing on legal
perspectives, I will look to technology to close this gap, thereby better meeting the communication needs of the people accessing maternity services. (Author)
1) Rolfe G, Freshwater D, Jasper M eds (2001). Critical reflection
for nursing and the helping professions: a user's guide. London:
Palgrave.
2) Nursing and Midwifery Council (NMC) (2019). Standards of
proficiency for midwives. London: NMC. https://www.nmc.org.uk/
globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf

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2024-11174

Unveiling injustice: Disrupting child removal policies and upholding breastfeeding: An emancipatory framework. Peek

A, Hamilton S, Atchan M, et al (2024), Birth 16 August 2024, online

Before colonization, Aboriginal and Torres Strait Islander communities had nurturing, holistic, and communitarian approaches that promoted extended and healthy lives for their children. Colonization, marked by policies of genocide and assimilation, has resulted in an alarming overrepresentation of Aboriginal and Torres Strait Islander children under the care of child protection agencies, resulting in compromised health outcomes and reduced life expectancies. We are conducting a study designed to enhance positive developmental outcomes for Aboriginal and Torres Strait Islander children by articulating and enabling the rights of mothers and children to breastfeed in the context of a child protection intervention and child removal. To understand and address this problem, it is critical to implement culturally safe, de-colonized, emancipatory research that is guided by and benefits Aboriginal and Torres Strait Islander communities. This article presents an emancipatory framework that we are applying to our study using an Aboriginal participatory action research approach, that serves as a guide for non-Indigenous researchers seeking to conduct research with Indigenous communities. We emphasize the importance of incorporating an Aboriginal participatory action research framework, using community consultation and codesign; culturally secure data collection methods, and paying attention to Indigenous data sovereignty. Developing trusting respectful relationships is conducive to knowledge acquisition, exchange, and use, when research approaches deeply rooted in community involvement are applied. A call to action by the critical midwifery studies collective, urges non-Indigenous researchers to become accountable allies that demonstrates respect for community leadership while actively striving to ensure research does not perpetuate further harm, and produces effective change. This article provides an overview of ways to conduct ethical emancipatory research with Indigenous participants, that is, of benefit to midwifery practitioners and is applicable to many areas of research, policy, and practice. (Author)

Full URL: https://doi.org/10.1111/birt.12852

2024-10793

Facilitating and limiting factors of cultural norms influencing use of maternal health services in primary health care facilities in Kogi State, Nigeria; a focused ethnographic research on Igala women. Opara UC, Iheanacho PN, Li H, et al (2024), BMC Pregnancy and Childbirth vol 24, no 555, August 2024

Background

Facilitating factors are potential factors that encourage the uptake of maternal health services, while limiting factors are those potential factors that limit women's access to maternal health services. Though cultural norms or values are significant factors that influence health-seeking behaviour, there is a limited exploration of the facilitating and limiting factors of these cultural norms and values on the use of maternal health services in primary health care facilities.

Aim

To understand the facilitating and limiting factors of cultural values and norms that influence the use of maternal health services in primary healthcare facilities.

Methods

The study was conducted in two primary healthcare facilities (rural and urban) using a focused ethnographic methodology described by Roper and Shapira. The study comprised 189 hours of observation of nine women from the third trimester to deliveries. Using purposive and snowballing techniques, data was collected through 21 in-depth interviews, two focus group discussions comprising 13 women, and field notes. All data was analyzed using the steps described by Roper and Shapira (Ethnography in nursing research, 2000).

Results

Using the enabler and nurturer constructs of the relationships and the expectations domain of the PEN-3 cultural model, four themes were generated: 1, The attitude of healthcare workers and 2, Factors within primary healthcare facilities, which revealed both facilitating and limiting factors. The remaining themes, 3, The High cost of services, and 4, Contextual issues within communities revealed factors that limit access to facility care.

Conclusion

Several facilitating and limiting factors of cultural norms and values significantly influence women's health-seeking behaviours and use of primary health facilities. Further studies are needed on approaches to harness these factors in providing holistic care tailored to communities' cultural needs. Additionally, reinvigoration and strengthening of primary health facilities in Nigeria is critical to promoting comprehensive care that could reduce maternal mortality and enhance maternal health outcomes. (Author)

Full URL: https://doi.org/10.1186/s12884-024-06747-x

2024-10364

Implementation gaps in culturally responsive care for refugee and migrant maternal health in New South Wales, Australia. Olcoń K, Rambaldini-Gooding D, Degeling C (2023), BMC Health Services Research vol 23, no 42, January 2023

Background
Refugee and migrant women are at higher risk of childbirth complications and generally poorer pregnancy outcomes. They also report lower satisfaction with pregnancy care because of language barriers, perceived negative attitudes among service providers, and a lack of understanding of refugee and migrant women's needs. This study juxtaposes health policy expectations in New South Wales (NSW), Australia on pregnancy and maternity care and cultural responsiveness and the experiences of maternal healthcare providers in their day-to-day work with refugee and migrant women from non-English speaking backgrounds.

Methods
This study used a qualitative framework method to allow for a comparison of providers' experiences with the policy expectations. Sixteen maternal health service providers who work with refugee and migrant women were recruited from two local health districts in New South Wales, Australia and interviewed (November 2019 to August 2020) about their experiences and the challenges they faced. In addition, a systematic search was conducted for policy documents related to the provision of maternal health care to refugee and migrant women on a state and federal level and five policies were included in the analysis.

Results
Framework analysis revealed structural barriers to culturally responsive service provision and the differential impacts of implementation gaps that impede appropriate care resulting in moral distress. Rather than being the programmatic outcome of well-resourced policies, the enactment of cultural responsiveness in the settings studied relied primarily on the intuitions and personal responses of individual service providers such as nurses and social workers.

Conclusion
Authentic culturally responsive care requires healthcare organisations to do more than provide staff training. To better promote service user and staff satisfaction and wellbeing, organisations need to embed structures to respond to the needs of refugee and migrant communities in the maternal health sector and beyond. (Author)

Full URL: https://doi.org/10.1186/s12913-023-09066-7

2024-10292

YouTube Video Clips on Breastfeeding Education and Promotion for Arabic-Speaking Populations: A Social Media Content Analysis. Almoayad F, Alhashem A, Alotaibi R, et al (2024), Breastfeeding Medicine vol 19, no 9, September 2024, pp 734–741

Background/Objective: Although the benefits of breastfeeding are well-documented and widely recognized, reports indicate that optimal breastfeeding rates are low in Arabic-speaking countries. This is a significant concern given the health benefits associated with breastfeeding for both infants and mothers. Previous research has shown that education interventions can increase breastfeeding knowledge, attitudes, and practices in Arabic-speaking populations. The social media platform YouTube holds significant potential for distributing customized health education for diverse audiences; specifically, this platform has the potential to empower mothers and normalize long-term breastfeeding. The aim of this study was to evaluate the quality of YouTube videos on breastfeeding available in the Arabic language.
Methods: We used standard procedures to search YouTube for Arabic breastfeeding videos posted on YouTube in December 2023. Videos were evaluated using the three scales of the DISCERN quality evaluation instrument (reliability, information quality, video quality) and total score. Comparative statistics were generated.
Results: In total, 165 videos met the inclusion criteria, with 29.7% in the Education category; 43.6% were in Egyptian Arabic dialect. Almost all (91.75%) of the educational videos had a "medium" quality assessment. Educational videos and those using health professionals had higher quality assessments than those in other categories or done with other speakers.
Conclusion: The results of this review suggest that most content on the topic of breastfeeding was of only medium reliability and informational quality. New mothers seeking breastfeeding information or support may be in need of specific problem-solving information at a time when they are living with the often-difficulty reality of caring for a newborn or very young infant. There is a clear need for accurate, culturally congruent information to effectively support breastfeeding in Arabic-speaking countries. Future efforts should focus on improving the quality of online

health education content, with implications for public health strategies and policy development. (Author)

2024-09736

Traditional prenatal and postpartum food restrictions among women in northern Lao PDR. Smith TJ, Tan X, Arnold CD, et al (2022), Maternal & Child Nutrition vol 18, no 1, January 2022, e13279

Culturally determined food restrictions are common among pregnant and postpartum women in Asia. This study aimed to describe perinatal dietary restrictions, factors associated with food avoidances and attainment of minimum dietary diversity (MDD-W) among women in Lao PDR. Mother–child (aged 21 days to <18 months) dyads (n = 682) were enrolled into a cohort study in northern Lao PDR and interviewed at one time point postpartum. During pregnancy and postpartum, 1.6% and 97% of women reported following dietary restrictions, respectively. Cluster analysis identified four distinct postpartum dietary patterns: most restrictive (throughout first 2 months postpartum); least restrictive; 2 weeks highly restrictive and 1 month highly restrictive, followed by 19%, 15%, 5% and 62% of women, respectively. Greater maternal age, gravidity and higher household socioeconomic status were associated with allowing more diverse foods, while women from food insecure households followed more restrictive diets for longer. Women belonging to the Hmong ethnic group followed a highly restrictive diet of white rice and chicken for the first month postpartum. MDD-W was achieved by 10% of women restricting their diet at the time of the interview compared with 17% of women who were consuming their normal diet (p = 0.04). Postpartum dietary restrictions are widespread among women in northern Lao PDR. These highly restrictive diets, low dietary diversity and food insecurity likely contribute to micronutrient deficiencies in women that may have important consequences for their breastfed infants through reduced breastmilk micronutrient content, which requires further exploration. Culturally appropriate strategies to increase micronutrient intakes among women should be considered. (Author)

Full URL: https://doi.org/10.1111/mcn.13279

2024-09554

Local cultural perspectives of birth preparedness: a qualitative study in a rural subdistrict of Indonesia. Maryuni M, Prasetyo S, Martha E, et al (2024), British Journal of Midwifery vol 32, no 8, August 2024, pp 412–420

Background/Aims
Cultural factors significantly impact maternal mortality during pregnancy and birth, and cultural norms can affect pregnancy, labour and care-seeking behavior. This study explored local cultural perspectives of birth preparedness in a rural area of Java, Indonesia.

Methods
This descriptive qualitative study used individual semi-structured interviews with 16 purposively selected participants, including 10 pregnant women, two community midwives, two pregnant women's parents and two health cadres. Data were analysed thematically.

Results
Three primary themes were found: the meaning of pregnancy in the sociocultural context, the meaning of childbirth and cultural values in pregnancy.

Conclusions
Sociocultural factors have a significant impact on pregnancy and childbirth in rural Indonesian areas, and pregnant women may be unprepared for birth. It is essential to create a culturally appropriate intervention model for childbirth readiness that pregnant women and their families can easily understand. Innovation is vital to empower the community to promote childbirth preparation. (Author)

2024-09476

First Nations women are at greater risk of stillbirth. Here's why – and what we can do about it. Stuart-Butler D, Wojcieszek A, Graham S, et al (2024), The Conversation 31 July 2024

News item reporting that First Nations women in Australia are at greater risk of stillbirth than non-First Nations women and suggests the reasons for this inequity, including colonisation which took away their traditional pregnancy and birthing practices; maternity services and resources which aren't aimed at First Nations women; and racial discrimination in maternity services. Explains how Australia's national stillbirth action plan aims to address these issues. (JSM)

Full URL: https://theconversation.com/first-nations-women-are-at-greater-risk-of-stillbirth-heres-why-and-what-we-can-do-about-it-232914

2024-09404

Interventions for vulnerable pregnant women: Factors influencing culturally appropriate implementation according to health professionals: A qualitative study. Feijen-de Jong EI, Warmelink JC, van der Stouwe RA, et al (2022), PLoS ONE vol 17, no 8, August 2022, e0272249

Background
Proper implementation of interventions by health professionals has a critical effect on their effectiveness and the quality of care provided, especially in the case of vulnerable pregnant women. It is important, therefore, to assess the implementation of interventions in care settings to serve as input to improve implementation.

Objective
The aim of this study is to identify factors that influence the implementation of interventions for vulnerable pregnant women in the North of the Netherlands from the perspective of health professionals. In this region, an intergenerational transfer of poverty is apparent, leading to many health problems and the transfer of unhealthy lifestyles and the associated diseases to subsequent generations.

Methods
We used a qualitative research design. Semi-structured interviews with 39 health professionals were conducted between February 2019 and April 2020. To analyse the findings, the MIDI (Measurement Instrument for Determinants of Innovations) was used, an instrument designed to identify what determinants influence the actual use of a new or existing innovation.

Results
We found two themes that influence the implementation of interventions: 1. The attitude of health professionals towards vulnerable pregnant women: stereotyped remarks and words expressing the homogenization of vulnerable pregnant women. 2. A theme related to the MIDI determinants, under which we added six determinants.

Conclusion
Our research showed that many factors influence the implementation of interventions for vulnerable pregnant women, making the optimal implementation of interventions very complex. We highlight the need to challenge stereotypical views and attitudes towards specific groups in order to provide relation-centred care, which is extremely important to provide culturally appropriate care. Health professionals need to reflect on their own significant influence on access to and the use of care by vulnerable groups. They hold the key to creating partnerships with women to obtain the best health for mothers and their babies. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0272249

2024-08970

Indigenous maternal and infant outcomes and women's experiences of midwifery care: A mixed-methods systematic review. McNeil D, Elliott SA, Wong A, et al (2025), Birth vol 52, no 2, June 2025, pp 173-188

Background
The impact of midwifery, and especially Indigenous midwifery, care for Indigenous women and communities has not been comprehensively reviewed. To address this knowledge gap, we conducted a mixed-methods systematic review to understand Indigenous maternal and infant outcomes and women's' experiences with midwifery care.

Methods
We searched nine databases to identify primary studies reporting on midwifery and Indigenous maternal and infant birth outcomes and experiences, published in English since 2000. We synthesized quantitative and qualitative outcome data using a convergent segregated mixed-methods approach and used a mixed-methods appraisal tool (MMAT) to assess the methodological quality of included studies. The Aboriginal and Torres Strait Islander Quality Appraisal Tool (ATSI QAT) was used to appraise the inclusion of Indigenous perspectives in the evidence.

Results
Out of 3044 records, we included 35 individual studies with 55% (19 studies) reporting on maternal and infant health outcomes. Comparative studies (n = 13) showed no significant differences in mortality rates but identified reduced preterm births, earlier prenatal care, and an increased number of prenatal visits for Indigenous women receiving midwifery care. Quality of care studies indicated a preference for midwifery care among Indigenous women. Sixteen

qualitative studies highlighted three key findings - culturally safe care, holistic care, and improved access to care. The majority of studies were of high methodological quality (91% met ≥80% criteria), while only 14% of studies were considered to have appropriately included Indigenous perspectives.

Conclusion
This review demonstrates the value of midwifery care for Indigenous women, providing evidence to support policy recommendations promoting midwifery care as a physically and culturally safe model for Indigenous women and families. (Author)

Full URL: https://doi.org/10.1111/birt.12841

2024-08878

"It's different here" Afghan refugee maternal health experiences in the United States. Worabo HJ, Safi F, Gill SL, et al (2024), BMC Pregnancy and Childbirth vol 24, no 479, July 2024

Background
The number of Afghan families in the US has grown over the past two decades, yet there is a paucity of research focused on their maternal healthcare experiences. Afghan families have one of the highest fertility rates in the world and typically have large families. As the US faces rising maternal mortality rates, it is crucial to understand factors that affect health outcomes for culturally distinct groups. We aimed to better understand Afghan women's maternal health experiences in South Texas as a step toward designing culturally sensitive care.

Methods
Using a qualitative descriptive design, twenty Afghan women who gave birth in the US within the past 2 years participated in audio-recorded interviews. The first and second authors conducted each interview using a semi-structured interview guide. The authors used an in vivo coding method and qualitative content analysis of the transcribed narrative data.

Results
We identified three broad categories with corresponding sub-categories: 1) Maternal Healthcare Experiences: pregnancy, birthing, and postpartum, 2) Communication: language barrier, relationship with husband, and health information seeking, 3) Access to Care: transportation and financing healthcare. The participants expressed perspectives of gratefulness and positive experiences, yet some described stories of poor birth outcomes that led to attitudes of mistrust and disappointment. Distinct cultural preferences were shared, providing invaluable insights for healthcare providers.

Conclusions
The fact that the Afghan culture is strikingly different than the US mainstream culture can lead to stereotypical assumptions, poor communication, and poor health outcomes.

The voices of Afghan women should guide healthcare providers in delivering patient-centered, culturally sensitive maternity care that promotes healthy families and communities. (Author)

Full URL: https://doi.org/10.1186/s12884-024-06678-7

2024-08507

Cultural food practices and sources of nutrition information among pregnant and postpartum migrant women from low- and middle-income countries residing in high income countries: A systematic review. Olajide BR, van der Pligt P, McKay FH, et al (2024), PLoS ONE vol 19, no 5, May 2024, e0303185

Women in low- and middle-income countries (LMICs) may engage in a range of cultural food practices during pregnancy, including restricting or avoiding foods high in protein and iron, and foods rich in vitamins and minerals. While research has explored the cultural food practices of pregnant women in LMICs, there is less understanding of the continued cultural food practices of women who migrate to high-income countries and then become pregnant. This systematic review explores the existing research on cultural food practices and sources of nutrition information among pregnant and postpartum migrant women from LMICs, residing in high-income countries. A systematic search was conducted in April 2024 across Global Health, CINAHL, and MEDLINE, published in English, with no date restrictions. Eligible studies included those focused on pregnant and postpartum women who had migrated from LMICs to high-income countries. Studies were excluded if they comprised of non-immigrant women or did not involve LMIC participants. Screened were studies for eligibility, data were extracted, and study quality was assessed. In total,

17 studies comprising qualitative (n = 10) and quantitative (n = 7) approaches were included. In 14 studies participants adhered to cultural food practices, wherein certain nutritious foods were restricted during pregnancy or the postpartum period; three studies noted limited adherence due to support, acculturation, and access to traditional foods. Most studies (n = 10) reported traditional "hot" and "cold" food beliefs during pregnancy and postpartum, aiming to maintain humoral balance for maternal and child health and to prevent miscarriage. Nutrition advice was sought from family members, friends, relatives, healthcare providers, and media sources, with a preference for advice from family members in their home countries. There is a need for culturally appropriate nutrition education resources to guide pregnant migrants through healthy and harmful cultural food practices and overall nutrition during this crucial period. (PROSPERO Registration: CRD42023409990).

Full URL: https://doi.org/10.1371/journal.pone.0303185

2024-07601

Ramadan Fasting during Pregnancy and Health Outcomes in Offspring: A Systematic Review. Oosterwijk VNL, Molenaar JM, van Bilsen LA, et al (2021), Nutrients vol 13, no 10, September 2021, p 3450

Ramadan is one of the five pillars of Islam, during which fasting is obligatory for all healthy individuals. Although pregnant women are exempt from this Islamic law, the majority nevertheless choose to fast. This review aims to identify the effects of Ramadan fasting on the offspring of Muslim mothers, particularly on fetal growth, birth indices, cognitive effects and long-term effects. A systematic literature search was conducted until March 2020 in Web of Science, Pubmed, Cochrane Library, Embase and Google Scholar. Studies were evaluated based on a pre-defined quality score ranging from 0 (low quality) to 10 (high quality), and 43 articles were included. The study quality ranged from 2 to 9 with a mean quality score of 5.4. Only 3 studies had a high quality score (>7), of which one found a lower birth weight among fasting women. Few medium quality studies found a significant negative effect on fetal growth or birth indices. The quality of articles that investigated cognitive and long-term effects was poor. The association between Ramadan fasting and health outcomes of offspring is not supported by strong evidence. To further elucidate the effects of Ramadan fasting, larger prospective and retrospective studies with novel designs are needed. (Author)

Full URL: https://doi.org/10.3390/nu13103450

2024-07190

The impact of devaluing Women of Color: stress, reproduction, and justice. Mayne GB, Ghidei L (2024), Birth vol 51, no 2, June 2024, pp 245-252

This commentary is in response to the Call for Papers put forth by the Critical Midwifery Studies Collective (June 2022). We argue that due to a long and ongoing history of gendered racism, Women of Color are devalued in U.S. society. Devaluing Women of Color leads maternal healthcare practitioners to miss and even dismiss distress in Women of Color. The result is systematic underdiagnosis, undertreatment, and the delivery of poorer care to Women of Color, which negatively affects reproductive outcomes generally and birth outcomes specifically. These compounding effects exacerbate distress in Women of Color leading to greater distress. Stress physiology is ancient and intricately interwoven with healthy pregnancy physiology, and this relationship is a highly conserved reproductive strategy. Thus, where there is disproportionate or excess stress (distress), unsurprisingly, there are disproportionate and excess rates of poorer reproductive outcomes. Stress physiology and reproductive physiology collide with social injustices (i.e., racism, discrimination, and anti-Blackness), resulting in pernicious racialized maternal health disparities. Accordingly, the interplay between stress and reproduction is a key social justice issue and an important site for theoretical inquiry and birth equity efforts. Fortunately, both stress physiology and pregnancy physiology are highly plastic—responsive to the benefits of increased social support and respectful maternity care. Justice means valuing Women of Color and valuing their right to have a healthy, respected, and safe life. (Author)

Full URL: https://doi.org/10.1111/birt.12825

2024-06474

What influences child feeding in the Northern Triangle? A mixed-methods systematic review. Deeney M, Harris-Fry H (2020), Maternal & Child Nutrition vol 16, no 4, October 2020, e13018

Optimising child feeding behaviours could improve child health in Guatemala, Honduras and El Salvador, where undernutrition rates remain high. However, the design of interventions to improve child feeding behaviours is limited by piecemeal, theoretically underdeveloped evidence on factors that may influence these behaviours. Between July

2018 and January 2020, we systematically searched Cochrane, Medline, EMBASE, Global Health and LILACS databases, grey literature websites and reference lists, for evidence of region-specific causes of child feeding behaviours and the effectiveness of related interventions and policies. The Behaviour Change Wheel was used as a framework to synthesise and map the resulting literature. We identified 2,905 records and included 68 relevant studies of mixed quality, published between 1964 and 2019. Most (n = 50) were quantitative, 15 were qualitative and three used mixed methods. A total of 39 studies described causes of child feeding behaviour; 29 evaluated interventions or policies. Frequently cited barriers to breastfeeding included mothers' beliefs and perceptions of colostrum and breast milk sufficiency; fears around child illness; and familial and societal pressures, particularly from paternal grandmothers. Child diets were influenced by similar beliefs and mothers' lack of money, time and control over household finances and decisions. Interventions (n = 22) primarily provided foods or supplements with education, resulting in mixed effects on breastfeeding and child diets. Policy evaluations (n = 7) showed positive and null effects on child feeding practices. We conclude that interventions should address context-specific barriers to optimal feeding behaviours, use behaviour change theory to apply appropriate techniques and evaluate impact using robust research methods. (Author)

Full URL: https://doi.org/10.1111/mcn.13018

2024-06144

Social Safety for Black Women in Perinatal Health Care: A Concept Analysis. Murrell KS, Fleury J (2024), Journal of Midwifery & Women's Health vol 69, no 5, September/October 2024, pp 767-777

Introduction

Non-Hispanic Black women and their infants experience the worst pregnancy-related outcomes in the United States. Social safety is a health-relevant resource found in environments communicating safety, connectedness, inclusion, and protection. Approaches promoting social safety may be particularly relevant to preventing adverse perinatal health outcomes among Black women. However, there remains a lack of conceptual clarity. The purpose of this concept analysis was to provide a theoretical clarification of the concept social safety for Black women within perinatal health care.

Methods

PubMed, PsycINFO, and CINAHL were searched using Boolean search strategy. Retrieved articles were managed in Zotero. Duplicates were removed, and each article was assessed and categorized by both investigators. Articles reporting Black women's perinatal health care experiences were included. Thematic analysis guided by Rodgers' evolutionary method identified defining attributes, antecedents, and consequences of social safety in perinatal care for Black women.

Results

Social safety for Black women is defined as the process of feeling understood, respected, cared for, and in control in perinatal health care settings that make space, care for, and recognize strengths, thereby cultivating safety and empowerment.

Discussion

Social safety offers actionable insights for practice and research that have the potential to drive positive change in perinatal care delivery for Black women. Developing interventions and measurements that are valid, reliable, and reflect social safety are essential to promote positive experiences and equity in health care practices and policies. (Author)

2024-05522

Maternity Services: Interpreters [written answer]. House of Commons (2024), Hansard Written question 21326, 12 April 2024

Maria Caulfield responds to a written question by Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, with reference to paragraph 1.10 of the Three-year delivery plan for maternity and neonatal services, published on 30 March 2023, regarding what steps her Department is taking with NHS England to monitor the provision of access to interpreters for patients in maternity services by NHS trusts. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-04-12/21326

2024-05356

Birth cultures: A qualitative approach to home birthing in Chile. Rodríguez-Garrido P, Goberna-Tricas J (2021), PLoS ONE vol

16, no 4, April 2021, e0249224

Background
Birth cultures have been transforming in recent years mainly affecting birth care and its socio-political contexts. This situation has affected the feeling of well-being in women at the time of giving birth.

Aim
For this reason, our objective was to analyse the social meaning that women ascribe to home births in the Chilean context.

Method
We conducted thirty semi-structured interviews with women living in diverse regions ranging from northern to southern Chile, which we carried out from a theoretical-methodological perspective of phenomenology and situated knowledge. Qualitative thematic analysis was used to analyse the information collected in the field work.

Findings
A qualitative thematic analysis produced the following main theme: 1) Home birth journeys. Two sub-categories: 1.1) Making the decision to give birth at home, 1.2) Giving birth: (re)birth. And four sub-categories also emerged: 1.1.1) Why do I need to give birth at home? 1.1.2) The people around me don't support me; 1.2.1) Shifting emotions during home birth, 1.2.2) I (don't) want to be alone.

Conclusion
We concluded that home births involve an intense and diverse range of satisfactions and tensions, the latter basically owing to the sociocultural resistance surrounding women. For this reason, they experienced home birth as an act of protest and highly valued the presence of midwives and their partners. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0249224

2024-05284

Tackling inequality in maternal health: Beyond the postpartum. Womersley K, Ripullone K, Hirst JE (2021), Future Healthcare Journal vol 8, no 1, March 2021, pp 31-35

Healthcare systems prioritise antenatal and intrapartum care over the postpartum period. This is reflected in clinical resource allocation and in research agendas. But from metabolic disease to mental health, many pregnancy-associated conditions significantly affect patients' lifelong health. Women from black and ethnic minority backgrounds and lower socioeconomic groups are at greater risk of physical and psychiatric complications of pregnancy compared to white British women. Without sufficiently tailored and accessible education about risk factors, and robust mechanisms for follow-up beyond the traditional 6-week postpartum period, these inequalities are further entrenched. Identifying approaches to address the needs of these patient populations is not only the responsibility of obstetricians and midwives; improvement requires cooperation from healthcare professionals from a wide range of specialties. Healthcare systems must encourage data collection on the long-term effects of metabolic and psychiatric conditions after the postpartum, and s support research that results in evidence-based care for the neglected field of women's postpartum health. (Author)

Full URL: https://doi.org/10.7861/fhj.2020-0275

2024-05226

The midwife–woman relationship in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy. Goodwin L, Hunter B, Jones A (2018), Health Expectations: An International Journal of Public Participation in Health Care and Health Policy vol 21, no 1, February 2018, pp 347-357

Background
In 2015, 27.5% of births in England and Wales were to mothers born outside of the UK. Compared to their White British peers, minority ethnic and migrant women are at a significantly higher risk of maternal and perinatal mortality, along with lower maternity care satisfaction. Existing literature highlights the importance of midwife–woman relationships in care satisfaction and pregnancy outcomes; however, little research has explored midwife–woman relationships for migrant and minority ethnic women in the UK.

Methods
A focused ethnography was conducted in South Wales, UK, including semi-structured interviews with 9 migrant

Pakistani participants and 11 practising midwives, fieldwork in the local migrant Pakistani community and local maternity services, observations of antenatal appointments, and reviews of relevant media. Thematic data analysis was undertaken concurrently with data collection.

Findings
The midwife–woman relationship was important for participants' experiences of care. Numerous social and ecological factors influenced this relationship, including family relationships, culture and religion, differing health-care systems, authoritative knowledge and communication of information. Marked differences were seen between midwives and women in the perceived importance of these factors.

Conclusions
Findings provide new theoretical insights into the complex factors contributing to the health-care expectations of pregnant migrant Pakistani women in the UK. These findings may be used to create meaningful dialogue between women and midwives, encourage women's involvement in decisions about their health care and facilitate future midwifery education and research. Conclusions are relevant to a broad international audience, as achieving better outcomes for migrant and ethnic minority communities is of global concern. (Author)

Full URL: https://doi.org/10.1111/hex.12629

2024-04740

Cultural Influences on African Migrant Pregnant and Postnatal Women's Dietary Behaviours and Nutrition Support Needs in the UK. Ngongalah L, Rapley T, Rankin J, et al (2023), Nutrients vol 15, no 19, October 2023, 4135

Black women in the UK face significantly higher risks of overweight and obesity and adverse pregnancy outcomes compared to women from other ethnic groups. Maternal nutrition plays a pivotal role in influencing the health outcomes of women and their children, especially during preconception and pregnancy. Cultural and environmental factors significantly influence the dietary experiences of African women after migration. This study explored the unique nutrition-related challenges faced by African migrant pregnant and postnatal women in the UK, and their nutrition support needs. Interviews were conducted with 23 African migrant women living in the UK, who were either pregnant or had a pregnancy within the past 3 years. These were analysed thematically, resulting in five overarching themes: food rituals and beliefs, pregnancy cravings, limited access to culturally appropriate food, limited access to culturally appropriate and evidence-based nutritional guidance, and the focus on healthy weight. The study identified challenges that African migrant women face in balancing their cultural heritage with the UK food environment and dietary recommendations, including potential implications on their health and pregnancy outcomes. It emphasised the importance of addressing these challenges through culturally sensitive approaches and tailored interventions, to enable informed decision making and enhance health outcomes for these women. (Author)

Full URL: https://doi.org/10.3390/nu15194135

2024-04575

Lamaze Resources for Black Maternal Health Week. Lamaze International Staff (2024), Lamaze International 8 April 2024

Black Maternal Health Week (BMHW) — recognized April 11–17, 2024 — builds "awareness, activism and community-building to amplify the voices, perspectives and lived experiences of Black Mamas and birthing people." Founded by the Black Mamas Matter Alliance, this week aligns with Lamaze International's goals of ensuring all parents feel confident, supported and powerful in their path through pregnancy, birth and parenthood.

In addition to accessing #BMHW24 resources from Black Mamas Matter Alliance, check out Lamaze blogs, podcasts and articles from the Journal of Perinatal Education that champion advocacy and education for supporting Black parents and working toward achieving equitable maternal healthcare for all. (Author)

Full URL: https://www.lamaze.org/Connecting-the-Dots/Post/lamaze-resources-for-black-maternal-health-week-48

2024-04526

Experiences of a First Nation's woman during covid 2020 pandemic in a maternity primary healthcare setting. Hunter-Hebberman C (2020), Australian Midwifery News vol 22, no 1, Spring 2020, pp 26-27

The author, a Ngarrindjeri and Peramangk woman, shares her experiences of maternity care in Australia during the COVID-19 pandemic. Describes how the restrictions imposed on the number of support persons allowed to accompany her to antenatal appointments and also the number of visitors allowed to visit in the postnatal period affected her psychologially; the latter most keenly felt as her baby daughter, born prematurely at 21 weeks, survived for only five

days, so never got to meet many members of her family. (JSM)

2024-04277

Maternity services: research can improve safety and quality of care. National Institute for Health and Care Research (NIHR) (2024), National Institute for Health and Care Research (NIHR) 27 March 2024

Pregnancy and childbirth is usually a positive and happy experience culminating in a healthy mother and baby. But on the rare occasions when things go wrong, the effects can be life-changing.
Evidence on safety and quality in maternity care suggests a need for improvement despite some positive trends. Rates of stillbirth and neonatal deaths in England fell by 20% and 30% respectively between 2010 and 2021. However, other indicators of quality have declined in recent years, and some hospitals have had notable failings. Outcomes for black and Asian women and those from more deprived areas in the UK are significantly worse than for others.
Numerous investigations into failings in maternity services have led to multiple sets of recommendations. The report into maternity services at East Kent Hospitals (2022) identified four areas that are critical to high-quality maternity care. They are:
*kind and compassionate care
*teamwork with common purpose
*capacity to identify poor performance
*organisational oversight and response to challenge.

These four areas reflect priorities for improvement set out in the NHS England Three Year Delivery Plan (2023). Improving maternity care is a key Government and NIHR priority. In March 2024, an NIHR Evidence webinar showcased research from our recent Collection, Maternity services: evidence to support improvement. Research findings discussed at the webinar will help hospital boards, and professionals in maternity services, address the four areas. This summary includes videos of researchers' presentations and captures some of the points raised in the webinar Q&A. (Author, edited)

Full URL: https://evidence.nihr.ac.uk/collection/maternity-services-research-can-improve-safety-and-quality-of-care/

2024-04143

Pre- and Post-Migration Influences on Weight Management Behaviours before and during Pregnancy: Perceptions of African Migrant Women in England. Ngongalah L, Rankin J, Heslehurst N, et al (2021), Nutrients vol 13, no 5, May 2021, 1667

The prevalence of overweight/obesity is high among Black women in England, who also face high risks of pregnancy and childbirth complications. This study explored African migrant women's perceptions of pre- and post-migration influences on their weight-related behaviours and weight management support during pregnancy. Interviews were conducted with women of child-bearing age from Ghana, Nigeria, and Cameroon (n = 23). Data were analysed using thematic analysis. Four themes were identified: changing dietary behaviours after migration, changing physical activity (PA) behaviours after migration, increased discourse on obesity, and weight management advice and support received. Navigating a new food environment, interactions with other populations in England, and the need to socialise influenced changes in dietary behaviours. Participants considered that living in England 'makes you lazy' due to its obesogenic environment, while increased discourses on obesity heightened weight awareness. Women struggled to relate to dietary advice from midwives but found PA advice useful. Relatives provided valuable support but could influence unhealthy weight-related practices. There is a need for interventions addressing gaps in weight management support for these women, especially considering their migrant backgrounds and multicultural identities. Further research is needed to understand their unique challenges, and collaborations with relatives could inform the development of effective weight management interventions. (Author)

Full URL: https://doi.org/10.3390/nu13051667

2024-03822

"Safe, connected, supported in a complex system." Exploring the views of women who had a First Nations baby at one of three maternity services offering culturally tailored continuity of midwife care in Victoria, Australia. A qualitative analysis of free-text survey responses. McCalman P, Forster D, Newton M, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 3, May 2024, 101583

Background
In Australia, continuity of midwife care is recommended for First Nations women to address the burden of inequitable perinatal outcomes experienced by First Nations women and newborns.

Aims
This study aimed to explore the experiences of women having a First Nations baby who received care at one of three maternity services in Naarm (Melbourne), Victoria, where culturally tailored midwife continuity models had been implemented.

Methods
Women having a First Nations baby who were booked for care at one of three study sites were invited to participate in an evaluation of care. Thematic analysis was used to analyse qualitative data from responses to free-text, open ended questions that were included in a follow-up questionnaire at 3–6 months after the birth.

Results
In total, 213 women (of whom 186 had continuity of midwife care) participated. The global theme for what women liked about their care was 'Safe, connected, supported' including emotional and clinical safety, having a known midwife and being supported 'my way'. The global theme for what women did not like about their care was 'A complex, fragmented and unsupportive system' including not being listened to, things not being explained, and a lack of cultural safety.

Conclusions
Culturally tailored caseload midwifery models appear to make maternity care feel safer for women having a First Nations baby, however, the mainstream maternity care system remained challenging for some. These models should be implemented for First Nations women, and evidence-based frameworks, such as the RISE framework, should be used to facilitate change. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2024.01.009

2024-03323

What does birthing on country mean to you?. Ireland S, Wardaguga A (2023), Australian Midwifery News vol 35, Summer 2023, p 38

Looks at ways to promote understanding of 'Birthing on Country': a social justice movement aiming to return childbirth to First Nations peoples and their communities. Announces the launch of a 20-minute educational documentary, freely available online, featuring stories from First Nations and non-Indigenous midwives, researchers and clinicians discussing their understanding of Birthing on Country. (JSM)

2024-03256

Maternity Disparities Taskforce [written answer]. House of Commons (2024), Hansard Written question 17624, 7 March 2024

Maria Caulfield responds to a written question from Abena Oppong-Asare to the Secretary of State for Health and Social Care, regarding when the maternity disparities taskforce (a) last met and (b) is next scheduled to meet. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-03-07/17624

2024-03251

Maternity Disparities Taskforce: Membership [written answer]. House of Commons (2024), Hansard Written question 16709, 4 March 2024

Maria Caulfield responds to a written question from Justin Madders to the Secretary of State for Health and Social Care, with reference to paragraph 59 of the Third Report of Session 2022–23 of the Women and Equalities Committee, HC 94, published on 18 April 2023, how many and what proportion of members of the Maternity Disparities Taskforce are from organisations that are run by and for Black women. (Author, edited)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-03-04/16709

2024-02437

Diabetes in pregnancy: Women's views of care in a multi-ethnic, low socioeconomic population with midwifery continuity-of-care. Bradford BF, Cronin RS, Okesene-Gafa KA, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 3, May 2024, 101579

Background
Diabetes in pregnancy is diagnosed in 6% of pregnancies annually in Aotearoa-New Zealand, disproportionately affecting multi-ethnic, low socio-economic women. Little is known about the care experience of this population within the model of midwifery continuity-of-care, including views of telehealth care.

Aim
Increase understanding of the experience of diabetes in pregnancy care, including telehealth, among multi-ethnic, low socio-economic women receiving midwifery continuity-of-care.

Methods
Qualitative interview study with primarily indigenous and migrant women who had diabetes in pregnancy and gave birth 6–18 months previously. Interviewers were matched with participants by ethnicity. Transcripts were analysed using Framework analysis.

Results
Participants were 19 women (5 Māori, 5 Pacific Peoples, 5 Asian, 4 European). Data analysis revealed three key themes: 1) 'shock, shame, and adjustment' to the diagnosis 2) 'learning to manage diabetes in pregnancy' and 3) 'preparation for birth and beyond' to the postpartum period.

Discussion
Receiving the diagnosis of diabetes in pregnancy was a shock. Managing diabetes during pregnancy was particularly challenging for indigenous and migrant women, who wished for better access to culturally appropriate dietary and lifestyle information. Women appreciated having options of telehealth and face-to-face consultations. Preparation for birth and postpartum diabetes follow-up were areas requiring significant improvement. Challenges were mitigated through care from a consistent diabetes specialist midwife and community-based midwifery continuity-of-care.

Conclusion
Midwives were the backbone of diabetes in pregnancy care for this multi-ethnic, low socio-economic population. Care could be improved with more culturally appropriate diet and lifestyle information, better birth preparation, and expanded postpartum diabetes support. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2024.01.005

2024-02345

The Complexities of Managing Gestational Diabetes in Women of Culturally and Linguistically Diverse Backgrounds: A Qualitative Study of Women's Experiences. Oxlad M, Whitburn S, Grieger JA (2023), Nutrients vol 15, no 4, February 2023, 1053

Aim: This study aimed to explore women's perspectives and experiences concerning how culture impacts the lifestyle management of gestational diabetes mellitus (GDM) in women of culturally and linguistically diverse (CALD) backgrounds. Methods: Women of any cultural background diagnosed with GDM within the previous 12 months were purposively recruited from two Australian metropolitan hospitals. Data collected using semi-structured interviews (n = 18) and focus groups (n = 15 women in three groups) were analysed using reflexive thematic analysis. Results: Three themes were generated: "cultural beliefs and obligations impact lifestyle management of gestational diabetes", which describes how some cultures lack awareness about GDM, and modifications or restrictions were viewed as depriving the infant, but sometimes adaptions could be made so that a culturally appropriate meal was suitable for GDM management; "the relationship between cultural foods and gestational diabetes management", which discusses how important cultural foods may be incompatible with appropriate GDM management, so women worked to find solutions; "gestational diabetes education lacks cultural awareness and sensitivity", which illustrates how current education fails to address differences in cultural beliefs, language and eating practices. Conclusion: Cultural beliefs, obligations and food practices must be considered when assisting women of CALD backgrounds using lifestyle modification to manage GDM. GDM education must be culturally sensitive and competent and, where possible, be delivered by health professionals of a shared cultural group. (Author)

Full URL: https://doi.org/10.3390/nu15041053

2024-02304

Chrononutrition during Pregnancy and Its Association with Maternal and Offspring Outcomes: A Systematic Review and Meta-Analysis of Ramadan and Non-Ramadan Studies. Chen Y-E, Loy SL, Chen L-W (2023), Nutrients vol 15, no 3, February 2023, 756

Much evidence suggests that food intakes and eating patterns are major determinants of the phase of peripheral circadian clocks, and desynchronization between them is thought to contribute to the development of metabolic disorders. However, much remains to be understood about how different dimensions of chrononutrition during

pregnancy affect pregnant women's and their offspring's health outcomes. Therefore, we systematically reviewed and integrated all emerging evidence on chrononutrition during pregnancy (including meal skipping, meal frequency, night eating, and (Ramadan) fasting) and their relationships with maternal and offspring outcomes. The results suggest that meal skipping and night eating during pregnancy were generally associated with adverse pregnancy and birth outcomes, whereas no strong conclusion could be reached for meal frequency. In our meta-analysis, Ramadan fasting did not seem to be related with birth weight or gestational age at birth, but evidence for other mother–offspring outcomes was inconsistent. To further elucidate the effect of chrononutrition factors on maternal and offspring health outcomes, larger and well-conducted prospective cohort and interventional studies are needed. In addition, information on covariates such as physical activity, sleep, diet quality and quantity, fasting days, fasting period per day, and trimester exposure should also be collected and considered during analysis. (Author)

Full URL: https://doi.org/10.3390/nu15030756

2024-02301

Psychosocial Experiences Related to Dietary Behavior of Japanese Lactating Women: A Qualitative Study. Matsuda K, Shiraishi M, Hori N, et al (2023), Nutrients vol 15, no 3, February 2023, 789

Adequate dietary intake during the lactation period is important for breast milk components, postpartum recovery, and physical and mental health. This study aimed to clarify the psychosocial experiences related to dietary behavior around one month postpartum among Japanese lactating women. Semi-structured interviews were conducted with 18 women between February and June 2022 in Osaka, Japan. The data were analyzed using qualitative descriptive approaches. Four core categories were identified. All participants had a [desire to have healthy meals for themselves or their families] to improve their postpartum health, regain their pre-pregnancy body shape, produce sufficient and good-quality breast milk, and keep their families healthy. Some participants, who had [subjective difficulties in getting information on diet and preparing meals] due to insufficient or complicated information and viewing meal preparation as a burden, used [services and support regarding their postpartum diet] to alleviate these difficulties. They had [postpartum-specific appetite and dietary views], including an increased appetite triggered by breastfeeding and postpartum stress and the effects of the dietary changes during pregnancy. Some of these psychosocial experiences were influenced by Japanese traditional customs in the postpartum period and familiar food preferences in the Japanese. Healthcare professionals should consider these experiences when providing tailored dietary guidance. (Author)

Full URL: https://doi.org/10.3390/nu15030789

2024-02109

Maternity Services: Ethnic Groups [written answer]. House of Commons (2024), Hansard Written question 12960, 5 February 2024

Maria Caulfield responds to a written question from Theresa Villiers to the Secretary of State for Health and Social Care, regarding what steps she is taking to measure progress made by initiatives to tackle health inequalities in maternity care in the black and Asian community. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-02-05/12960

2024-01892

Maternity Services: Safety [written answer]. House of Commons (2024), Hansard Written question 11898, 29 January 2024

Maria Caulfield responds to a written question from Olivia Blake to the Secretary of State for Health and Social Care, regarding what steps her Department is taking to ensure that maternity and neonatal safety improvement schemes include a focus on mitigating the effects of inequalities. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-01-29/11898

2024-01891

Maternity Services: Safety [written answer]. House of Commons (2024), Hansard Written question 11899, 29 January 2024

Maria Caulfield responds to a written question from Olivia Blake to the Secretary of State for Health and Social Care, regarding what assessment she has made of the potential impact of maternity and neonatal safety improvement schemes on mitigating the effects of inequalities in perinatal deaths. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-01-29/11899

2024-01477

Pregnancy care for maternal and fetal wellbeing: an ethnography study. Rahayu KD, Hartiningsih SS, Herawati Y, et al (2023), British Journal of Midwifery vol 31, no 12, December 2023, pp 676–685

Background/Aims
In Indonesia, cultural beliefs affect holistic healthcare practices. The aim of this study was to identify the effects of cultural beliefs on maternity care and fetal wellbeing.

Methods
This study used an ethnographic-qualitative design and was conducted in a community setting in West Java, Indonesia. A total of 16 participants of Sundanese culture were recruited based on information from local health workers and community leaders. Questionnaires, semi-structured interviews and observation sheets were used to collect data on cultural beliefs that impacted pregnant women. Data were analysed using an editing analysis style.

Results
The seven themes were: dietary practices and restrictions during pregnancy, hygiene practices, managing sleep and drowsiness, sexual intimacy and interactions, cultural beliefs and religious devotion, family participation and challenges monitoring fetal wellbeing.

Conclusions
To ensure quality pregnancy and fetal care, and facilitate provision of basic needs and parental empowerment, healthcare workers must consider women's cultural beliefs. (Author)

2024-01420

Improving women's experiences with gestational diabetes from culturally and linguistically diverse backgrounds in Australia: a qualitative study. Lau HWR, Dong J, Weir T, et al (2024), Frontiers in Public Health 5 January 2024, online

Introduction: Gestational diabetes mellitus (GDM) is the fastest growing type of diabetes in many countries worldwide, including Australia. Although studies have explored the experiences of women with GDM from ethnic minority groups, few have compared their experiences with women from Anglosphere backgrounds.

Objective: To investigate the responses to diagnosis, the management of GDM, and the experiences of healthcare services among women with GDM from different culturally and linguistically diverse (CALD) backgrounds.

Methods: Participants were recruited via convenience sampling by advertisement posted around antenatal clinics of three hospitals in NSLHD: Royal North Shore, Hornsby, and Manly Hospitals. The interviews were semi-structured, one-on-one, and in-person conducted by a trained female volunteer. The interviews were audio-recorded, transcribed into text. The data was analyzed via an inductive and descriptive coding approach. The codes were then categorized into main themes and sub-themes.

Results: 30 women (7 Australian-born, 11 Chinese, 8 Indians, and 4 Koreans) partook the semi-structured interviews and 5 themes were identified: (1) Reaction to diagnosis; (2) Management issues; (3) Roles of friends and family; (4) Information access; and (5) Experience with healthcare services. The lack of culturally tailored dietary information, social support and language barriers were the main factors underpinning the differences in GDM experiences among women from CALD backgrounds versus Australian-born.

Conclusion: Healthcare models should provide more emotional support upon diagnosis, culturally tailored guidelines for lifestyle modifications, and involve friends and family in care and management to enhance the experience of GDM for women from CALD backgrounds. (Author)

Full URL: https://doi.org/10.3389/fpubh.2023.1291347

2024-01232

Previous Trauma Exposure and Its Associations with Fear of Childbirth and Quality of Life among Pregnant Lesbian, Bisexual, Transgender, and Queer People and Their Partners. Grundström H, Malmquist A, Karlsson A, et al (2023), LGBTQ+ Family: An Interdisciplinary Journal vol 19, no 2, 2023, pp 175-185

The primary aim of this study was to determine the prevalence of previous trauma exposure among expectant birth-giving parents and their partners within a LBTQ population. The secondary aims were to compare fear of childbirth (FOC) and quality of life (QoL) in relation to previous trauma exposure in pregnant LBTQ people and their partners. A further aim was to analyze associations between severe FOC and clinical and demographic factors in this

population. Data was collected from a Swedish LGBTQ competent antenatal clinic. Trauma-exposed pregnant (n = 32) and non-pregnant (n = 21) individuals and pregnant (n = 48) and non-pregnant (n = 30) individuals without previous trauma experiences responded to instruments measuring FOC (Wijma Delivery Expectancy Questionnaire) and QoL (EuroQol 5 D-index/-visual analogue scale, VAS). Differences between groups were assessed using non-parametric tests. The proportion of trauma exposure was similar among pregnant responders and their partners (40.0% vs. 41.2%). Trauma-exposed pregnant respondents had a significantly higher prevalence of severe FOC compared to the pregnant respondents without previous trauma. Pregnant trauma-exposed respondents scored lower on EQ5D-VAS than pregnant respondents without trauma, as did non-pregnant trauma exposed respondents compared with non-pregnant respondents without trauma. Furthermore, trauma-exposed non-pregnant respondents scored lower on the EQ5D-index compared to non-pregnant respondents without trauma. Previous trauma was the only clinical and demographic factor that had any significant association with severe FOC in the regression analysis. In conclusion, our results suggest that previous trauma exposure may contribute to the risk of suffering from severe FOC and lower QoL among LBTQ-identifying prospective parents. (Author)

Full URL: https://doi.org/10.1080/27703371.2023.2167760

2024-01219

Supportive and Affirming Queer Perinatal Health Care: A Qualitative Study. Heggie C, Cowal G, MacIntosh C, et al (2023), LGBTQ+ Family: An Interdisciplinary Journal vol 19, no 5, 2023, pp 405-415

Queer people may experience barriers to accessing safe and affirming perinatal care. Representative doula support may mitigate barriers to accessing care and improve outcomes. The objectives of this qualitative study were to understand priorities for key queer community stakeholders to address the needs of queer patients/families and to identify potential roles for doula support in improving care. Recruitment for this community-university partnership study was conducted using purposeful and snowball sampling. Interviews with key stakeholders in the field of perinatal health were conducted in summer and fall 2022. Data were analyzed using reflexive thematic analysis. A total of 12 participants participated in an interview. Key themes include the challenges accessing and navigating affirming care, steps forward for improving perinatal experiences and the role of doulas. Findings suggest gaps in care persist for Queer patients/families, and appropriately trained and representative doula support may interrupt heteronormative bias in perinatal care to improve experiences and outcomes. (Author)

2024-01215

The Lead up to Loss: How Context Shapes LGBTQ+ Experiences of Pregnancy Loss. Rose A, Oxlad M (2022), Journal of GLBT Family Studies vol 18, no 3, 2022, pp 241-261

While research into LGBTQ+ family formation is increasing, little is known about people with diverse genders and sexualities' pregnancy loss experiences. We aimed to explore how the context in the lead up to loss was important for LGBTQ+ people when pregnancy loss occurred. Fourteen semi-structured interviews were analyzed using reflexive thematic analysis. Within the superordinate theme—The context of societal attitudes to LGBTQ+ people and their efforts to conceive are essential to understanding LGBTQ+ peoples' grief and support experiences after pregnancy loss—three themes were generated. The first theme—The complexity of non-normative decision-making—describes the complex decisions that couples needed to navigate in seeking to create their families, while the second theme—Outgroup distress and marginalization—expresses the frequent minority stressors and heteronormative assumptions about kinship to which participants were exposed. The third theme—Resource depletion– illustrates how the significant investment in family creation eroded physical, emotional, social, and financial resources. Findings, implications and areas for further research are discussed. Visible indicators of inclusivity and inclusive language in healthcare settings are practical actions that can assist LGBTQ+ people when forming and growing their families. (Author)

2024-01212

Learning from African American Lesbian Mothers about Conducting Research. Radis B, Sands RG (2021), Journal of GLBT Family Studies vol 17, no 3, 2021, pp 214-230

The aim of this article is to convey lessons learned from a recent research study on Black lesbian, parented, partnered mothers and their families' experiences, lessons that challenge the cisheteronormative methodology for family studies and conducting research. Methodological barriers, including the researcher's white identity, language usage, and the political context, are used as examples of challenges gaining access to potential research participants. The research participants voiced ideas about how to provide sensitive, safe, and inclusive research that focuses on the unique perspectives of queer families. Discussions with these families underscore the importance of researcher

reflexivity and partnering with individuals from the groups one wishes to work with to derive unique methods for collecting data. In this article the researcher is regarded as positioned as both insider and outsider and between these two positions. The examples outlined in this article draw attention to the plurality of queer families' experiences and the need for intersectional methodologies. Suggestions for future research include the creation and examination of social justice-oriented methodology through which African-American-parented queer families' experiences can be better understood. (Author)

2024-01126

Association Between Doula Use on a Digital Health Platform and Birth Outcomes. Karwa S, Jahnke H, Brinson A, et al (2024), Obstetrics & Gynecology vol 143, no 2, February 2024, pp 175-183

OBJECTIVE:
To examine the association between the use of virtual doula appointments on a comprehensive digital health platform and users' mode of birth and their birth experiences, among all platform users and Black platform users.

METHODS:
Data for this retrospective cohort study were extracted from individuals who enrolled in a comprehensive digital health platform, between January 1, 2020, and April 22, 2023. Multivariable logistic regression models were used to estimate the association between number of virtual doula appointments completed on the digital health platform and odds of cesarean birth and user-reported birth experience outcomes, which included help deciding a birth preference, receiving a high level of support during pregnancy, learning medically accurate information about pregnancy complications and warning signs, and managing mental health during pregnancy, stratified by parity. The interaction of doula utilization by race for each outcome was also tested.

RESULTS:
Overall 8,989 platform users were included. The completion of at least two appointments with a virtual doula on the digital health platform was associated with a reduction in odds of cesarean birth among all users (adjusted odds ratio [aOR] 0.80, 95% CI, 0.65–0.99) and among Black users (aOR 0.32, 95% CI, 0.14–0.72). Among platform users with a history of cesarean birth, completion of any number of doula visits was associated with a reduction in odds of repeat cesarean birth (one visit: aOR 0.35, 95% CI, 0.17–0.72; two or more visits: aOR 0.37, 95% CI, 0.17–0.83). Analyses among all users indicated dose–response associations between increased virtual doula use and greater odds of users reporting support in deciding a birth preference (one visit: aOR 2.35, 95% CI, 2.02–2.74; two or more visits: aOR 3.67, 95% CI, 3.03–4.44), receiving a high level of emotional support during pregnancy (one visit: aOR 1.99, 95% CI, 1.74–2.28; two or more visits: aOR 3.26, 95% CI, 2.70–3.94), learning medically accurate information about pregnancy complications and warning signs (one visit: aOR 1.26, 95% CI, 1.10–1.44; two or more visits: aOR 1.55, 95% CI, 1.29–1.88), and help managing mental health during pregnancy (one visit: aOR 1.28, 95% CI, 1.05–1.56; two or more visits: aOR 1.78, 95% CI, 1.40–2.26).

CONCLUSION:
This analysis demonstrates that virtual doula support on a digital health platform is associated with lower odds of cesarean birth and an improved birth experience. Positive findings among Black users and users with vaginal birth after cesarean suggest that doula support is critical for patient advocacy, and that digital health may play a meaningful role in increasing health equity in birth outcomes. (Author) [Erratum: Obstetrics & Gynecology, vol 143, no 5, May 2024, pp e144-e148. https://doi.org/10.1097/AOG.0000000000005565]

Full URL: https://doi.org/10.1097/AOG.0000000000005465

2024-00938

Harmful cultural practices during perinatal period and associated factors among women of childbearing age in Southern Ethiopia: Community based cross-sectional study. Abebe H, Beyene GA, Mulat BS (2021), PLoS ONE vol 16, no 7, July 2021, e0254095

Introduction
Although the maternal mortality ratio has decreased by 38% in the last decade, 810 women die from preventable causes related to pregnancy and childbirth every day, and two-thirds of maternal deaths occur in Sub-Saharan Africa alone. The lives of women and newborns before, during, and after childbirth can be saved by skilled care. The main factors that prevent women from receiving care during pregnancy and childbirth are harmful cultural practices. The aim of this study was to assess the level of harmful cultural practices during pregnancy, childbirth, and postnatal period, and associated factors among women of childbearing age in Southern Ethiopia.

Methods
A community-based cross-sectional study design was conducted in the Gurage zone, among representative sample of 422 women of reproductive age who had at least one history of childbirth. A simple random sampling technique was used to recruit participants. Data were collected by six experienced and trained data collectors using a pretested structured questionnaire with face to face interviews. Harmful cultural practices are assessed using 11 questions and those who participate in any one of them are considered as harmful cultural practices. Descriptive statistics were performed and the findings were presented in text and tables. Binary logistic regression was used to assess the association between each independent variable and outcome variable.

Results
Harmful cultural practices were found to be 71.4% [95%CI, 66.6–76.0]. The mean age of study participants was 27.6 (SD ± 5.4 years). Women with no formal education [AOR 3.79; 95%CI, 1.97–7.28], being a rural resident [AOR 4.41, 95%CI, 2.63–7.39], having had no antenatal care in the last pregnancy [AOR 2.62, 95%CI, 1.54–4.48], and pregnancy being attended by untrained attendants [AOR 2.67, 95%CI, 1.58–4.51] were significantly associated with harmful cultural practice during the perinatal period.

Conclusion
In this study we found that low maternal education, rural residence, lack of antenatal care and lack of trained birth attendant were independent risk factors associated with women employing harmful cultural practices during the perinatal period. Thus, strong multi-sectoral collaboration targeted at improving women's educational status and primary health care workers should take up the active role of women's health education on the importance of ANC visits to tackle harmful cultural practices. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0254095

2024-00434

Maternity Services: Ethnic Groups [written answer]. House of Commons (2024), Hansard Written question 8184, 7 January 2024

Maria Caulfield responds to a question from Bell Ribeiro-Addy who asked if the Secretary of State for Health and Social Care issues guidance to healthcare professionals on having conversations with Black and Asian parents on potential medical risks to them and their baby. (Author, edited)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2024-01-05/8184

2024-00260

Determinants of Exclusive Breastfeeding Cessation in the Early Postnatal Period among Culturally and Linguistically Diverse (CALD) Australian Mothers. Ogbo FA, Ezeh OK, Khanlari S, et al (2019), Nutrients vol 11, no 7, July 2019, p 1611

There are limited epidemiological data on exclusive breastfeeding (EBF) among culturally and linguistically diverse (CALD) Australian mothers to advocate for targeted and/or culturally-appropriate interventions. This study investigated the determinants of EBF cessation in the early postnatal period among CALD Australian mothers in Sydney, Australia. The study used linked maternal and child health data from two local health districts in Australia (N = 25,407). Prevalence of maternal breastfeeding intention, skin-to-skin contact, EBF at birth, discharge, and the early postnatal period (1–4 weeks postnatal), were estimated. Multivariate logistic regression models were used to investigate determinants of EBF cessation in the early postnatal period. Most CALD Australian mothers had the intention to breastfeed (94.7%). Skin-to-skin contact (81.0%), EBF at delivery (91.0%), and at discharge (93.0%) were high. EBF remained high in the early postnatal period (91.4%). A lack of prenatal breastfeeding intention was the strongest determinant of EBF cessation (adjusted odds ratio [aOR] = 23.76, 95% CI: 18.63–30.30, for mothers with no prenatal breastfeeding intention and aOR = 6.15, 95% CI: 4.74–7.98, for those undecided). Other significant determinants of EBF cessation included a lack of partner support, antenatal and postnatal depression, intimate partner violence, low socioeconomic status, caesarean birth, and young maternal age (<20 years). Efforts to improve breastfeeding among women of CALD backgrounds in Australia should focus on women with vulnerabilities to maximise the benefits of EBF. (Author)

Full URL: https://doi.org/10.3390/nu11071611

2023-13557

Why The Afterbirth Should Not be an Afterthought: Promoting Respect for Cultural Placental Practices. Burnett A

(2023), The Student Midwife vol 6, no 4, October 2023, pp 10-13

Textbooks often restrict discussion about the placenta to its function, possible dysfunction, and expectant and active management, with little to no mention of cultural placental practices. Equally, midwives practising in hospital settings, where the placenta is viewed as clinical waste, afterbirth rituals than homebirth practitioners. are less likely to facilitate. This can lead to maternal requests for practices including placental burial, cord burning ceremonies and placentophagy being viewed as unconventional or incompatible with clinical guidelines. Yet since the National Institute for Health and Care Excellence (NICE) assert that women and birthing people must be asked about their preferences for the third stage of labour, midwives and students should be prepared to discuss and facilitate culturally significant placental rites. (Author)

2023-13449

Mapping and yarning about the "beating hearts of Australia". Watts J, Tapiwa C (2023), O & G vol 25, no 3, Spring 2023

In this article the authors write about the Mapping Project, which was funded by the Australian Government Department of Health and Aged Care and aimed to tackle several challenges in maternity services in Australia. (AS)

Full URL: https://www.ogmagazine.org.au/25/3-25/mapping-and-yarning-about-the-beating-hearts-of-australia/

2023-13438

Factors associated with negative birth experience in Peruvian Quechua-speaking indigenous women in a context of contagion due to COVID-19. Olaza-Maguiña AF, De La Cruz-Ramirez YM (2024), International Journal of Gynecology & Obstetrics vol 164, no 2, February 2024, pp 633-640

Objective

The aim of this study was to determine the factors associated with negative birth experience in Peruvian Quechua-speaking indigenous women in the context of contagion due to COVID-19.

Methods

This was a cross-sectional study, with 142 women from the Olleros community (Huaraz-Peru, 3336 m a.s.l.), whose birth occurred between November 2020 and December 2021. Two questionnaires were applied between January and June 2022, prior voluntary informed consent and approval by an ethics committee. The SPSS program version 24 and the odds ratio (OR) were used with 95% confidence interval (CI).

Results

A total of 62.7% of women (89/142) had a negative birth experience. The main factors associated were hospital and biosafety factors, highlighting the restriction to choose the position during birth (OR = 15.64, CI: 1.89–128.99, P = 0.001), care of women in a language other than Quechua (OR = 5.86, CI: 1.51–22.76, P = 0.005) and fear of health personnel when approaching women due to COVID-19 (OR = 10.61, CI: 3.94–28.56, P < 0.001).

Conclusion

Hospital and biosafety factors are associated with negative birth experience in Peruvian Quechua-speaking indigenous women, with less emphasis on sociodemographic and obstetric factors. The results found show that, in the case of this research, the negative birth experience is not only due to the restrictions imposed by COVID-19 pandemic, but also to the limited application of the intercultural approach in Peru, where the opinion of women is not taken into account. In this sense, intervention actions are required through health policies with an intercultural approach that involve the active participation of women. (Author)

2023-13230

Maternal healthcare seeking and determinants of adequate antenatal care and institutional childbirth among Indian tribes: A cross-sectional study from nine districts. Kusuma YS, Kumari A, Rajbangshi P, et al (2024), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 292, January 2024, pp 163-174

Objective

To report the utilisation of maternal healthcare services and factors associated with adequate antenatal care and institutional childbirths among mothers in the tribal communities from nine districts in India.

Methods

Cross-sectional data were collected from 2636 tribal women who had a childbirth experience in the past 12 months. Socio-demographic, maternal healthcare services and health system-related details were collected. Multiple logistic regression analyses were done to identify factors associated with adequate antenatal care (receiving at least four

antenatal care visits, the first visit being in the first trimester and receiving a minimum of 100 iron-folic acid tablets) and institutional childbirth (mother giving birth in a health facility).
Results
Only 23% of the mothers received adequate antenatal care. 82% were institutional childbirths. The logistic regression revealed that particularly vulnerable tribal groups (PVTGs), those lacking all-weather roads, and women of advanced age were at risk of inadequate antenatal care. Mother's education, health worker's home visits during pregnancy and reception of advice on antenatal care were significantly associated with the reception of adequate antenatal care. Having all-weather roads, and education of the mother and head of the household were positively associated with institutional childbirths, whereas PVTGs, children of birth order three or above, and working mothers were more likely to give childbirth at home.
Conclusion
PVTGs are at risk of foregoing adequate antenatal care and are more likely to give childbirth at home. Having all-weather roads is a strong correlate of adequate maternal care. Outreach activities by the health workers are to be strengthened as they are positively and significantly associated with the reception of adequate antenatal care. Investing in education and other social determinants and addressing certain socio-cultural practices is important to improve maternal health. (Author)

2023-12942

Representing Diverse Perspectives in Childbirth Education. Cawthorne T (2023), Lamaze International 4 December 2023

Lamaze International Immediate Past-President Tanya Cawthorne outlines forthcoming changes to the Connecting the Dots blog that will demonstrate the organisation's commitment to maternal health equity and to continuing to deliver professional education for birth workers. (MB)

Full URL: https://www.lamaze.org/Connecting-the-Dots/Post/representing-diverse-perspectives-in-childbirth-education-1

2023-12909

Health inequalities in timely antenatal care: audit of pre- and post-referral delays in antenatal bookings in London 2015–16. McDonald H, Moren C, Scarlett J (2020), Journal of Public Health vol 42, no 4, December 2020, pp 801-815

Background
Antenatal booking has potential to reduce infant and maternal health inequalities; yet, those most in need are least likely to access timely care. This audit describes late referral and antenatal booking across London in 2015–16, according to maternal characteristics.

Methods
Referral < 8 weeks' gestation, booking < 2 weeks after referral and booking < 10 weeks' gestation were audited against maternal and referral characteristics.

Results
Of 122 275 antenatal bookings, 27.1% were before 10 weeks' gestation and 72.8% by 12 + 6 weeks. Characteristics associated with late booking were living in more deprived areas, age < 20 years, higher parity, Black or Minority ethnicity (particularly Bangladeshi or Black African), birth in Somalia, Jewish religion, first language other than English, unemployment of self or partner, lack of social support, or single parent families. Women living in more deprived areas, with first language other than English, of Jewish religion, Black and Minority ethnicity or who were unemployed, waited longer from referral to booking, despite later referral.

Conclusions
Post-referral delays can compound late referral for some women, exacerbating health inequalities, but should be amenable to provider interventions. Different patterns of pre- and post-referral delay suggest that a tailored approach is needed to address inequalities in access to antenatal care. (Author)

Full URL: https://doi.org/10.1093/pubmed/fdz184

2023-12894

Respectful Maternity Care: A Holistic approach in Promoting Positive Birth Experience. Koteswaramma D (2023), Asian Journal of Nursing Education and Research vol 13, no 4, 2023

In recent years, the relevance of ethical, psychological, social, and cultural elements of birthing across many groups has led to the promotion of respectful maternity care (RMC). Although the concept of respectful maternity care is to

promote woman-centered care, respecting women's beliefs, autonomy, dignity, and preferences to reserve their right to have a companion during childbirth. RMC is a fundamental right of all women. Disrespect and abuse (D&A) are violations of fundamental ethical standards, human rights, and fundamental patient care duties. Intrapartum respectful maternity care can affect the mother's experiences of childbirth. This article is aimed to determine the status of respectful maternity care and its relationship with childbirth experience among Indian women. (Author)

2023-12694

Sexual and reproductive justice cannot wait: all rights, all people, acting now. 23rd report of the High-Level Commission on the Nairobi Summit on ICPD. Luchsinger G (2023), September 2023. 36 pages

This report highlights progress in implementing the 12 core global Nairobi Summit on ICPD25 Follow-up commitments. It also highlights opportunities to further advance the Nairobi commitments through a sexual and reproductive justice framework in global, regional and country contexts.

The report acknowledges the vital contribution made by midwives and shows that there can be no sexual and reproductive justice without them. (Author, edited)

Full URL: https://www.nairobisummiticpd.org/publication/all-rights-all-people-acting-now

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2023-12472

Understanding the relationship between maternity care providers and middle-class Chinese migrant women in the Netherlands: A qualitative study. Shan H, Saharso S, van Kroonenburg N, et al (2023), Midwifery vol 125, October 2023, 103775

Objective
This study aims to provide insights into the formation and the quality of the maternity care provider-woman relationship between midwives, maternity care assistants and middle-class Chinese migrant women in the Netherlands.

Design
online in-depth interviews addressing interpersonal trust, women's autonomy in shared decision making and culturally sensitive care

Participants
46 middle-class Chinese migrant women, 13 midwives and 12 maternity care assistants in the Netherlands

Findings
Midwives and maternity care assistants reported challenges interpreting the needs of middle-class Chinese migrant women in care practices while Chinese migrant women experienced receiving insufficient emotional support. Midwives and maternity care assistant tended to attribute women's different preferences for care to culture which reinforced difficulties of addressing women's needs. Middle-class Chinese migrant women experienced a lack of responsive care, feelings of being overlooked, being uncomfortable to express different opinions and challenges in developing autonomy in the shared decision-making process.

Conclusions
A trusting relationship, effective communication with maternity care providers, and a culturally sensitive and safe environment could be beneficial for middle-class migrant mothers. Chinese migrant women held ambivalent attitudes towards both traditional Chinese health beliefs and Dutch maternity care values. Each individual woman adopted the practice of the "doing the month" tradition to a different extent. This indicated the need for maternity care providers to recognize women's various needs for more responsive and individualized care, especially for first-time migrant mothers to negotiate their ways through the new healthcare system.

Implications for practice
We suggest a more proactive role for maternity care providers addressing the individual's subjectivity and preferences. Our findings are relevant and applicable for maternity care professionals conducting shared decision making with middle-class and highly educated migrant women living in Western contexts. (Author)

Full URL: https://doi.org/10.1016/j.midw.2023.103775

2023-12459

Community perspectives of barriers indigenous women face in accessing maternal health care services in the Chittagong Hill Tracts, Bangladesh. Akter S, Davies K, Rich JL, et al (2022), Ethnicity & Health vol 27, no 5, 2022, pp 1222-1240

Objectives
Bangladesh has achieved notable success in improving maternal health by increasing women's access to good quality and low-cost maternal health care (MHC) services. However, the health system of Bangladesh has earned criticism for not ensuring equitable MHC access for all women, particularly for Indigenous women in the Chittagong Hill Tracts (CHT). Little is known about Indigenous communities' perspectives on these inequalities in MHC service access in the CHT. Therefore, this study aimed to explore Indigenous communities' perspectives on challenges and opportunities for improving MHC service access in the CHT.

Design
This qualitative descriptive study was conducted in two sub-districts of Khagrachhari between September 2017 and February 2018. Eight Indigenous key informants from three Indigenous communities (Chakma, Marma and Tripura) were recruited via snowballing and purposive techniques and participated in face-to-face, semi-structured interviews. Key informants comprised community leaders and health care providers. Data were analysed thematically using Nvivo12 software.

Results
Findings suggest that distance, poor availability of resources and infrastructure, lack of community engagement in the design of health interventions, Indigenous cultural beliefs, misconceptions about MHC services, and maltreatment from health care providers were the key barriers to accessing MHC services; all are interconnected. Indigenous women faced humiliation and maltreatment from MHC staff. Failure to provide a culturally-safe environment suggests a lack of cultural competency among health staff, including Indigenous staff.

Conclusion
Findings suggest that cultural competency training for all health care providers is needed to improve cultural appropriateness and accessibility of services. Refresher training and undisrupted supply of basic MHC services for front-line care providers will benefit the entire community and will likely be cost-effective for the government. Designing health programmes through extensive community consultation is essential. (Author)

2023-12351

Nottingham maternity units still failing some patients, says review leader. Sissons R, Watson G (2023), BBC News 17 November 2023

Reports that a review currently taking place at Nottingham University Hospitals Trust has revealed that some women are still receiving poor maternity care. Donna Ockenden, who is leading the review, acknowledged that some improvements have been made, but has highlighted issues with discrimination, inequality and racism, with interpreting services an area of concern and many women feeling they are treated differently because of their background. (JSM)

Full URL: https://www.bbc.co.uk/news/uk-england-nottinghamshire-67445477?at_medium=RSS&at_campaign=KARANGA

2023-12182

American Indian and Alaskan Native Maternal Mental Health. Herrick CL, Burkhard J (2023), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 37, no 2, Summer 2023, pp 55-57

While mothers of any race can face mental health conditions during pregnancy and after childbirth, American Indian and Alaskan Native (AI/AN)7 women experience higher rates than the average population (Foley & Strunz, 2022). Though the body of research is still growing in the United States, initial data on the prevalence of maternal depression for AI/AN women in the United States ranges from 14-30% (Heck, 2021). Studies based on international Indigenous populations suggest that Indigenous women experience an even greater risk for maternal depression and anxiety: Indigenous women experience depression 87% more often than White women (Black et al., 2019) and experience maternal anxiety 37% more often than non-Indigenous women (Owais et al., 2019). (Author)

2023-12080

Maternity Care at the Intersections of Language, Ethnicity, and Immigration Status: A Qualitative Study. Sudhinaraset M, Kolodner RA, Nakphong MK (2023), Women's Health Issues vol 33, no 6, November-December 2023, pp 618-625

Introduction: Women of color and immigrant women are more likely than US-born White women to report

mistreatment and poor quality of care during their reproductive health care. Surprisingly little research exists on how language access may impact immigrant women's experiences of maternity care, particularly by race and ethnicity.

Methods: We conducted qualitative in-depth, one-on-one semi-structured interviews from August 2018 to August 2019 with 10 Mexican and eight Chinese/Taiwanese women (n = 18) living in Los Angeles or Orange County who gave birth within the past 2 years. Interviews were transcribed and translated, and data were initially coded based on the interview guide questions. We identified patterns and themes using thematic analysis methods.

Results: Participants described how a lack of translators and language- and cultural-concordant health care providers and staff impeded their access to maternity care services; in particular, they described barriers to communication with receptionists, providers, and ultrasound technicians. Despite Mexican immigrants' ability to access Spanish-language health care, both Mexican and Chinese immigrant women described how lack of understanding medical concepts and terminology resulted in poor quality of care, lack of informed consent for reproductive procedures, and subsequent psychological and emotional distress. Undocumented women were less likely to report using strategies that leveraged social resources to improve language access and quality care.

Conclusions: Reproductive autonomy cannot be achieved without access to culturally and linguistically appropriate health care. Health care systems should ensure that comprehensive information is given to women, in a language and manner they can understand, with particular attention toward providing in-language services across multiple ethnicities. Multilingual staff and health care providers are critical in providing care that is responsive to immigrant women.

2023-11485

Mental Health Services: Mothers [written answer]. House of Commons (2023), Hansard Written question 201371, 13 October 2023

Maria Caulfield responds to a written question from Caroline Nokes to the Secretary of State for Health and Social Care, regarding what steps he is taking to increase the uptake of perinatal mental health services among ethnic minority communities. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2023-10-13/201371

2023-11136

Essential Nursing Actions to Reduce Inequities for Black Women in the Perinatal Period. Van Baak B, Powell A, Fricas J, et al (2023), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 52, no 6, November 2023, pp 454-466

Perinatal nurses play a critical role in the care of, advocacy for, and research with Black women in the perinatal period. Despite awareness of inequities in the perinatal health care system that stem from racism in the United States, many nurses report feeling detached from the crisis. In this critical commentary, we provide a five-step nursing action guide to address this health disparity that is aligned with the Future of Nursing report and the American Nurses Association Code of Ethics. We recommend nursing activities in each step: understand drivers of health inequities among Black women, reflect on implicit bias, use respectful care frameworks with Black women, conduct ethical research, and advocate for change. The article includes a sharable and printable action sheet that can be used in the work environment to remind nurses of their roles in enacting change. (Author)

2023-11022

Symptoms of psychological distress reported by women from indigenous communities in South India: implications for methodology and future studies. Nadkarni A, Vasudevan P, Krishnakumar J (2022), Archives of Women's Mental Health vol 25, no 3, June 2022, pp 667-670

‘Indigenous peoples’ across the globe suffer a disproportionate burden of mental illness. However, this burden is not fully explored in India despite having the second largest absolute concentration of indigenous peoples in the world. We did a secondary analysis of data from a cross-sectional survey in indigenous populations from the Nilgiri Biosphere Reserve in South India. Symptoms suggestive of psychological distress were reported by 39.9% participants. Being alone, tobacco use, hypertension, hypertension in family member, and violent conflict in household were independently associated with psychological distress. More epidemiological studies need to be conducted to map the burden and elaborate the relationships between mental health problems and socio-cultural factors in indigenous

populations in India. (Author)

2023-10970

Indigenous approaches to perinatal mental health: a systematic review with critical interpretive synthesis. Meredith C, McKerchar C, Lacey C (2023), Archives of Women's Mental Health vol 26, no 3, June 2023, pp 275-293

Indigenous mothers and birthing parents experience significant inequities during the perinatal period, with mental health distress causing adverse outcomes for mothers/birthing parents and their infants. Limited literature is available to inform our understanding of solutions to these issues, with research primarily focusing on inequities. Our aim was to conduct a systematic review of Indigenous approaches to treatment of perinatal mental health illness. Following the PRISMA guidelines for systematic literature reviews, an electronic search of CINAHL, Medline, PubMed, Embase, APA PsycInfo, OVID Nursing, Scopus, Web of Science, and Google Scholar databases was conducted in January and February 2022 and repeated in June 2022. Twenty-seven studies were included in the final review. A critical interpretive synthesis informed our approach to the systematic review. The work of (Yamane and Helm J Prev 43:167–190, 2022) was drawn upon to differentiate studies and place within a cultural continuum framework. Across the 27 studies, the majority of participants were healthcare workers and other staff. Mothers, birthing parents, and their families were represented in small numbers. Outcomes of interest included a reduction in symptoms, a reduction in high-risk behaviours, and parental engagement/attachment of mothers/birthing parents with their babies. Interventions infrequently reported significant reductions in mental health symptoms, and many included studies focused on qualitative assessments of intervention acceptability or utility. Many studies focused on describing approaches to perinatal mental health distress or considered the perspectives and priorities of families and healthcare workers. More research and evaluation of Indigenous interventions for perinatal mental health illness is required. Future research should be designed to privilege the voices, perspectives, and experiences of Indigenous mothers, birthing parents, and their families. Researchers should ensure that any future studies should arise from the priorities of the Indigenous population being studied and be Indigenous-led and designed. (Author)

Full URL: https://doi.org/10.1007/s00737-023-01310-7

2023-10916

A culturally safe referral service for at-risk mothers and infants in marginalised, Aboriginal, and Culturally and Linguistically Diverse families. Booth AT, McIntosh JE, Sri L, et al (2023), Australian Health Review vol 47, no 1, 2023, pp 58-63

This case study describes the development and implementation of a replicable early assessment and referral service for mothers experiencing minority group disadvantage and family violence in the perinatal period. The service aims to mitigate harms for at-risk mother-infant dyads that can lead to involvement in statutory child protection systems. In doing this, the service follows a culturally safe, restorative practice approach to supporting vulnerable families, which emphasises the relationship between worker and client to create a nurturing environment for change. The service model has been developed and refined since 2018 to now, involving stakeholders from the service team, the not-for-profit community organisation, and a university partner organisation, who provided evidence enrichment and support for clinical skill development. To date: the model has provided practitioners with structured and evidence-based ways of creating shared understandings with clients to prioritise cultural and relational needs; achieved culturally safe ways of engaging with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families; improved practitioners' confidence in detecting risk in parent-infant relationships; promoted effective communications with external providers; and enhanced therapeutic outcomes for vulnerable families at risk of entry into statutory child protection systems. The model may be suitable for uptake by practitioners and services seeking to improve cultural safety and therapeutic outcomes for diverse and vulnerable families. We share reflections on the scope and function of the model of care with reference to potential for broader application. (Author)

Full URL: https://doi.org/10.1071/AH22187

2023-10885

Perinatal outcomes of Aboriginal women with mental health disorders. Adane AA, Shepherd CCJ, Walker R, et al (2023), Australian and New Zealand Journal of Psychiatry vol 57, no 10, October 2023, pp 1331–1342

Objective:

Maternal mental disorders have been associated with adverse perinatal outcomes such as low birthweight and preterm birth, although these links have been examined rarely among Australian Aboriginal populations. We aimed to evaluate the association between maternal mental disorders and adverse perinatal outcomes among Aboriginal births.

Methods:

We used whole population-based linked data to conduct a retrospective cohort study (N = 38,592) using all Western Australia singleton Aboriginal births (1990–2015). Maternal mental disorders were identified based on the International Classification of Diseases diagnoses and grouped into six broad diagnostic categories. The perinatal outcomes evaluated were preterm birth, small for gestational age, perinatal death, major congenital anomalies, foetal distress, low birthweight and 5-minute Apgar score. We employed log-binomial/-Poisson models to calculate risk ratios and 95% confidence intervals.
Results:
After adjustment for sociodemographic factors and pre-existing medical conditions, having a maternal mental disorder in the five years before the birth was associated with adverse perinatal outcomes, with risk ratios (95% confidence intervals) ranging from 1.26 [1.17, 1.36] for foetal distress to 2.00 [1.87, 2.15] for low birthweight. We found similar associations for each maternal mental illness category and neonatal outcomes, with slightly stronger associations when maternal mental illnesses were reported within 1 year rather than 5 years before birth and for substance use disorder.
Conclusions:
This large population-based study demonstrated an increased risk of several adverse birth outcomes among Aboriginal women with mental disorders. Holistic perinatal care, treatment and support for women with mental disorders may reduce the burden of adverse birth outcomes. (Author)

Full URL: https://doi.org/10.1177/00048674231160986

2023-10780

Constraints to maternal healthcare access among pastoral communities in the Darussalam area of Mudug region, Somalia "a qualitative study". Duale HA, Farah A, Salad A, et al (2023), Frontiers in Public Health 14 September 2023, online

Background: While countries embrace efforts to achieve Sustainable Development Goals (SDG) goal 3.1 (to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 and end preventable deaths of new-borns and children), an estimated 2.5 million pastoralists in Somalia are struggling to access maternal and child healthcare services. Institutional delivery and access to antenatal care remained to be a challenge in Somalia, where pastoralism is a common means of livelihood. The aim of this study is to explore the maternal health services available for settled pastoralists (transhumant) and their families who still practice nomadic pastoralism in the Mudug region of Somalia.

Methods: A qualitative study, including 14 interviews and one FGD, was conducted in Darussalam village (a transhumant village along the border between Somalia and Ethiopia), Puntland State, from December 2022 to January 2023. The study participants were community members who support the maternal and child health clinic (MCH), village administration, and health providers.

Results: We found that the efficiency of the health facilities that serve for pastoralist women and children are hampered by staff-related, supply-related, patients-related and referral-related constraints. This study highlights that the absence of essential supplies, the unmet need for training among the staff as well as the absence of important facilities in the MCH such as ambulance and blood bags.

Conclusion: Numerous strides could be made in the provision of affordable maternal healthcare to pastoralist communities in Darussalam areas of the Mudug region when organizations that support health care in Somalia and the Ministry of Health include pastoralists' healthcare in their priorities. (Author)

Full URL: https://doi.org/10.3389/fpubh.2023.1210401

2023-10639

The Power of Language in Hospital Care for Pregnant and Birthing People: A Vision for Change. Barcelona V, Horton RL, Rivlin K, et al (2023), Obstetrics & Gynecology vol 142, no 4, October 2023, pp 795-803

Language is commonly defined as the principal method of human communication made up of words and conveyed by writing, speech, or nonverbal expression. In the context of clinical care, language has power and meaning and reflects priorities, beliefs, values, and culture. Stigmatizing language can communicate unintended meanings that perpetuate socially constructed power dynamics and result in bias. This bias may harm pregnant and birthing people by centering positions of power and privilege and by reflecting cultural priorities in the United States, including judgments of demographic and reproductive health characteristics. This commentary builds on relationship-centered care and reproductive justice frameworks to analyze the role and use of language in pregnancy and birth care in the United States, particularly regarding people with marginalized identities. We describe the use of language in written

documentation, verbal communication, and behaviors associated with caring for pregnant people. We also present recommendations for change, including alternative language at the individual, clinician, hospital, health systems, and policy levels. We define birth as the emergence of a new individual from the body of its parent, no matter what intervention or pathology may be involved. Thus, we propose a cultural shift in hospital-based care for birthing people that centers the birthing person and reconceptualizes all births as physiologic events, approached with a spirit of care, partnership, and support. (Author)

Full URL: https://doi.org/10.1097/AOG.0000000000005333

2023-10628

Transcending Language Barriers in Obstetrics and Gynecology: A Critical Dimension for Health Equity. Truong S, Foley OW, Fallah PN, et al (2023), Obstetrics & Gynecology vol 142, no 4, October 2023, pp 809-817

There is growing evidence that language discordance between patients and their health care teams negatively affects quality of care, experience of care, and health outcomes, yet there is limited guidance on best practices for advancing equitable care for patients who have language barriers within obstetrics and gynecology. In this commentary, we present two cases of language-discordant care and a framework for addressing language as a critical lens for health inequities in obstetrics and gynecology, which includes a variety of clinical settings such as labor and delivery, perioperative care, outpatient clinics, and inpatient services, as well as sensitivity around reproductive health topics. The proposed framework explores drivers of language-related inequities at the clinician, health system, and societal level. We end with actionable recommendations for enhancing equitable care for patients experiencing language barriers. Because language and communication barriers undergird other structural drivers of inequities in reproductive health outcomes, we urge obstetrician–gynecologists to prioritize improving care for patients experiencing language barriers. (Author)

Full URL: https://doi.org/10.1097/AOG.0000000000005334

2023-10575

Establishing a trusting nurse-immigrant mother relationship in the neonatal unit. Kynø NM, Hanssen I (2022), Nursing Ethics vol 29, no 1, February 2022, pp 63-71

Background: In the neonatal intensive care unit, immigrant parents may experience even greater anxiety than other parents, particularly if they and the nurses do not share a common language.

Aim: To explore the complex issues of trust and the nurse-mother relationship in neonatal intensive care units when they do not share a common language.

Design and methods: This study has a qualitative design. Individual semi-structured in-depth interviews and two focus group interviews were conducted with eight immigrant mothers and eight neonatal intensive care unit nurses, respectively. Data analysis was based on Braun and Clarke's thematic analytic method.

Ethical considerations: Approval was obtained from the hospital's Scientific Committee and the Data Protection Officer. Interviewees were informed in their native language about confidentiality and they signed an informed consent form.

Results: Trust was a focus for mothers and nurses alike. The mothers held that they were satisfied that their infants received the very best care. They seemed to find the nurses' care and compassion unexpected and said they felt empowered by learning how to care for their infant. The nurses discussed the mother's vulnerability, dependency on their actions, attitudes and behaviour.

Discussion: Lack of a common language created a challenge. Both parties depended on non-verbal communication and eye contact. The nurses found that being compassionate, competent and knowledgeable were important trust-building factors. The mothers were relieved to find that they were welcome, could feel safe and their infants were well cared for.

Conclusion: The parents of an infant admitted to the neonatal intensive care unit have no choice but to trust the treatment and care their infant receives. Maternal vulnerability challenges the nurse's awareness of the asymmetric distribution of power and ability to establish a trusting relationship with the mother. This is particularly important when mother and nurse do not share a verbal language. The nurses worked purposefully to gain trust.

Keywords: Clinical ethics; empirical approaches; ethics and children in care; existentialist; neonatal care; qualitative research.

Conflict of interest statement
Conflict of interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article. (Author)

Full URL: https://doi.org/10.1177/09697330211003258

2023-10538

Cultural brokering in pregnancy care: A critical review. DiMeo A, Karlage A, Schoenherr K, et al (2023), International Journal of Gynecology & Obstetrics vol 163, no 2, November 2023, pp 357-366

People who speak languages other than English face structural barriers in accessing the US healthcare system. With a growing number of people living in countries other than their countries of birth, the impact of language and cultural differences between patients and care teams on quality care is global. Cultural brokering presents a unique opportunity to enhance communication and trust between patients and clinicians from different cultural backgrounds during pregnancy care—a critical window for engaging families in the healthcare system. This critical review aims to synthesize literature describing cultural brokering in pregnancy care. We searched keywords relating to cultural brokering, pregnancy, and language in PubMed, Embase, and CINAHL and traced references of screened articles. Our search identified 33 articles. We found that cultural brokering is not clearly defined in the current literature. Few of the articles provided information about language concordance between cultural brokers and patients or clinicians. No article described the impact of cultural brokering on health outcomes. Facilitators of cultural brokering included: interprofessional collaboration within the care team, feeling a family connection between the cultural broker and patients, and cultivating trust between the cultural broker and clinicians. Barriers to cultural brokering included: misunderstanding the responsibilities, difficulty maintaining personal boundaries, and limited availability and accessibility of cultural brokers. We propose cultural brokering as interactions that cover four key aims: (1) language support; (2) bridging cultural differences; (3) social support and advocacy; and (4) navigation of the healthcare system. Clinicians, researchers, and policymakers should develop consistent language around cultural brokering in pregnancy care and examine the impact of cultural brokers on health outcomes. (Author)

2023-10457

Royal College of Midwives support black maternal mental health week. Royal College of Midwives (2023), 25 September 2023. Running time: 2 minutes, 17 seconds

Produced to promote Black maternal mental health week and presented by RCM Policy Advisor Janet Fyle, this short video gives useful advice for Black and Brown mothers/mothers-to-be, on talking to their midwife and accessing resources available to them to assist with mental health issues. (JSM)

Full URL: https://vimeo.com/867972368?share=copy

2023-10429

Binya Winyangara: Culturally-Safe Midwifery Care. Paasila K (2023), The Practising Midwife Australia vol 1, no 4, March 2023, pp 13-16

Welcome to a snippet of a small but important antenatal model of care called Binya Winyangara (BW) offered to Aboriginal and Torres Strait Islander mothers and babies at Liverpool Hospital in the South West Sydney Local Health District (SWSLHD). The following paragraphs offer insight into the reason for the implementation of the service, the day-to-day running, services offered and the importance of BW for the future. It is a privilege as the BW midwife to share this with you but more importantly I feel honoured to be able to work with and care for all the beautiful mothers and babies that access this service within the local area. (Author)

2023-10328

Supporting Our Sistas Inside: ANFPP Working with Women in Custody. Whiting R (2023), The Practising Midwife Australia vol 1, no 3, January 2023, pp 13-17

The current statistics of the incarceration of Aboriginal and Torres Strait Islander women and the subsequent impact on their health and well-being are appalling.

When referring to the health and wellbeing of our mob it must be recognised and understood that connection to land, culture, ancestry, kinship and community play a vital role in our physical, social and emotional health and wellbeing.

This calls for culturally-safe models of care to support and advocate for these women in custody in collaboration with Aboriginal Community Controlled Health Organisations (ACCHOs) to address health and social and emotional wellbeing (SEWB), and to break the cycle of incarceration. (Author)

2023-10302

Prevalence and factors associated with antenatal care service access among Indigenous women in the Chittagong Hill Tracts, Bangladesh: A cross-sectional study. Akter S, Rich JL, Davies K, et al (2020), PLoS ONE vol 15, no 12, 29 December 2020, e0244640

Background: Prevalence of accessing antenatal care (ANC) services among Indigenous women in the Chittagong Hill Tracts (CHT) is unknown. This study aims to estimate the prevalence of accessing ANC services by Indigenous women in the CHT and identify factors associated with knowledge of, and attendance at, ANC services.

Methods: Using a cross-sectional design three Indigenous groups in Khagrachari district, CHT, Bangladesh were surveyed between September 2017 and February 2018. Indigenous women within 36 months of delivery were asked about attending ANC services and the number who attended was used to estimate prevalence. Socio-demographic and obstetric characteristics were used to determine factors associated with knowledge and attendance using multivariable logistic regression techniques adjusted for clustering by village; results are presented as odds ratios (OR), adjusted OR, and 95% confidence intervals (CI).

Results: Of 494 indigenous women who met the inclusion criteria in two upazilas, 438 participated (89% response rate) in the study, 75% were aged 16-29 years. Sixty-nine percent were aware of ANC services and the prevalence of attending ANC services was 53% (n = 232, 95%CI 0.48-0.58). Half (52%; n = 121) attended private facilities. Independent factors associated with knowledge about ANC were age ≥30 years (OR 2.2, 95%CI 1.1-4.6), monthly household income greater than 20,000 Bangladeshi Taka (OR 3.4, 95%CI 1.4-8.6); knowledge of pregnancy-related complications (OR 3.6, 95%CI 1.6-8.1), knowledge about nearest health facilities (OR 4.3, 95%CI 2.1-8.8); and attending secondary school or above (OR 4.8, 95%CI 2.1-11). Independent factors associated with attending ANC services were having prior knowledge of ANC benefits (OR 7.7, 95%CI 3.6-16), Indigenous women residing in Khagrachhari Sadar subdistrict (OR 6.5, 95%CI 1.7-25); and monthly household income of 20,000 Bangladeshi Taka or above (OR 2.8, 95%CI 1.1-7.4).

Conclusion: Approximately half of Indigenous women from Chittagong Hill Tracts Bangladesh attended ANC services at least once. Better awareness and education may improve ANC attendance for Indigenous women. Cultural factors influencing attendance need to be explored.

Conflict of interest statement
The authors have declared that no competing interests exist. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0244640

2023-10293

Cultural Immersion: More Than Maternity Care. Toli B (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 32-34

Waminda, located on the South Coast in New South Wales, provides a holistic and culturally-safe service for Indigenous women and their families. Maternity care at Waminda is known as Minga Gudjaga, and through this service, Elders and Aunties enact thousands of years of Indigenous knowledge to ensure the cultural safety and health of Minga (mothers) and Gudjaga (babies). A clinical placement at Waminda for one Indigenous midwifery student proved pivotal to her growth and vision as a midwife and an Aboriginal woman. (Author)

2023-10290

Research Unwrapped: The Effect of a Birthing on Country Service. Keedle H (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 26-30

'Research Unwrapped' is part of The Practising Midwife Evidence Series, with a mission to help readers make sense of published research to inform every-day practice. The format of this series allows authors to undertake a detailed appraisal of an empirical research paper in a careful and considered manner. In doing so we can advance our knowledge and understanding of a research topic and apply it to our practice. This process is designed to assess the usefulness of the evidence in terms of decision making and application to practice. (Author)

2023-10282

Cultural Safety in Midwifery 1. Cultural Safety in Midwifery for First Nations Women, People and Families. Coleman R, Barnes A (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 14-17

This is the first series of Midwifery Basics. It will contain a collection of authors, curated by Renae Coleman, and will explore the concepts of 'cultural safety in midwifery' within the Australian context. This series will consider the importance of equity, diversity, and inclusion, and show how midwives and birth workers are essential in creating a safe space for all. (Author)

2023-10281

Growing Midwifery Leadership Within Our Own Mob. Buzzacott C (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 8-12

The Rhodanthe Lipsett Indigenous Midwifery Charitable Fund (RLIMCF) has a significant impact on the current health of First Nations mothers and babies, supporting First Nations midwives to develop and sustain our systems of health care such as Birthing on Country. Made for us, by us. RLIMCF's scholarship contribution to First Nations student midwives and midwives reaches mothers, babies and families. Our midwives give support to health professionals, community organisations, hospitals and birthing centres. They contribute to ongoing health and wellbeing for all generations to come. (Author)

2023-10233

Factors influencing pregnancy planning of multi-ethnic Asian women with diabetes: A qualitative study. Irmi ZI, Ng CJ, Lee PY, et al (2020), PLoS ONE vol 15, no 12, 2 December 2020, e0242690

Introduction: Pregnancy planning varies among women with diabetes. Observing that the literature examining the factors affecting diabetic women's pregnancy intentions in multi-ethnic Asian populations is limited, we sought to explore these factors to give a better perspective on these women's pregnancy planning.

Methods: This qualitative study used individual in-depth interviews to capture the views and experiences of non-pregnant diabetic women of reproductive age in four public health clinics in a southwestern state of peninsular Malaysia from May 2016 to February 2017. The participants were purposively sampled according to ethnicity and were interviewed using a semi-structured topic guide. Interviews were audio-recorded, and transcripts were analysed using thematic analysis.

Results: From the 33 interviews that were analysed, four important factors influencing participants' decisions regarding pregnancy planning were identified. Participants' perception of poor pregnancy outcomes due to advanced age and medical condition was found to have an impact. However, despite these fears and negative relationships with doctors, personal, family and cultural influences supported by religious 'up to God' beliefs took centre stage in the pregnancy intention of some participants. Participants demonstrated a variety of understandings of pregnancy planning. They outlined some activities for pregnancy preparation, although many also reported limited engagement with pre-pregnancy care.

Conclusions: This study emphasised the known dilemma experienced by diabetic women considering their desire for an ideal family structure against their perceived pregnancy risks, heterogeneous religious beliefs and the impact of cultural demands on pregnancy intention. This study urges healthcare providers to increase their engagement with the women in pregnancy planning in a more personalised approach.

Conflict of interest statement
The authors have declared that no competing interests exist. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0242690

2023-09599

Cultural malpractice during pregnancy, childbirth, and the postnatal period and its associated factors among women who gave birth once in Dire Dawa city administration, Eastern Ethiopia, in 2021. Hailu M, Mohammed A, Sintayehu Y, et al (2023), Frontiers in Global Women's Health 17 August 2023, online

Background: Cultural practices are any experiences or beliefs that are socially shared views and behaviors practiced in a certain society at a certain time. Cultural malpractices are defined as socially shared views and traditionally accepted behaviors experienced in a certain society that harm maternal health. Worldwide, the period of pregnancy, labor, and

delivery is embedded with different beliefs, customs, and rituals in different societies that contribute a lot to maternal death. They are responsible for the annual deaths of 303,000 mothers and 2.7 million newborns globally. In developing countries, it accounts for approximately 5%–15% of maternal deaths. In Ethiopia, approximately 18% of infant deaths occur due to cultural malpractice, and 52% of pregnant mothers give birth at home following cultural customs in Dire Dawa city. The objective of this study was to assess cultural malpractices during pregnancy, childbirth, and the postnatal period and its associated factors among women who gave birth once in Dire Dawa City in 2021.

Methods: Community-based mixed study was conducted. A total of 624 study participants were selected through a systematic random sampling technique, and a purposive sampling method was used for qualitative data. The study was conducted in the randomly selected Kebeles of Dire Dawa City, Eastern Ethiopia, from November 1 to December 30, 2021. Data were entered into Epi Data version 4.1 and exported to SPSS version 24 for analysis. Bivariate and multivariate analyses were done, and the degree of association was measured by using the odds ratio with 95% CI and significance was declared at a p-value of <0.05. The qualitative data were analyzed thematically using ATLAS-ti version 7.

Results: The overall prevalence of cultural malpractice during pregnancy, childbirth, and the postnatal period was 74.6% [95% CI: 70.59%, 77.49%]. Women over the age of 35 were two times more likely [AOR 2.61, 95% CI, 1.45–4.72] to commit cultural malpractice than women aged 15–24 and 25–34. Those with no antenatal care (ANC) follow-up were three times more likely to commit cultural malpractice [AOR 3.57, 95% CI, 1.72–7.40], those who were absent from health education were nearly two times more likely to commit cultural malpractice [AOR 1.83, 95%CI, 1.25–2.67], and women whose culture allows harmful traditional practices were nearly two times more likely to commit cultural malpractices than their counterparts [AOR 1.69, 95%CI, 1.29–2.54].

Conclusion: In this study, nearly three-fourths of participants were involved in cultural malpractices. Therefore, strengthening community education and behavioral change messages on the importance of ANC and avoiding unhealthy care during pregnancy, childbirth, postnatal and neonatal periods, especially with pregnancy at old age (age > 35), may help to reduce cultural malpractices. (Author)

Full URL: https://doi.org/10.3389/fgwh.2023.1131626

2023-09195

Respecting tribal voices in the development of a gestational diabetes risk reduction preconception counseling program for American Indian/Alaska Native adolescent females: a qualitative study. Moore KR, Stotz SA, Terry MA, et al (2023), BMC Pregnancy and Childbirth vol 23, no 552, August 2023

Background
American Indians and Alaska Natives (AI/AN) are disproportionately affected by adolescent obesity, adolescent pregnancy and gestational diabetes mellitus (GDM). GDM is associated with increased risk for perinatal death, obesity, and subsequent type 2 diabetes (T2D) for the offspring. Moreover, mothers with GDM are also at increased risk for T2D post-partum. Yet few lifestyle interventions exist to reduce GDM risk prior to pregnancy. We describe the process of adapting an existing validated preconception counseling intervention for AI/AN adolescent girls at-risk for GDM and their mothers. Perspectives and recommendations were gathered from a diverse array of stakeholders to assure the new program called Stopping GDM was culturally responsive and developed with tribal voices and perspectives represented.

Methods
We conducted focus groups and individual interviews with multiple AI/AN stakeholders (n = 55). Focus groups and interviews were digitally recorded, transcribed verbatim, and analyzed using a thematic content approach to construct cross-cutting themes across the focus groups and interviews.

Results
Four key themes emerged reflecting issues important to planning a reproductive health intervention: 1) Limited awareness, knowledge, and health education resources about GDM; 2) The importance of acknowledging traditional AI/AN values and the diversity of traditions and culture among AI/AN tribes; 3) The need to cultivate healthy decision-making skills and empower girls to make safe and healthy choices; and 4) Lack of communication about reproductive health between AI/AN mothers and daughters and between AI/AN women and health care professionals.

Conclusion
Findings have been used to inform the cultural tailoring and adaptation of an existing preconception counseling program, originally designed for non-AI/AN adolescent girls with diabetes, for AI/AN adolescents at-risk for GDM in future pregnancies. (Author)

Full URL: https://doi.org/10.1186/s12884-023-05850-9

2023-09142

Navigating and manipulating childbirth services in Afar, Ethiopia: A qualitative study of cultural safety in the birthing room. Hagaman A, Rodriguez HG, Egger E, et al (2023), Social Science and Medicine vol 331, August 2023, 116073

Access to maternal health services has increased in Ethiopia during the past decades. However, increasing the demand for government birthing facility use remains challenging. In Ethiopia's Afar Region, these challenges are amplified given the poorly developed infrastructure, pastoral nature of communities, distinct cultural traditions, and the more nascent health system. This paper features semi-structured interviews with 22 women who were purposively sampled to explore their experiences giving birth in government health facilities in Afar. We used thematic analysis informed by a cultural safety framework to interpret findings. Our findings highlight how women understand, wield, and relinquish power and agency in the delivery room in government health facilities in Afar, Ethiopia. We found that Afari women are treated as 'others', that they manipulate their care as they negotiate 'cultural safety' in the health system, and that they use trust as a pathway towards more cultural safety. As the cultural safety framework calls for recognizing and navigating the diverse and fluid power dynamics of healthcare settings, the onus of negotiating power dynamics cannot be placed on Afari women, who are already multiply marginalized due to their ethnicity and gender. Health systems must adopt cultural safety in order to ensure health quality. Providers, particularly in regions with rich cultural diversity, must be trained in the cultural safety framework in order to be aware of and challenge the multidimensional power dynamics present in health encounters. (Author)

Full URL: https://doi.org/10.1016/j.socscimed.2023.116073

2023-09114

Accidental midwife. O'Connor E (2023), Midwifery Matters no 176, Spring 2023, pp 20-23

The author shares her experience of making the transition from emergency care nurse to midwife, training and working in the remote areas of the Northern Territory of Australia. (MB)

2023-09102

"Failure to progress... or is it?" Observational review. Hoyle K (2023), Midwifery Matters no 176, Spring 2023, p 16

Questions the appropriateness of labour progress guidelines given the physiological and cultural differences between women. (MB)

2023-08472

"This has changed me to be a better mum": A qualitative study exploring how the Australian Nurse-Family Partnership Program contributes to the development of First Nations women's self-efficacy. Massi L, Hickey S, Maidment S-J, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 6, November 2023, pp e613-e622

Background
The Australian Nurse-Family Partnership Program is based on the Nurse-Family Partnership program from the United States, which was designed to support first-time mothers experiencing social and economic disadvantage from early in pregnancy until their child's second birthday. International trials have demonstrated this program measurably improves family environment, maternal competencies, and child development. The Australian program has been tailored for mothers having a First Nations baby.

Aim
This study aimed to understand how the program impacts self-efficacy using a qualitative interpretive approach.

Methods
The study took place in two sites within one Aboriginal Community Controlled Health Service in Meanjin (Brisbane), Australia. Twenty-nine participants were interviewed: first-time mothers having a First Nations baby who had accessed the program (n = 26), their family members (n = 1), and First Nations Elders (n = 2). Interviews were conducted either face-to-face or by telephone, using a yarning tool and method, to explore women's experiences and

perceptions. Yarns were analysed using reflexive thematic analysis.

Findings
Three main themes were generated: 1) sustaining connections and relationships; 2) developing self-belief and personal skills; and 3) achieving transformation and growth. We interpret that when the program facilitates the development of culturally safe relationships with staff and peers, it enables behaviour change, skill development, personal goal setting and achievement, leading to self-efficacy.

Discussion
Located within a community-controlled health service, the program can foster cultural connection, peer support and access to health and social services; all contributing to self-efficacy.

Conclusion
We recommend the program indicators are strengthened to reflect these findings and enable monitoring and reporting of activities that facilitate self-efficacy, growth, and empowerment. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2023.05.010

2023-08378

Exploring satisfaction among women having a First Nations baby at one of three maternity hospitals offering culturally specific continuity of midwife care in Victoria, Australia: A cross-sectional survey. McCalman P, Forster D, Springall T, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 6, November 2023, pp e641-e651

Background
Continuity of midwife care is recommended to redress the inequitable perinatal outcomes experienced by Aboriginal and Torres Strait Islander (First Nations) mothers and babies, however more evidence is needed about First Nations women's views and experiences of their care.

Aims
This study aimed to explore levels of satisfaction among women having a First Nations baby, who received maternity care at one of three maternity services, where new culturally specific midwife continuity models had been recently implemented.

Methods
Women having a First Nations baby who were booked for care at one of three study sites in Naarm (Melbourne), Victoria, were invited to complete one questionnaire during pregnancy and then a follow up questionnaire, 3 months after the birth.

Results
Follow up questionnaires were completed by 213 women, of whom 186 had received continuity of midwife care. Most women rated their pregnancy (80 %) and labour and birth care (81 %) highly ('6 or '7' on a scale of 1–7). Women felt informed, that they had an active say in decisions, that their concerns were taken seriously, and that the midwives were kind, understanding and there when needed. Ratings of inpatient postnatal care were lower (62 %), than care at home (87 %).

Conclusions
Women having a First Nations baby at one of three maternity services, where culturally specific, continuity of midwife care models were implemented reported high levels of satisfaction with care. It is recommended that these programs are upscaled, implemented and sustained. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2023.06.003

2023-08039

Understanding antenatal care use in pastoralist communities: a focused ethnographic study in Kenya. Barako TD, Spiby H, Evans C, et al (2023), African Journal of Midwifery and Women's Health vol 17, no 2, April 2023

Background/Aims
The provision of high-quality antenatal care improves maternal and child health outcomes. Pastoralist communities face unique challenges in accessing healthcare associated with a nomadic, marginalised lifestyle, and have high rates of maternal morbidity and mortality. There is minimal evidence on antenatal care use globally among this group. To

develop optimal services for pastoralist communities, there is an urgent need to understand pastoralist women's use of antenatal care services. This study's aim was to explore experiences of antenatal care among pastoralist communities in Kenya, to identify key barriers and facilitators of uptake.

Methods
This focused ethnographic qualitative study was underpinned by a philosophy of critical realism. A total of 58 participants (women, husbands, traditional birth attendants and nurses) were included. Data were collected using interviews, focus group discussions and observation. Data were collected for 6 months in six villages and five health facilities in a pastoralist region of northern Kenya. Inductive thematic analysis and retroduction were used to identify concepts, structures and mechanisms that influenced antenatal care use.

Results
Pastoralist women's antenatal care experiences and use were linked to two main themes. The first was government policies that incentivised antenatal care use by linking the provision of the baby's health and citizenship records to antenatal care uptake and encouraging traditional birth attendants to adopt defined referral roles. The second highlighted multiple structural barriers that impeded consistent antenatal care uptake, including the pastoralist lifestyle, cultural barriers, health system constraints and a gap in information sharing. The dissonance between these led to partial, sub-optimal use patterns of antenatal care.

Conclusions
Government policy created an impetus for the pastoralist community to use contemporary healthcare services. At the same time, multiple barriers impeded access to services. This explains the partial use of antenatal care services among pastoralist communities. The findings throw doubt on the feasibility of antenatal care guidelines that recommend eight contacts during pregnancy. There is a need to work collaboratively with communities to develop context-specific models of care. (Author)

2023-06711

Human Rights in Childbearing 10. Acknowledging Islamophobia and Discrimination in Healthcare: The Perinatal Experiences of British Muslims. Shaikh A (2023), The Practising Midwife vol 26, no 6, June 2023, pp 14-17

This article draws on discoveries and insights gained from a five-year research project for a PhD on British Muslims' experiences of pregnancy and birth, rooted in a decolonial and trauma-aware approach. The article highlights the need to support religious and spiritual beliefs during the birth experience and the need to be mindful of the complex intersection of race and religious discrimination, in particular Islamophobia in perinatal care. A solution to the lack of understanding of healthcare needs of Muslims during perinatal period would be a collaborative community-based approach. (Author)

2023-06674

Indigenous birth support worker (IBSW) program evaluation: a qualitative analysis of program workers and clients' perspectives. Pandey M, Smith L, MacZek N, et al (2023), BMC Pregnancy and Childbirth vol 23, no 367, June 2023

Background
The Indigenous Birth Support Worker (IBSW) Program provides Indigenous women with respectful, culturally safe, and trauma-informed care and supports women and families during labor and delivery. Located in the Jim Pattison Children's Hospital (JPCH) Maternal Care Centre in Saskatoon, Saskatchewan, Canada, the program served 1023 clients between December 2019 and January 2021.

Methods
The study objective was to explore the perspectives of the IBSWs and program clients one year post-implementation. The research plan was developed in collaboration with the IBSW program director and manager, IBSWs, and partners from the First Nation and Métis Health departments within the health region. A focus group with four IBSWs and individual interviews with ten clients who received services were conducted using a qualitative research design.

Results
Thematic analysis revealed that clients greatly appreciated and respected the IBSWs' cultural support and their compassionate, nonjudgmental, and safe care. IBSWs emphasized the importance of culturally safe and client-centered treatment, more effective pain management solutions, and that relationships with Elders and

community healthcare personnel should be built and strengthened to improve pregnancy and postnatal care delivery. IBSWs desire to work with community healthcare providers to provide prenatal care and build relationships before delivery. IBSWs advocated for collaborative cooperation with community healthcare professionals and rural healthcare teams to enable a smooth care flow to and from communities.

Conclusion
The Indigenous Birth Support Worker (IBSW) Program provides safe and client-centred care to Indigenous women during pregnancy, labour, and postpartum, consistent with the six principles proposed by BC perinatal services. IBSWs advocate for and assist Indigenous women in obtaining quality healthcare, provide traditional and cultural support, and positively affect mental health. However, the evaluation has revealed that healthcare provider insensitivity towards Indigenous clients persists. There is a need for greater role clarity and collaboration with healthcare practitioners to ensure evidence-based healthcare of the highest standard. This requires a commitment to addressing systemic issues and implementing broader calls to action and justice proposed by the Truth and Reconciliation Commission Calls to Action, the Missing and Murdered Indigenous Women and Girls Calls for Justice, and the United Nations Declaration on the Rights of Indigenous Peoples. The IBSW program offers vital support to Indigenous women during childbirth, but it must be viewed in the context of ongoing colonialism and the need for reconciliation and decolonization, requiring genuine collaboration with Indigenous peoples. (Author)

Full URL: https://doi.org/10.1186/s12884-023-05695-2

2023-06286

The perspectives of ethnic minority women on the barriers to engaging with perinatal mental health services. Dougan FA (2023), MIDIRS Midwifery Digest vol 33, no 2, June 2023, pp 130-134

Background and rationale
The incidence of perinatal mental illness may be higher in ethnic minority women (Watson et al 2019) — yet women from ethnic minority groups are less likely to be asked about their mental wellbeing (Redshaw & Henderson 2016). The consequences of perinatal mental illness may be catastrophic. Current evidence suggests that there is a clear disparity in the utilisation of perinatal mental health services between ethnic groups (Jankovic et al 2020). This is of serious concern and warrants appropriate investigation. The perspectives of ethnic minority women on the barriers to engaging with perinatal mental health services have the potential to underpin effective policy making, future strategic actions and delivery of services.
Literature review findings
This literature review has identified a number of barriers contributing to the underutilisation of perinatal mental health services among ethnic minority women. These include fear of stigmatisation, inadequate mental health literacy and variation in the conceptualisation of symptoms. In addition, there is a complex interplay of cultural and contextual factors. Nonetheless, these barriers may be mitigated through effective policy making and appropriate interventions, that aims to improve outcomes for ethnic minority women.
Recommendations for practice
Unconscious bias training, with a strong anti-stigma component may be pivotal in diminishing feelings of stigmatisation among ethnic minority women. Furthermore, the availability of community support groups may also improve engagement with perinatal mental health services. In addition, an appropriate cultural competency assessment tool may need to be developed to assess the cultural competency of the midwifery workforce. (Author)

2023-06084

Maternity services: evidence to support improvement. National Institute for Health and Care Research (NIHR), Imison C (2023), May 2023, online

Maternity care aims to be safe, effective and responsive at all times. For the great majority, pregnancy and childbirth is a positive and happy experience that culminates in a healthy mother and baby. But on the rare occasions when things go wrong, the effects are life changing.
The rates of stillbirth and neonatal deaths have fallen by around 20% since 2010. However, recent years have also seen a decline in other indicators of safety and quality and notable failings in some hospitals. Outcomes for black and Asian women and those from more deprived areas in the UK were significantly worse.
As the recent NHS England Three Year Delivery plan (2023) for maternity and neonatal services points out, some families have experienced unacceptable care, trauma, and loss, and have challenged the NHS to improve.
This NIHR Collection highlights evidence from NIHR-funded studies and other important research, to support improvement in four areas that are critical to high quality maternity care. They are the following: kind and compassionate care, teamwork with common purpose, identifying poor performance and organisational oversight and

response to challenge.
Evidence points to the need for 1) an open, compassionate, and learning culture to be promoted by hospital boards and clinical leaders across their organisation and within clinical teams; 2) team development to be enabled so that team members understand the team's objectives and each other's roles and competencies; 3) women to be empowered to be involved in decisions about their care through effective communication and information sharing; 4) high-quality bereavement care that is compassionate and sensitive to the needs of individual families; 5) staff training to include cultural awareness and team-based learning; 6) continuity of care to be prioritised in the organisation of care so that women have a named midwife and 7) strong clinical and quality governance; learning from and taking action on clinical and patient experience data including severe complications of pregnancy and deaths.
The wider system needs to support these key areas, for example, by ensuring safe staffing levels and a high quality care environment. (Author, edited)

Full URL: https://evidence.nihr.ac.uk/collection/maternity-services-evidence-to-support-improvement/

2023-05841

Listening to women: operationalising the Quality Maternal and Newborn Care Framework to improve maternity care quality and health outcomes for marginalised women and childbearing people. Ibrahim BB (2023), International Journal of Birth and Parent Education vol 10, no 3, April 2023, pp 8-13

This article translates findings from a study of women's experiences of pregnancy and birth after cesarean to operationalise the Quality Maternal and Newborn Care (QMNC) Framework into practice recommendations. Recommendations are provided for birth care practitioners to improve care for women with a history of cesarean. These recommendations may be widely applied to promote provision of high quality, respectful birth care for all women and birthing people. By improving the quality of care for those who have been marginalised and are at higher risk for negative birth outcomes, we may work toward improving maternal health inequities. (Author)

2023-05747

Giving birth in a good way when it must take place away from home: Participatory research into visions of Inuit families and their Montreal-based medical providers. Silver H, Tukalak S, Sarmiento I, et al (2023), Birth vol 50, no 4, December 2023, pp 781-788

Background
Transferring pregnant women out of their communities for childbirth continues to affect Inuit women living in Nunavik—Inuit territory in Northern Quebec. With estimates of maternal evacuation rates in the region between 14% and 33%, we examine how to support culturally safe birth for Inuit families when birth must take place away from home.

Methods
A participatory research approach explored perceptions of Inuit families and their perinatal healthcare providers in Montreal for culturally safe birth, or "birth in a good way" in the context of evacuation, using fuzzy cognitive mapping. We used thematic analysis, fuzzy transitive closure, and an application of Harris' discourse analysis to analyze the maps and synthesize the findings into policy and practice recommendations.

Results
Eighteen maps authored by 8 Inuit and 24 service providers in Montreal generated 17 recommendations related to culturally safe birth in the context of evacuation. Family presence, financial assistance, patient and family engagement, and staff training featured prominently in participant visions. Participants also highlighted the need for culturally adapted services, with provision of traditional foods and the presence of Inuit perinatal care providers. Stakeholder engagement in the research resulted in dissemination of the findings to Inuit national organizations and implementation of several immediate improvements in the cultural safety of flyout births to Montreal.

Conclusions
The findings point toward the need for culturally adapted, family-centered, and Inuit-led services to support birth that is as culturally safe as possible when evacuation is indicated. Application of these recommendations has the potential to benefit Inuit maternal, infant, and family wellness. (Author)

Full URL: https://doi.org/10.1111/birt.12726

2023-05363

The role of social risk factors and engagement with maternity services in ethnic disparities in maternal mortality: A retrospective case note review. Cosstick E, Nirmal R, Cross-Sudworth F, et al (2022), EClinicalMedicine vol 52, October 2022, 101587

Background
Reasons for ethnic disparities in maternal death in the UK are unclear and may be explained by differences in social risk factors and engagement with maternity services.
Methods
In this retrospective systematic case note review, we used anonymised medical records from MBRRACE-UK for all Other than White, and White European/Other women plus a random sample of White British/Irish women who died in pregnancy or up to 1 year afterwards from 01/01/2015 to 12/31/2017. We used a standardised data extraction tool developed from a scoping review to explore social risk factors and engagement with maternity services.
Findings
Of 489 women identified, 219 were eligible for the study and 196 case notes were reviewed, including 103/119 from Other than White groups, 33/37 White European/Other and a random sample of 60/333 White British/Irish. The presence of three or more social risk factors was 11·7% (12/103) in Other than White women, 18·2% (6/33) for White European/Other women and 36·7% (22/60) in White British/Irish women. Across all groups engagement with maternity services was good with 85·5% (148/196) receiving the recommended number of antenatal appointments as was completion of antenatal mental health assessment (123/173, 71·1%). 15·5% (16/103) of Other than White groups had pre-existing co-morbidities and 51·1% (47/92) had previous pregnancy problems while women across White ethnic groups had 3·2% (3/93) and 33·3% (27/81) respectively. Three or more unscheduled healthcare attendances occurred in 60·0% (36/60) of White British/Irish, 39·4% (13/33) in White European/Other and 35·9% (37/103) of Other than White women. Evidence of barriers to following healthcare advice was identified for a fifth of all women. None of the 17 women who required an interpreter received appropriate provision at all key points throughout their maternity care.
Interpretation
Neither increased social risk factors or barriers to engagement with maternity services appear to underlie disparities in maternal mortality. Management of complex social factors and interpreter services need improvement.
Funding
National Institute for Health Research (NIHR) Applied Research Collaboration West Midlands. (Author)

Full URL: https://doi.org/10.1016/j.eclinm.2022.101587

2023-05235

Housing conditions and adverse birth outcomes among Indigenous people in Canada. Shapiro GD, Sheppard AJ, Mashford-Pringle A, et al (2021), Canadian Journal of Public Health vol 112, no 5, October 2021, pp 903-911

Poor housing conditions and household crowding have been identified as important health concerns for Indigenous populations in many countries but have not been explored in relation to adverse birth outcomes in these populations. We investigated housing conditions and adverse birth outcomes in a nationally representative sample of Indigenous people in Canada.

Methods
Data were from a cohort of births between May 2004 and May 2006 created by linking birth and infant death registration data with the 2006 Canadian census. Log-binomial regression was used to examine associations between housing variables (persons per room and needed household repairs) and three adverse birth outcomes: preterm birth (PTB), small-for-gestational-age (SGA) birth, and infant mortality. Separate regression models were run for First Nations, Métis and Inuit mothers, with adjustment for parity and parental socio-economic variables.

Results
Need for major household repairs was associated with a slightly increased risk of PTB among First Nations and Métis mothers (adjusted RRs 1.12 and 1.13, respectively; 95% CI 0.94–1.34 and 0.89–1.44, respectively) and a moderately increased risk of infant death in all three groups (aRR = 1.69, 95% CI 1.00–2.85). Household crowding was also associated with a slightly elevated risk of PTB in all three groups (aRR = 1.10, 95% CI 0.95–1.29) and with an increased risk of infant mortality among First Nations (aRR = 1.57, 95% CI 0.97–2.53).

Conclusion
This study highlights the need to improve understanding of links between housing conditions and perinatal health outcomes in Indigenous populations, including examining cause-specific infant mortality in relation to housing characteristics. (Author)

Full URL: https://doi.org/10.17269/s41997-021-00527-2

2023-05199

Translating evidence into practice: Implementing culturally safe continuity of midwifery care for First Nations women in three maternity services in Victoria, Australia. McLachlan HL, Newton M, McLardie-Hore FE, et al (2022), EClinicalMedicine vol 47, May 2022, 101415

Background: Strategies to improve outcomes for Australian First Nations mothers and babies are urgently needed. Caseload midwifery, where women have midwife-led continuity throughout pregnancy, labour, birth and the early postnatal period, is associated with substantially better perinatal health outcomes, but few First Nations women receive it. We assessed the capacity of four maternity services in Victoria, Australia, to implement, embed, and sustain a culturally responsive caseload midwifery service.

Methods: A prospective, non-randomised research translational study design was used. Site specific culturally responsive caseload models were developed by site working groups in partnership with their First Nations health units and the Victorian Aboriginal Community Controlled Health Organisation. The primary outcome was to increase the proportion of women having a First Nations baby proactively offered and receiving caseload midwifery as measured before and after programme implementation. The study was conducted in Melbourne, Australia. Data collection commenced at the Royal Women's Hospital on 06/03/2017, Joan Kirner Women's and Children's Hospital 01/10/2017 and Mercy Hospital for Women 16/04/2018, with data collection completed at all sites on 31/12/2020.

Findings: The model was successfully implemented in three major metropolitan maternity services between 2017 and 2020. Prior to this, over a similar timeframe, only 5.8% of First Nations women (n = 34) had ever received caseload midwifery at the three sites combined. Of 844 women offered the model, 90% (n = 758) accepted it, of whom 89% (n = 663) received it. Another 40 women received standard caseload. Factors including ongoing staffing crises, prevented the fourth site, in regional Victoria, implementing the model.

Interpretation: Key enablers included co-design of the study and programme implementation with First Nations people, staff cultural competency training, identification of First Nations women (and babies), and regular engagement between caseload midwives and First Nations hospital and community teams. Further work should include a focus on addressing cultural and workforce barriers to implementation of culturally responsive caseload midwifery in regional areas.

Funding: Partnership Grant (# 1110640), Australian National Health and Medical Research Council and La Trobe University.

Keywords: First nations; Implementation science; Midwifery.

Full URL: https://doi.org/10.1016/j.eclinm.2022.101415

2023-04919

Acknowledging religious faith as part of personalised care. Hylton-Potts A (2023), The Student Midwife vol 6, no 2, April 2023, pp 22-25

Alison Hylton-Potts reflects upon her time as a student in 2021 and a practice experience that led her to develop a resource for midwives, focusing on the provision of individualised care to people with different faiths. (Author)

2023-04916

Exploring Jewish Birth and Culturally Sensitive Care. Perlman JF, Hertz A (2023), The Student Midwife vol 6, no 2, April 2023, pp 16-19

A small and vibrant ethnoreligious community, Jewish people account for less than half a percent of the UK population. Often overlooked in wider discourse on cultural competency, Jewish women and families also have specific care needs for their psychological and spiritual safety. This article introduces key concepts relating to childbearing in Judaism as well as Jewish religious life, with a view to supporting students and midwives to provide culturally sensitive maternity care for Jewish families. (Author)

2023-04907

Yoruba Postnatal Practices. Kotun J (2023), The Student Midwife vol 6, no 2, April 2023, pp 6-10

The Yoruba are one of the three major ethnicities in Nigeria predominantly based in the Southwest. Yoruba culture is strongly rooted in honouring family and tradition, with childbirth and new motherhood viewed as a time of extreme vulnerability both physically and spiritually. Yoruba postnatal traditions have developed as a way to heal and strengthen a new mother as well as to protect the newborn. Ultimately, the primary objective is to provide support to the mother-infant dyad to ensure the best possible start on their journey.

As the old Yoruba proverb goes:

"Enikan lonbimo sugbon gbogbo ilu to nto. One person gives birth to a child but the whole community raises the child". (Author)

2023-04881

Koori Maternity Services. Henry S (2023), O & G vol 25, no 1, Autumn 2023

The Koori Maternity Services (KMS) program is a unique model of care, and has proven to be an integral component of the Victorian maternity sector for over 20 years. Approximately 30% of all Aboriginal and Torres Strait Islander families birthing in Victoria will receive some care through the Koori Maternity Services program [unpublished data]. The term Koori refers to Aboriginal people from South Eastern Australia, mainly Victoria and parts of New South Wales, but not all people who access the KMS program are Koori. The KMS program provides access to holistic, culturally safe maternity care for Aboriginal and Torres Strait Islander women, boorai (babies) and their families during pregnancy. Koori Maternity Services also supports non-Aboriginal women having Aboriginal and Torres Strait Islander babies, as well as all carers of Aboriginal and Torres Strait Islander babies – such as grandparents and kinship carers. (Author)

Full URL: https://www.ogmagazine.org.au/25/1-25/koori-maternity-services/

2023-03372

Culture, traditional beliefs and practices during pregnancy among the Madurese tribe in Indonesia. Rachmayanti RD, Diana R, Anwar F, et al (2023), British Journal of Midwifery vol 31, no 3, March 2023

Background
Understanding cultural context is crucial to providing respectful maternity care. This study's aim was to explore pregnancy culture, beliefs and traditions among the Madurese tribe of Indonesia.

Methods
This qualitative study was conducted in the Sumenep district. In-depth interviews and focus group discussions were held with 67 key informants: pregnant women, their family members, traditional birth attendants, and community, religious and traditional/indigenous leaders.

Results
The practices included fourth-and seventh-month rituals, pregnancy massage and behavioural taboos and suggestions. Conclusions Most Madurese tribe practices are harmless. Healthcare providers must appreciate and integrate prevailing traditional beliefs and practices with other efforts to reduce maternal mortality. (Author)

2023-03167

Bi-dimensional acculturation and depressive symptom trajectories from pregnancy to 1 year postpartum in marriage-based immigrant women in Taiwan. Chen HH, Lai JC, Hwang FM, et al (2022), Psychological Medicine vol 52, no 12, September 2022, pp 2290-2298

Background
Childbirth may pose many challenges to the psychological well-being of marriage-based immigrant mothers in interracial marriages, who must negotiate bi-dimensional acculturation – adaptation to the host culture and maintenance of her own heritage culture. We examined the temporal relationships between bi-dimensional acculturation and depressive symptoms from pregnancy to 1 year postpartum among marriage-based immigrant mothers in Taiwan using the cross-lagged structural equation modeling.

Methods
This study recruited 310 immigrant mothers, who were examined in the second and third trimesters, and again at 1

month, 3 months, 6 months, and 1 year postpartum from March 2013 to December 2015. Depressive symptoms and bi-dimensional acculturation were measured using the Edinburgh Postnatal Depression Scale and Bidimensional Acculturation Scale for Marriage-Based Immigrant Women, respectively.

Results
The study found that adaptation to the host culture followed a downward linear trajectory, while maintenance of the mother's own heritage culture followed an upward linear trajectory from pregnancy to 1 year postpartum. All but one cross-lagged path between bi-dimensional acculturation and depressive symptoms was statistically insignificant, though almost all cross-sectional associations were significant. Adaptation to host culture was negatively associated with depressive symptoms at all time points. The association between maintenance of heritage culture and depressive symptoms reversed from positive to negative after 6 months postpartum.

Conclusions
Adaptation to the host culture and maintenance of the mother's heritage culture differed in their associations with maternal depressive symptoms. Health professionals should assist immigrant mothers in adapting to the host culture while supporting their heritage culture in the childbearing period. (Author)

2023-02433

Human Rights in Childbearing 6. A Framework for Teaching Cultural Competence in an Undergraduate Midwifery Programme. Tizard H (2023), The Practising Midwife vol 26, no 2, February 2023, pp 13-17

Culturally-appropriate maternity services are critical to safe and equitable care for birthing people and families, yet inequalities and discrimination impact individuals accessing and working in maternity services daily. Engaging in solutions, academics must embed opportunities to gain knowledge and understanding of race, ethnicity and diversity within undergraduate midwifery curricula – specifically designing learning to promote meaningful student introspection. The aim is to influence future midwives to provide care which sensitively meets the social, cultural and spiritual needs of the person. This article explores pedagogy and the use of a structured flipped classroom in cultural competence within the midwifery programme. (Author)

2023-02381

Traversing Traditions: Prenatal Care and Birthing Practice Preferences Among Black Women in North Florida. Deichen Hansen ME, James BA, Sakinah I, et al (2021), Ethnicity and Disease vol 31, no 2, 2021, pp 227-234

Objectives: Our goal was to explore prenatal practices and birthing experiences among Black women living in an urban North Florida community.

Design: Non-random qualitative study.

Setting: Private spaces at a convenient location selected by the participant.

Participants: Eleven Black women, aged 25-36 years, who were either pregnant or had given birth at least once in the past five years in North Florida.

Methods: Semi-structured interviews were completed in July 2017, followed by thematic analysis of interview transcripts.

Results: Four main themes emerged: a) decision-making strategies for employing alternative childbirth preparation (ie, midwives, birthing centers, and doulas); b) having access to formal community resources to support their desired approaches to perinatal care; c) seeking advice from women with similar perspectives on birthing and parenting; and d) being confident in one’s decisions. Despite seeking to incorporate “alternative” methods into their birthing plans, the majority of our participants ultimately delivered in-hospital.

Conclusions: Preliminary results suggest that culturally relevant and patient-centered decision-making might enhance Black women’s perinatal experience although further research is needed to see if these findings are generalizable to a heterogenous US Black population. Implications for childbirth educators and health care professionals include: 1) recognizing the importance of racially and professionally diverse staffing in obstetric care practices; 2) empowering patients to communicate and achieve their childbirth desires; 3) ensuring an environment that is not only free of discrimination and disrespect, but that embodies respect (as perceived by patients of varied racial backgrounds) and

cultural competence; and, 4) providing access to education and care outside of traditional work hours. (Author)
Full URL: https://doi.org/10.18865/ed.31.2.227

2023-02264

Quality intrapartum care expectations and experiences of women in sub-Saharan African Low and Low Middle-Income Countries: a qualitative meta-synthesis. Ahmed SAE, Mahimbo A, Dawson A (2023), BMC Pregnancy and Childbirth vol 23, no 27, January 2023

Background
Woman-centred maternity care is respectful and responsive to women's needs, values, and preferences. Women's views and expectations regarding the quality of health services during pregnancy and childbirth vary across settings. Despite the need for context-relevant evidence, to our knowledge, no reviews focus on what women in sub-Saharan African Low and Low Middle-Income Countries (LLMICs) regard as quality intrapartum care that can inform quality guidelines in countries.

Methods
We undertook a qualitative meta-synthesis using a framework synthesis to identify the experiences and expectations of women in sub-Saharan African LLMICs with quality intrapartum care. Following a priori protocol, we searched eight databases for primary articles using keywords. We used Covidence to collate citations, remove duplicates, and screen articles using a priori set inclusion and exclusion criteria. Two authors independently screened first the title and abstracts, and the full texts of the papers. Using a data extraction excel sheet, we extracted first-order and second-order constructs relevant to review objectives. The WHO framework for a positive childbirth experience underpinned data analysis.

Results
Of the 7197 identified citations, 30 articles were included in this review. Women's needs during the intrapartum period resonate with what women want globally, however, priorities regarding the components of quality care for women and the urgency to intervene differed in this context given the socio-cultural norms and available resources. Women received sub-quality intrapartum care and global standards for woman-centred care were often compromised. They were mistreated verbally and physically. Women experienced poor communication with their care providers and non-consensual care and were rarely involved in decisions concerning their care. Women were denied the companion of choice due to cultural and structural factors.

Conclusion
To improve care seeking and satisfaction with health services, woman-centred care is necessary for a positive childbirth experience. Women must be meaningfully engaged in the design of health services, accountability frameworks, and evaluation of maternal services. Research is needed to set minimum indicators for woman-centred outcomes for low-resource settings along with actionable strategies to enhance the quality of maternity care based on women's needs and preferences. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05319-1

2023-01845

Training on cultural competency for perinatal mental health peer supporters. Marvin-Dowle K, Oshaghi G, Fair F, et al (2022), British Journal of Midwifery vol 30, no 12, December 2022

Background
Women from migrant or minority ethnic backgrounds are particularly vulnerable to perinatal mental ill health. Peer support can be beneficial for those with perinatal mental ill health. This study's aim was to evaluate a training package combining perinatal mental health and the impact of migration to enable better support for women from ethnic minorities with perinatal mental ill health.

Methods
Peer supporters who undertook training completed a survey immediately afterwards and interviews were conducted 3 months later. A total of 10 peer supporters were trained.

Results
The participants all rated the training as 'excellent' or 'very good' and reported increased awareness of perinatal mental ill health, cultural issues and women's vulnerability. More complex scenarios were requested, given the

multi-factorial nature of many women's needs.

Conclusions
The combined training provided participants from different backgrounds with opportunities to learn from one another. Further evaluation among participants new to peer supporting is required. (Author)

2023-01805

The problems faced by the mothers from two different cultures and cultural practices in infant care. Kuşlu S, Koçak HS (2023), Journal of Neonatal Nursing vol 29, no 5, October 2023, pp 735-740

One of the periods in which traditional cultural practices are used intensively is during infancy. Some cultural practice applications for infants are extremely dangerous and can cause sickness in the baby, injuries, infections, and sequelae, even leading to future death. The objective of this study was to determine infant care problems faced by mothers from two different cultures. The population sample of this cross-sectional study consisted of Turkish and Syrian mothers who applied to Gaziantep province on December 25th and Şehitkamil Station Family Health Centers for any reason. Research data were collected between January 3rd, 2021 and January 5th, 2021 on the data collection form created by the researchers. In the evaluation of data, the number, percentage, mean and standard deviation values, which are descriptive statistics, were checked and the level of significance was accepted as $p < 0.05$. In this study, it was determined that mothers encountered mostly infant diarrhea (60.5%), gas pains (60.5%), and intertrigo (56.2%). The most common problems to which mothers applied practices during infant care were infant diarrhea (100%), fever (100%), putting the baby on easy sleep (99.5%), intertrigo (99.0%), and cough (99.0%). It was determined that the majority of mothers (71.4%) were involved in traditional infant cultural practices and this was significantly higher among Turkish mothers. Nurses, who are primary caregivers should be provided with the knowledge and skills about the importance of safe cultural care practices, both during their undergraduate education and throughout their vocational training. (Author)

2023-01541

Exploring cultural determinants to be integrated into preterm infant care in the neonatal intensive care unit: an integrative literature review. Nyaloko M, Lubbe W, Moloko-Phiri SS, et al (2023), BMC Pregnancy and Childbirth vol 23, no 15, January 2023

Background
Cultural practices are an integral part of childrearing and remain a significant aspect for healthcare professionals to ensure culturally sensitive care, particularly in the neonatal intensive care unit.

Objective
To synthesise literature on the cultural determinants that can be integrated into care of preterm infants admitted into the neonatal intensive care unit.

Methods
The current review followed the integrative literature review steps proposed by Lubbe and colleagues. The registration of the review protocol was in PROSPERO. There was a literature search conducted in the EBSCOhost, PubMed, ScienceDirect and Scopus databases using the search string developed in collaboration with the librarian. Three reviewers employed a three-step screening strategy to screen the articles published in English between 2011 and 2021 that focused on culturally sensitive care. The Johns Hopkins Nursing Evidence-Based Practice Evidence critical appraisal toolkit assessed the methodological quality of the articles included at the full-text screening level.

Results
There were 141 articles retrieved, and 20 included on the full-text screening level; the exclusion of one article was due to a low critical appraisal grade. Four topical themes emerged from 19 articles: spiritual care practices, intragenerational infant-rearing practices, infant physical care practices, and combining treatment practices.

Conclusion
Overall, the findings indicated that parental cultural beliefs and practices mostly influenced infant-rearing practices, emphasising the significance of integrating cultural practices when rendering healthcare services. The recommendation is that healthcare professionals understand various cultural determinants, mainly those specific to the community they serve, to provide culturally sensitive care. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05321-7

2023-00547

Maternity in Colour Project: Increasing Representation Within Maternity. Allan G, Thomas S (2022), The Student Midwife vol 5, no 4, October 2022, pp 26-28

It has been consistently highlighted that a lack of ethnically diverse representation within maternity educational materials has a negative impact on patient care. Teaching resources must be representative of the populations that we serve, to prevent delays in diagnosis and improve clinical care during pregnancy. The lack of representative materials is compounded by the limited clinical imagery available of Black and Brown women and birthing people. The Maternity in Colour project aims to develop a handbook of maternity specific clinical images depicting common variations of pregnancy, birth and postnatal conditions in Black and Brown women, birthing people and their infants. (Author)

2023-00359

How is cultural safety understood and translated into midwifery practice? A scoping review and thematic analysis. Capper TS, Williamson M, Chee R (2023), Nurse Education in Practice vol 66, January 2023, 103507

Aim

To identify and understand the scope of the literature published since January 2008 that explored Australian midwives understanding of cultural safety and how this is translated into their practice when caring for First Nations women and families.

Background

Recognition and understanding of First Nations peoples history and culture and the impact this has on the health and wellbeing of women and their families is essential if the midwife is to promote culturally safe and respectful maternity care. The role and responsibilities of the midwife in ensuring that their practice is culturally safe are now reflected in the Australian professional midwifery codes and standards. Whilst midwifery academics' awareness of cultural safety and how it is taught within midwifery education programs have previously been explored, at present, little is known about midwives' understanding of cultural safety, and how this translates into their clinical practice.

Methods

A Scoping Review was undertaken following Arksey and O'Malley's five step process. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses – Scoping Review extension checklist. Twelve studies met the criteria for inclusion. Thematic analysis was used to analyse the data and organise the results.

Results

Thematic analysis, guided by two predetermined review questions led to the identification of six overarching themes: 'Awareness of deficiencies', 'The importance of meeting women's diverse needs', 'Understanding relationships as a foundation for culturally safe care', 'Working in partnership with others', 'Providing individualised care' and 'Fostering effective relationships and communication'. One sub-theme of the first theme was identified, this was named 'Seeking an understanding of culture'.

Conclusion

Australian midwives' level of understanding of cultural safety and how it is translated into their midwifery practice when caring for First Nations women and their families differ widely. Midwives across Australia require increased and equitable access to appropriate opportunities to improve their knowledge and understanding of cultural safety. Whilst theoretical learning on cultural safety has a place in all midwives annual mandatory training requirements, this should ideally be supplemented, where possible, with opportunities for immersive practice in communities. Immersion was considered the optimal way to gain rich knowledge and understanding to strengthen culturally safe midwifery practice. Continuity models of midwifery care which incorporate the principles of cultural safety should be consistently implemented across Australia. These models enable midwives, women, families, communities, and Aboriginal Support Workers to work in collaboration towards achieving optimal outcomes for mothers and babies.

Study registration

N/A (Author)

2022-10989

Respectful maternity care in the UK using a decolonial lens. Lokugamage AU, Robinson N, Pathberiya SDC, et al (2022), SN Social Sciences vol 2, no 267, 4 December 2022

Respectful maternity care (RMC) is part of a global movement addressing the previous absence of human rights in global safe maternal care guidance. RMC is grounded in kindness, compassion, dignity and respectful working conditions. The decolonisation movement in healthcare seeks to dismantle structural biases set up from a historically white, male, heteronormative Eurocentric medical system. This article applies a decolonising lens to the RMC agenda and examines barriers to its implementation in UK healthcare systems. Searches of peer-reviewed journals about decolonising maternity care in the UK revealed little. Drawing from wider information bases, we examine power imbalances constructed throughout a history of various colonial biases yet lingering in maternity care. The overarching findings of our analysis revealed 3 areas of focus: professional structures and institutional biases; power imbalances between types of staff and stakeholders of care; and person-centred care through a decolonial lens. To uproot inequity and create fairer and more respectful maternity care for women, birthing people and staff, it is vital that contemporary maternity institutions understand the decolonial perspective. This novel enquiry offers a scaffolding to undertake this process. Due to significant differences in colonial history between Western colonising powers, it is important to decolonise with respect to these different territories, histories and challenges. (Author)

Full URL: https://doi.org/10.1007/s43545-022-00576-5

2022-10697

It's OK to ask...the Chinese community. Gavin-Jones T (2022), Running time: 5 minutes, 4 seconds

In this short film, No 4 in the 'It's OK to ask...' series, mothers, midwives and family members give advise to midwives when caring for members of the Chinese community in the UK. (JSM)

Full URL: https://vimeo.com/showcase/9905864

2022-10696

It's OK to ask...the Gypsy and Traveller Community. Gavin-Jones T (2022), Running time: 7 minutes, 15 seconds

In this short film, No 5 in the 'It's OK to ask...' series, two health and social care professionals explain the prejudice faced by members of the Gypsy and Traveller community, and give tips for midwives to help them understand how they can provide excellent midwifery care to this population group. (JSM)

Full URL: https://vimeo.com/showcase/9905864

2022-10695

It's OK to ask...the Roma Community. Gavin-Jones T (2022), Running time: 6 minutes, 17 seconds

In this short film, No 8 in the 'It's OK to ask...' series, Gaba Smolinska-Poffley from the Roma Support Group in London gives an insight into the history of the Roma community, and explains that when communicating with Roma women it is important for midwives to understand that they are a separate ethnic group, whose first language is often Romanesc, with the language of the country they are from as their second language. (JSM)

2022-10692

It's Ok to ask...the Black and African Community. Gavin-Jones T (2022), Running time: 7 minutes, 6 seconds

In this short film, No 3 in the 'It's OK to ask...' series, Joyce McIntyre, Community Ambassador for African Families in the UK, explains that each African country has their own experiences, traditions and rituals around childbirth, and encourages midwives and health care professionals to ask mothers about their ethnicity, culture and how things are done in their country. Young African mothers share their experiences of maternity services in the UK, including their relationships with their midwives and health visitors. Discusses the fact that there are differences between black and white women's bodies and physiology, and that this awareness could help to improve pregnancy outcomes for black women. (JSM)

Full URL: https://vimeo.com/showcase/9905864/video/763472844

2022-10661

It's OK to ask...the Bangladeshi Community. Gavin-Jones T (2022), Running time: 5 minutes, 51 seconds

In this short film, No 2 in the 'It's OK to ask...' series, Shayra Begum from BSC Multicultural Services, explains how those working in maternity services in the UK can accommodate women from the Bangladeshi community, by being aware of language, cultural and religious differences. (JSM)

Full URL: https://vimeo.com/showcase/9905864/video/763462831

2022-10628

It's OK to ask...the South Asian community. Gavin-Jones T (2022), Running time: 10 minutes, 27 seconds

In this short film, No.11 in the 'It's OK to ask' series of Maternity Cultural curiosity films, Ferzan Kusair, Professional Community Influencer, and Faiza Rehman, midwife and Founder of the Raham Project, discuss their experiences of accessing and providing maternity care in the UK. Highlights the need for midwives to be aware of different cultural and religious customs around pregnancy and childbirth, and to ask women from South Asian communities what they would like in order to provide them with the services they want and need, thus empowering women to choose what is best for themselves and their babies. (JSM)

Full URL: https://vimeo.com/showcase/9905864

2022-09845

The needs and experiences of women with gestational diabetes mellitus from minority ethnic backgrounds in high-income nations: A systematic integrative review. Tzotzis L, Hooper M-E, Douglas A, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 2, March 2023, pp 205-216

Background
Gestational diabetes mellitus (GDM) represents a growing challenge worldwide, with significant risks to both the mother and baby that extend beyond the duration of the pregnancy and immediate post-partum period. Women from ethnic minority groups who access GDM care in high-income settings face particular challenges. The aim of this systematic integrative review is to explore the experiences and needs of women with GDM from select ethnic groups in high-income healthcare settings.
Methods
For the purposes of this systematic integrative review, a comprehensive search strategy explored the electronic databases CINAHL, Medline, Web of Science, and Scopus were searched for primary studies that explored the needs and experiences of women with gestational diabetes from select ethnic minority groups living in high-income nations. The ethnicity of the women in the study included: East, South and Southeast Asian, Indian subcontinent, Aboriginal/First Nations, Torres Strait Islander, Pacific Islander, Māori, Middle Eastern, African, or South/Latina American. Studies were assessed with the Crowe Critical Appraisal Tool and findings were synthesised with thematic analysis.
Results
This review included 15 qualitative studies, one mixed method, and one cross-sectional study. Six high-income nations were represented. The voices and experiences of 843 women who originated from at least one ethnic minority group are represented. Four major themes were constructed: psychological impact of GDM, GDM care and education, GDM and sociocultural impact, and GDM and lifestyle changes.
Discussion and conclusion
Limitations exist in the provision of culturally appropriate care to support the management of GDM in women from select ethnic groups in high-income healthcare settings. Women require care that is culturally appropriate, considering the individual needs and cultural practices of the woman. Engaging a woman's partner and family ensures good support is provided. Culturally appropriate care needs to be co-designed with communities so that women are at the centre of their care, avoiding a one-size-fits-all approach. (Author)

2022-09463

Fair compensation and the affective costs for indigenous doulas in Canada: A qualitative study. Cidro J, Wodtke L, Hayward A, et al (2023), Midwifery vol 116, January 2023, 103497

Background
In Canada, Indigenous doulas, or birth workers, who provide continuous, culturally appropriate perinatal support to Indigenous families, build on a long history of Indigenous birth work to provide accessible care to their underserviced communities, but there is little research on how these doulas organize and administer their services.

Methods
Semi-structured interviews were conducted in 2020 with five participants who each represented an Indigenous doula collective in Canada. One interview was conducted in person while the remaining four were conducted over Zoom due to COVID-19. Participants were selected through Internet searches and purposive sampling. Interview transcripts were approved by participants and subsequently coded by the entire research team to identify key themes.

Results
One of the five emergent themes in these responses is the issue of fair compensation, which includes two sub-themes: the need for fair payment models and the high cost of affective labour in the context of cultural responsibility and racial discrimination.

Discussion
Specifically, participants discuss the challenges and limitations of providing high quality care to families with complex needs and who cannot afford to pay for their services while ensuring that they are fairly compensated for their labour. An additional tension arises from these doulas' sense of cultural responsibility to support their kinship networks during one of the most sacred and vulnerable times in their lives within a colonial context of racism and a Western capitalist economy that financializes and medicalizes birth.

Conclusion
These Indigenous birth workers regularly expend more affective labour than mainstream non-racialized counterparts yet are often paid less than a living wage. Though there are community-based doula models across the United States, the United Kingdom, and Sweden that serve underrepresented communities, further research needs to be conducted in the Canadian context to determine an equitable, sustainable pay model for community-based Indigenous doulas that is accessible for all Indigenous families. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103497

2022-09411

A Student Reflective Account. Fofanah M (2022), Midwifery Matters no 174, Autumn 2022, pp 22-24

Provides a critical analysis of how midwives can provide adequate communication, competence and compassionate care to women of ethnic minorities in order to reduce health inequalities. (MB)

2022-09031

Shades of competence? A critical analysis of the cultural competencies of the regulated-health workforce in Aotearoa New Zealand. Heke D, Wilson D, Came H (2019), International Journal for Quality in Health Care vol 31, no 8, October 2019, pp 606-612

Objective
To critically examine, within the New Zealand context, the regulated-health practitioners' cultural competencies, their readiness to deliver culturally responsive health services to Māori (Indigenous peoples) and identify areas for development.

Design
A mixed methods critical analysis of the regulatory bodies' cultural competency standards for health practitioners from their websites.

Setting
The New Zealand regulated-health workforce, legislated by the Health Practitioners' Competency Assurance Act 2003 and the Medical Practitioners Act 2007, requires practitioners to regularly demonstrate cultural competence.

Participants
The information provided on the websites of the 16 professional bodies for regulated-health practitioners.

Full URL: https://doi.org/10.1093/intqhc/mzy227

2022-09030

Racism a Social Determinant of Indigenous Health: Yarning About Cultural Safety and Cultural Competence Strategies to Improve Indigenous Health. Sherwood J, Mohamed J (2020), In: Frawley J, Russell G, Sherwood J (Eds). Cultural competence and the higher education sector. Australian perspectives, policies and practice. Gateway East, Singapore pp 159-174

This chapter includes a record of the opening session of the first National Centre for Cultural Competence (NCCC) conference held in Australia in 2018 and is a yarn between the two of us. We are both Aboriginal women with qualifications in nursing and are members of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). (Author)

Full URL: https://link.springer.com/chapter/10.1007/978-981-15-5362-2_9

2022-09020

Development and validation of a cultural competence questionnaire for health promotion of Iranian midwives. Mobaraki-Asl N, Ghavami Z, Gol MK (2019), Journal of Education and Health Promotion 30 September 2019, online

INTRODUCTION:
Cultural competence is the main component of cultural care; therefore, it is necessary to be aware of its levels. The lack of a suitable tool that can measure cultural competence levels among midwives led us to carry out the present study aiming to develop and validate a cultural competence questionnaire for health promotion of Iranian midwives.

METHODOLOGY:
This methodological study was performed on 302 midwives selected through three-stage cluster sampling method in 2018 in East Azarbaijan Province. The initial tool was designed after qualitative study and searching similar studies. Then, the tool validity was assessed through evaluating the face and content validity in midwives and performing survey and psychometrics. Finally, the data were statistically analyzed by SPSS version 19 through exploratory factor analysis, item analysis, Cronbach's alpha coefficient, and Pearson correlation, at the significant level of <0.05.

RESULTS:
The initial tool was constructed with 42 items in the five-point Likert scale. By eliminating 9 items during face and content validation and 6 items during factor analysis, the final 25-item questionnaire was developed in five areas of theoretical and practical learning, clinical application, cultural skill, cultural excellence, and cultural competence. According to Cronbach's alpha, reliability of the tool was at a good level (0.889) with a confidence interval of 0.95 ($P < 0.001$).

CONCLUSION:
The cultural competence questionnaire for Iranian midwives, with five-factor verification and acceptable validity and reliability can be used in studies considering the components of Iranian culture. (Author)

Full URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6796298/

2022-09014

Cultural competence in healthcare: Our learning from 2017-2020 will shape our future. Biles J (2020), Australian Nursing and Midwifery Journal vol 26, no 11, July-September 2020, pp 20-25

The concept of cultural competence has been a focus of many countries in an attempt to address healthcare inequalities. A variety of literature about cultural competence has been produced (1,2), particularly in the education and health disciplines.

1. Truong M et al. Interventions to improve cultural competency in healthcare: a systematic review of reviews. BMC Health Services Research, 2014, vol 14, no 99.

2. Clifford A et al. Interventions to improve cultural competency in health care for Indigenous peoples of Australia, New Zealand, Canada and the USA: a systematic review. International Journal for Quality in Health Care, vol 27, no 2, April 2015, pp 89-98.

(Author, edited)

2022-08499

What refugee women want from maternity care: a qualitative study. Evans M (2022), British Journal of Midwifery vol 30, no 9, September 2022

Background/Aims
For refugee women, pregnancy and early motherhood can exacerbate poor underlying health, poverty, and deprivation. Despite the wealth of research exploring the experiences of pregnant refugee women, maternity care providers remain unprepared for their unique needs. The aim of this study was to ask what refugee women require from maternity care, reduce adverse risks, and improve maternity care experiences
Methods
Secondary analysis of focus group data from refugee women as part of the 'What women want' White Ribbon Alliance campaign.
Results

Three key themes emerged: feeling safe in the maternity system and in their communities; fair and equal access and treatment in maternity care and the asylum system: building a future in the UK.
Conclusions
Midwives need additional training and education to understand the wider issues of the negative discourse around migration and being an asylum seeker and use this knowledge in practice when caring for women to help them feel safe. (Author)

2022-07986

Exploring barriers to domestic violence screening among culturally and linguistically diverse and migrant women in a regional midwifery setting. Peters P, Harding C, Forde S, et al (2022), Midwifery vol 114, November 2022, 103454

Background
Women are at an increased risk of experiencing domestic violence (DV) from an intimate partner during the antenatal and post-partum period, contributing to poorer health outcomes for mother and baby. The antenatal period presents a critical window of opportunity for screening and intervention. In Australia, screening guidelines vary across state and territory health departments. NSW Health has introduced compulsory antenatal DV screening, however, screening appears to be more commonly deferred for women of CALD and non-English speaking backgrounds suggesting barriers to screening.

Aim
To identify barriers to undertaking DV screening of culturally and linguistically diverse (CALD) and migrant women in a regional setting

Methods
Qualitative semi-structured interviews were conducted with midwives who undertook antenatal DV assessment at a regional hospital in rural New South Wales serving a high CALD and migrant population.

Findings
Eleven midwives participated in the interviews. Four emergent themes were apparent as barriers to DV screening: communications challenges, including literacy and use of interpreters, issues with maternity services including lack of flexibility and continuity, a woman's family issues and cultural difficulties.

Conclusion
The antenatal period presents a critical window for screening and intervention for those living with intimate partner violence from CALD and migrant groups. While it is acknowledged that there are complex language, maternity service, family and cultural barriers that impact on the ability to undertake screening in a regional setting, recognising these is the first step in addressing them and being able to intervene to break the DV cycle. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103454

2022-07550

Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. Fiolet R, Woods C, Moana AH, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 2, March 2023, pp e254-e262

Background
Since colonisation, Aboriginal and Torres Strait Islander peoples have experienced violence, loss of land, ongoing discrimination and increased exposure to traumatic events. These include adverse childhood experiences which can lead to complex trauma, and are associated with increased incidence of high-risk pregnancies, birth complications and emergence of post-traumatic symptoms during the perinatal period, potentially impacting parenting and leading to intergenerational trauma. The perinatal period offers unique opportunities for processing experiences of trauma and healing yet can also be a time when parents experience complex trauma-related distress. Therefore, it is essential that trauma-aware culturally safe perinatal care is accessible to Aboriginal and Torres Strait Islander parents.
Aim
This study aimed to understand community perspectives of what 'trauma-aware culturally safe perinatal care' would look like for Aboriginal and Torres Strait Islander parents.
Methods
Data were collected during a workshop held with predominantly Aboriginal and Torres Strait Islander key stakeholders to co-design strategies to foster trauma-aware culturally safe perinatal care. Data were thematically analysed.

Findings
Four overarching themes represent proposed goals for trauma-aware culturally safe care: Authentic partnerships that are nurtured and invested in to provide the foundations of care; a skilled workforce educated in trauma awareness; empowering and compassionate care for building trust; and safe and accessible environments to facilitate parent engagement.
Conclusions
Provision of trauma-aware culturally safe care achieving these goals is likely to enable parents experiencing complex trauma to access appropriate support and care to foster healing in the critical perinatal period. (Author)

2022-07051

Culturally Competent Care for Native American and Alaska Native Childbearing Families. Callister LC (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 4, July/August 2022, p 230

First Nations, Native American, Alaska Native childbearing women, or Aboriginal childbearing women and their families are vulnerable groups at risk for adverse maternal and infant outcomes, including higher rates of preterm birth and maternal and infant mortality. Our global health and nursing expert, Dr. Callister, provides an overview and suggestions for culturally competent care. (Author)

2022-06696

Invisible. Maternity experiences of Muslim women from racialised minority communities. Gohir S (2022), July 2022. 220 pages

This maternity research has been conducted by the Muslim Women's Network UK on behalf of and in partnership with the All Party Parliamentary Group (APPG) on Muslim Women. It aims to raise awareness of the maternity experiences of Muslim women in the UK, with the emphasis of those from Black, Asian and other minority ethnic backgrounds and to better understand the factors influencing the standard of maternity care they receive, which in turn could be contributing to the inequality in outcomes for them and their babies. Acknowledging the diverse ethnic backgrounds of Muslim women, White Muslim women were also included in the research in order to compare their experiences with those of non-White Muslim women and ascertain any differences. The research also aims to reduce inequalities by recommending improvements to the safety and quality of maternity care given to women from racialised minority communities. (Author, edited)

Full URL: https://www.mwnuk.co.uk/go_files/resources/maternity_report_120722.pdf

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2022-06600

Trust, privacy, community, and culture: Important elements of maternity care for Aboriginal and Torres Strait Islander women giving birth in Victoria. McCalman P, McLardie-Hore F, Newton M, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 1, February 2023, pp e150-e160

Background
The Australian maternity system must enhance its capacity to meet the needs of Aboriginal and Torres Strait Islander (First Nations) mothers and babies, however evidence regarding what is important to women is limited.
Aims
The aim of this study was to explore what women having a First Nations baby rate as important for their maternity care as well as what life stressors they may be experiencing.
Methods
Women having a First Nations baby who booked for care at one of three urban Victorian maternity services were invited to complete a questionnaire.
Results
343 women from 76 different language groups across Australia. Almost one third of women reported high levels of psychological distress, mental illness and/or were dealing with serious illness or death of relatives or friends. Almost one quarter reported three or more coinciding life stressors. Factors rated as most important were privacy and confidentiality (98 %), feeling that staff were trustworthy (97 %), unrestricted access to support people during pregnancy appointments, (87 %) birth (66 %) and postnatally (75 %), midwife home visits (78 %), female carers (66 %), culturally appropriate artwork, brochures (68 %) and access to Elders (65 %).
Conclusions
This study provides important information about what matters to women who are having a First Nations baby in Victoria, Australia, bringing to the forefront social and cultural complexities experienced by many women that need to be considered in programme planning. It is paramount that maternity services partner with First Nations

communities to implement culturally secure programmes that respond to the needs of local communities. (Author)
Full URL: https://doi.org/10.1016/j.wombi.2022.06.001

2022-06250

Decolonizing motherhood: Exampining birthing experiences of urban indigenous women in Nova Scotia. McCarney KR (2019), Spring 2019

While much as been written about how colonization has been accomplished through the disruption of motherhood, less is known about how Indigenous women's birthing experiences have been shaped by continual colonization, or how birthing is, or can be part of the decolonizing movement. This thesis, while focusing broadly on the relationship between motherhood, health, and the effects of colonization, explores urban Indigenous women's birthing experiences in Nova Scotia. This inquiry was framed by the Indigenous theoretical concept of Two-Eyed Seeing that is used to examine pressing health and social problems experienced by Indigenous people, as well as postcolonial and Indigenous feminist theory. Employing an Indigenous informed methodology, a talking circle with ten self-identified urban Indigenous mothers was held in a community gathering space in Halifax, Nova Scotia. In addition, seven qualitative interviews were conducted with mothers that attended the talking circle in order to determine their perceptions and experiences of birth in hospital settings. The results show that mothers experienced individual and institutional discrimination, and that Indigenous birthing practices were desired, yet unrealized due to structural barriers. This thesis argues that the current healthcare system in Nova Scotia fails to meet the needs of urban Indigenous mothers during the birthing experience because it fails to embrace culturally informed birthing knowledges. The incorporation of Indigenous birth
knowledges into practice can address these shortcomings, redefine how we come to understand birth, and better support women of all cultural backgrounds in hospital. This thesis also argues that Indigenous informed midwifery care is the pathway best suited for decolonizing birth. (Author)

Full URL: https://scholar.acadiau.ca/islandora/object/theses%3A3211

2022-06249

Decolonizing Childbirth: Inuit Midwifery and the Return of Delivery to the Canadian North. Gref K (2018), 27 August 2018

Since the 1970s, the mandatory evacuation of Inuit women to southern Canada for hospitalized childbirth has resulted in many negative impacts on communities including a loss of culture in
the form of traditional knowledge and midwifery practices, negative health and social outcomes due to emotional, physical, and economic stressors, and a loss of autonomy and decision-making
in pregnancy and childbirth. Furthermore, it is part of a larger historical pattern of Western biomedicine enforced on northern populations as a method of colonization and assimilation.
Using the framework of colonial governmentality, this research examines two Inuit midwifery programs currently operating in Inuit land-claim areas of Northern Canada—the Inuulitsivik
Maternities in Nunavik, QC and the Rankin Inlet Birthing Centre in Rankin Inlet, NU. A social determinants of health framework is applied to identify the ways in which Inuit midwifery programs provide a holistic and culturally respectful childbirth option by addressing social determinants in a way that the mandatory evacuation system cannot. These programs address maternal health in a holistic community-based model, taking into account cultural and social determinants of health, and provide a viable way of returning birth to the North. This is a return of both the physical birth event and a restoration and revitalization of Inuit childbirth knowledge to the community. Inuit midwifery further works as a force for decolonization, taking into account the historical trauma of colonial medicine and providing a model for Indigenous
midwifery systems across Canada. (Author)

Full URL: https://dalspace.library.dal.ca/bitstream/handle/10222/74142/Gref-Katharina-MA-INTD-August-2018.pdf?sequence=1&isAllowed=y

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2022-06230

The cultural safety journey: an Aboriginal Australian nursing and midwifery context. Best O (2018), In: Best O; Fredericks B eds. Yatdjuligin. Aboriginal and Torres Strait Islander nursing and midwifery care. Cambridge: Cambridge University Press pp 46-64

This chapter explores the framework of cultural safety within nursing and midwifery practice. It discusses cultural safety from the perspectives of both nurses, midwives and clients, with a particular focus on how cultural safety is relevant for Indigenous Australian People. (Author)

Full URL: https://books.google.co.uk/books?hl=en&lr=&id=edtPDwAAQBAJ&oi=fnd&pg=PA46&dq=decolonising+the+midwifery+curriculum&ots=t3rVmZCXxR&sig=I_wXxR7POsrPBcUrLpcQYmJjMnM&redir_esc=y#v=onepage&q&f=false

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2022-06025

"Taking our blindfolds off": acknowledging the vision of First Nations peoples for nursing and midwifery. Sherwood J, West R, Geia L (2021), Australian Journal of Advanced Nursing vol 38, no 1, December 2020 - February 2021, pp 2-5

This editorial responds to a recent reminder from an Elder to acknowledge and respect First Nations ways of knowing, doing, and being as health professionals and researchers. This reminder asked us to critically reflect on our professional stance and practices as nurses, midwives and researchers in the light of the fire that still burns at the Aboriginal tent Embassy and recent dialogues for Australia Day. In light of the international Black Lives Matter movement in 2020, we discuss the importance of our shared roles and responsibilities to continue to challenge racism and oppressive practices in Australian health care. Decolonising nursing and midwifery practice, policy, research, and education approaches offer a clear transformational reform process to address oppressive practices and racism including attitudes, ignorance and bias, generalisations, assumptions, uninformed opinions and commit to developing and embedding cultural safety in the nursing and midwifery profession. (Author)

Full URL: https://www.ajan.com.au/index.php/AJAN/article/view/413/94

2022-05670

Midwives' perceived barriers in communicating about depression with ethnic minority clients. Schouten BC, Westerneng M, Smit A-M, et al (2021), Patient Education and Counseling vol 104, no 10, October 2021, pp 2393-2399

Objective

This study aimed to assess the most influential barriers midwives perceive in communicating about depression-related symptoms with ethnic minority clients.

Methods

In-depth interviews were held with midwives (N = 8) and Moroccan-Dutch women (N = 6) suffering from perinatal depression to identify the most salient communication barriers. Subsequently, an online survey among midwives (N = 60) assessing their perceived barriers and the occurrence of these barriers in practice was administered. Composite scores using the QUOTE methodology were calculated to determine influential barriers.

Results

Three types of barriers emerged from the interviews. Educational-related barriers, client-related barriers and midwife-related barriers. Results of the survey showed that the most influential barriers were educational-related barriers (e.g. lack of culturally sensitive depression screening instruments) and client-related barriers (e.g. cultural taboo about talking about depression).

Conclusion

Culturally sensitive screening instruments for depression and patient education materials should be developed to mitigate the educational-related barriers to communicating about depression. Patient education materials should also target the clients' social environment (e.g. husbands) to help break the cultural taboo about depression.

Practice implications

Based on this study's results, communication strategies to empower both midwives and ethnic minority clients with depression can be developed in a collaborative approach. (Author)

Full URL: https://doi.org/10.1016/j.pec.2021.07.032

2022-04641

A systematic review of EPDS cultural suitability with Indigenous mothers: a global perspective. Chan AW, Reid C, Skeffington P, et al (2021), Archives of Women's Mental Health vol 24, no 3, June 2021, pp 353-365

The Edinburgh Postnatal Depression Scale (EPDS) is used extensively as the "gold standard" perinatal depression and anxiety screening tool. This study contributes to an emerging discussion about the tool's shortcomings, specifically around cultural suitability for use with Indigenous women. A systematic search was conducted in ProQuest, PsycINFO, MEDLINE (Web of Science), PubMed, Scopus, Informit, and CINAHL research databases, and grey literature. The quality of the body of evidence was assessed using the NHMRC Level of Evidence framework. Three studies supported the cultural validation of the EPDS with Indigenous groups in Canada (n = 2) and the USA (n = 1). The remaining eleven Australian studies demonstrated that cultural concerns were suggested by either Indigenous mothers, healthcare

professionals (Indigenous and non-Indigenous), or both, though cultural concerns were more weighted from the perspectives of healthcare professionals. The quality of the evidence was not strong, and thus, there is a critical and urgent need for targeted research in this area. This review identified and recommended Indigenous-specific methodologies that can be adopted for more trustworthy, culturally safe, and effective research in this area. Given that the EPDS is currently considered gold standard in routine perinatal mental health screening practice in countries around the world, these findings raise significant concerns. Using culturally relevant research methodologies, such as the use of mixed-methods design, could lay stronger groundwork for further investigation of the broader utility and cultural relevance of the tool. (Author)

Full URL: https://doi.org/10.1007/s00737-020-01084-2

2022-03769

An intervention for postnatal depression in South Asian women. Hancock D (2022), Journal of Health Visiting vol 10, no 4, April 2022, pp 154-160

Recent research found both improvements and deterioration in young children's health while identifying policies with the potential to reduce inequalities and improve life chances. Dave Hancock explains. (Author)

2022-03233

Access to and interventions to improve maternity care services for immigrant women: a narrative synthesis systematic review. Higginbottom GMA, Evans C, Morgan M, et al (2020), Health Services and Delivery Research vol 8, no 14, March 2020

Background
In 2016, over one-quarter of births in the UK (28.2%) were to foreign-born women. Maternal and perinatal mortality are disproportionately higher among some immigrants depending on country of origin, indicating the presence of deficits in their care pathways and birth outcomes.

Objectives
Our objective was to undertake a systematic review and narrative synthesis of empirical research that focused on access and interventions to improve maternity care for immigrant women, including qualitative, quantitative and mixed-methods studies.

Review methods
An information scientist designed the literature database search strategies (limited to retrieve literature published from 1990 to 2018). All retrieved citations (45,954) were independently screened by two or more team members using a screening tool. We searched grey literature reported in related databases and websites. We contacted stakeholders with subject expertise. In this review we define an immigrant as a person who relocates to the destination country for a minimum of 1 year, with the goal of permanent residence.

Results
We identified 40 studies for inclusion. Immigrant women tended to book and access antenatal care later than the recommended first 10 weeks of pregnancy. Primary factors included limited English-language skills, lack of awareness of availability of the services, lack of understanding of the purpose of antenatal appointments, immigration status and income barriers. Immigrant women had mixed perceptions regarding how health-care professionals (HCPs) had delivered maternity care services. Those with positive perceptions felt that HCPs were caring, confidential and openly communicative. Those with negative views perceived HCPs as rude, discriminatory or insensitive to their cultural and social needs; these women therefore avoided accessing maternity care. We found very few interventions that had focused on improving maternity care for these women and the effectiveness of these interventions has not been rigorously evaluated.

Limitations
Our review findings are limited by the available research evidence related to our review questions. There may be many aspects of immigrant women’s experiences that we have not addressed. For example, few studies exist for perinatal mental health in immigrant women from Eastern European countries (in the review period). Many studies included both immigrant and non-immigrant women.

Conclusions
Available evidence suggests that the experiences of immigrant women in accessing and using maternity care services

in the UK are mixed; however, women largely had poor experiences. Contributing factors included a lack of language support, cultural insensitivity, discrimination and poor relationships between immigrant women and HCPs. Furthermore, a lack of knowledge of legal entitlements and guidelines on the provision of welfare support and maternity care to immigrants compounds this.

Future work
Studies are required on the development of interventions and rigorous scientific evaluation of these interventions. Development and evaluation of online antenatal education resources in multiple languages. Development and appraisal of education packages for HCPs focused on the provision of culturally safe practice for the UK's diverse population. The NHS in the UK has a hugely diverse workforce with a vast untapped linguistic resource; strategies could be developed to harness this resource.

Study registration
This study is registered as PROSPERO CRD42015023605.

Funding
This project was funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research programme and will be published in full in Health Services and Delivery Research; Vol. 8, No. 14. See the NIHR Journals Library website for further project information. (Author)

Full URL: https://doi.org/10.3310/hsdr08140

2022-02778

Factors influencing Aboriginal and Torres Strait Islander women's breastfeeding practice: A scoping narrative review. Zheng CX, Atchan M, Hartz D, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 1, February 2023, pp 11-16

Background
The nutritional and health benefits of breastfeeding for infants and young children are well-established however rates of breastfeeding initiation and duration for Aboriginal and Torres Strait Islander children are lower than non-Indigenous children.
Aim
To describe factors influencing breastfeeding practice amongst Aboriginal and Torres Strait Islander women.
Methods
A scoping narrative review was conducted using the Joanna Briggs Institute framework. A search was conducted in four online databases (PubMed, Scopus, ANU SuperSearch, and Science Direct). Findings were analysed using [[30]] narrative synthesis.
Findings
This review included 9 journal articles, a conference summary and a book. This review identified four factors influencing women's breastfeeding practice; sources of support, culturally appropriate care, intention to breastfeed and social determinants.
Conclusion
Multiple social determinants resulting from colonization have interrupted traditional infant feeding practices and women's sources of support. Although Aboriginal and Torres Strait Islander women have strong intention to breastfeed, their breastfeeding outcomes are impacted by lack of pro-breastfeeding support when encountering breastfeeding challenges as well as norms surrounding the use of infant formula milk. Culturally appropriate care is essential for identifying women's needs and avoiding stereotyping. Further research is needed to investigate the effectiveness of breastfeeding interventions for this group of women. (Author)

2022-02371

Why culture counts. Rasul A (2022), Community Practitioner vol 95, no 2, March/April 2022, pp 34-37

Alis Rasul looks into a recent evaluation of how the mental health of BAME Muslim families can be supported when health visitors deliver a culturally sensitive early intervention parenting programme. (Author)

2022-01435

Culturally competent care in the neonatal intensive care unit, strategies to address outcome disparities. Torr C (2022), Journal of Perinatology vol 42, no 10, October 2022, pp pages1424–1427

In the past two years, we have witnessed social unrest, the unequal effects of a pandemic across our society, and a focus on how systems in the United States produce unequal outcomes along racial and cultural divides. With increased national awareness, there has also been a call for change in healthcare, specifically racial inequities in Neonatal Intensive Care Unit (NICU) outcomes (1). While race may be a data point used to classify outcomes, it has no basis in biology, and merely identifying it does not make it simple to address. To address these inequities we need to look past the social construct of race and to the social aspects of our care in the NICU. Focusing on small and large changes that we can make as individuals, units, and as a specialty that can improve the care and outcomes of this at-risk patient population. This perspective focuses on culturally congruent care, trauma-informed care, and other approaches to reduce disparities in neonatal outcomes. (Author)

2022-01242

Examining the transformative potential of emotion in education: A new measure of nursing and midwifery students' emotional learning in first peoples' cultural safety. Mills K, Creedy DK, Sunderland N, et al (2021), Nurse Education Today vol 100, May 2021, 104854

Background
There is growing evidence that non-Indigenous health students engage with cultural safety content in complex emotional ways. Identifying those emotions may contribute to transformative learning.

Objectives
To develop and test a measure of student emotion using an approach that centres relevant theory and First Peoples' perspectives, values and lived realities.

Design
This study used a descriptive, cohort design.

Participants and setting
All health professional students enrolled in an undergraduate Australian First Peoples health course (n = 616) were invited to complete an online survey.

Methods
A staged approach to tool development included: (1) item generation; (2) response selection; (3) expert review; (4) pilot testing, and (5) psychometric testing of the 20-item draft tool. Tests included item analysis, principal components analysis with varimax rotation, subscale analysis, and internal reliability.

Results
One hundred and nine surveys were analysed (17.7% response rate) predominantly from nursing and midwifery students (n = 96, 88.1%). Testing resulted in the development of the two-scaled Student Emotional Learning in Cultural Safety Instrument (SELCSI). The 12-item Witnessing scale revealed three factors explaining 62.17% of variance, and the 8-item Comfort scale had two factors explaining 67.62% of the variance. Cronbach's alpha showed good internal consistency (Witnessing scale $\alpha = 0.78$; Comfort scale $\alpha = 0.88$). There was a correlation between mean Witnessing (M = 50.06, SD 5.66) and Comfort (M = 32.44, SD 5.01) scores ($r = 0.47$, $p < 0.001$, 95% CI [0.304–0.643]).

Conclusions
The two scales of students' emotional learning were found to have preliminary validity and reliability. Use of the tool has important theoretical, pedagogical and methodological considerations for cultural safety in nursing and midwifery education. This tool may contribute to understanding how nursing and midwifery students learn to practice in culturally safe ways. (Author)

2022-00260

Are Indigenous research principles incorporated into maternal health research? A scoping review of the global literature. Patterson K, Sargeant J, Yang S, et al (2022), Social Science and Medicine vol 292, January 2022, 114629

Background
Indigenous women world-wide are diverse and heterogenous, yet many have similar experiences of colonization, land dispossession, and discrimination. These experiences along with inequitable access to, and quality of, maternal healthcare increase adverse maternal health outcomes. To improve health outcomes for Indigenous women, studies must be conducted with Indigenous involvement and reflect Indigenous research principles.

Objectives/Aim: The aim of this review was to explore the range, extent, and nature of Indigenous maternal health research and to assess the reporting of Indigenous research principles in the global Indigenous maternal health literature.

Methods
Following a systematic scoping review protocol, four scholarly electronic databases were searched. Articles were included if they reported empirical research published between 2000 and 2019 and had a focus on Indigenous maternal health. Descriptive data were extracted from relevant articles and descriptive analysis was conducted. Included articles were also assessed for reporting of Indigenous research principles, including Indigenous involvement, context of colonization, Indigenous conceptualizations of health, community benefits, knowledge dissemination to participants or communities, and policy or intervention recommendations.

Results
Four-hundred and forty-one articles met the inclusion criteria. While studies were conducted in all continents except Antarctica, less than 3% of articles described research in low-income countries. The most researched topics were access to and quality of maternity care (25%), pregnancy outcome and/or complications (18%), and smoking, alcohol and/or drug use during pregnancy (14%). The most common study design was cross-sectional (49%), and the majority of articles used quantitative methods only (68%). Less than 2% of articles described or reported all Indigenous research principles, and 71% of articles did not report on Indigenous People's involvement.

Conclusions
By summarizing the trends in published literature on Indigenous maternal health, we highlight the need for increased geographic representation of Indigenous women, expansion of research to include important but under-researched topics, and meaningful involvement of Indigenous Peoples. (Author)

Full URL: https://doi.org/10.1016/j.socscimed.2021.114629

2021-14280

Healthcare professionals' experiences and perceptions regarding health care of indigenous pregnant women in Ecuador.

Carpio-Arias TV, Verdezoto N, Guijarro-Garvi M, et al (2022), BMC Pregnancy and Childbirth vol 22, no 101, 4 February 2022

Background
Pregnancy is an important life experience that requires uniquely tailored approach to health care. The socio-cultural care practices of indigenous pregnant women (IPW) are passed along the maternal line with respect to identity, worldview and nature. The cultural differences between non-indigenous healthcare professionals (HPs) and IPW could present a great challenge in women's health care. This article presents an analysis from a human rights and gender perspective of this potential cultural divide that could affect the health of the IPW in an Andean region of Ecuador with the objective of describing the health challenges of IPWs as rights holders through the experiences and perceptions of HP as guarantors of rights.

Methods
We conducted 15 in-depth interviews with HPs who care for IPW in Chimborazo, Pichincha provinces of Ecuador. We utilized a semi-structured interview guide including questions about the experiences and perceptions of HPs in delivering health care to IPW. The interviews were recorded, transcribed and subjected to thematic analysis in Spanish and translated for reporting.

Results
We found disagreements and discrepancies in the Ecuadorian health service that led to the ignorance of indigenous cultural values. Common characteristics among the indigenous population such as illiteracy, low income and the age of pregnancy are important challenges for the health system. The gender approach highlights the enormous challenges: machismo, gender stereotypes and communication problems that IPWs face in accessing quality healthcare.

Conclusions
Understanding the diverse perspectives of IPW, acknowledging their human rights particularly those related to gender, has the potential to lead to more comprehensive and respectful health care delivery in Ecuador. Further, recognizing there is a gender and power differential between the provider and the IPW can lead to improvements in

the quality of health care delivery and reproductive, maternal and child health outcomes. (Author)
Full URL: https://doi.org/10.1186/s12884-022-04432-5

2021-13926

Translation to practice of cultural safety education in nursing and midwifery: A realist review. Wilson C, Crawford K, Adams K (2022), Nurse Education Today vol 110, March 2022, 105265

Objectives
Health inequities exist for racial groups as a result of political, societal, historical and economic injustices, such as colonisation and racism. To address this, health professions have applied various health education pedagogies to equip learners to contribute better to cultural safety. The aim of this realist review was to provide an overview of cultural safety programs that evaluate transition of learning to practice to generate program theory as to what strategies best translate cultural safety theory to practice for nurses and midwives.

Design
A systematic review following realist review publication standards.

Data sources
Nine papers were selected from six databases, from inception to January 2020. Any article that evaluated nurses and midwives practice change following participation in cultural safety education programs was included.

Review methods
A realist review was undertaken to refine cultural safety education program theory. This involved an initial broad search of literature, research team consultation, systematic literature search with refinement of the inclusion criteria. For each included article the context, mechanism and outcomes were extracted and analysed.

Results
Three program theories resulted. Firstly, system and structural leadership to drive the change process, including adoption of policy and accreditation standards and involvement of the community impacted by health inequity. Second critical pedagogy to reveal institutional and individual racist behaviours and third, nurse and midwife commitment to cultural safety.

Conclusion
Change in practice to achieve cultural safety is complex, requiring a multi-system approach. Cultural safety education programs adopting critical pedagogy is necessary for critical consciousness building by nurses and midwives to have impact. However, this is only one part of this interdependent change process. Involvement of those communities experiencing culturally unsafe practice is also necessary for program effectiveness. Further research is required to examine the effectiveness of coordinated multi-system approaches, alongside, nurse and midwife commitment for cultural safety. (Author)

2021-13744

Safe birth in cultural safety in southern Mexico: a pragmatic non-inferiority cluster-randomised controlled trial. Sarmiento I, Paredes-Solís S, de Jesús García A, et al (2022), BMC Pregnancy and Childbirth vol 22, no 43, 17 January 2022

Background
Available research on the contribution of traditional midwifery to safe motherhood focuses on retraining and redefining traditional midwives, assuming cultural prominence of Western ways. Our objective was to test if supporting traditional midwives on their own terms increases cultural safety (respect of Indigenous traditions) without worsening maternal health outcomes.

Methods
Pragmatic parallel-group cluster-randomised controlled non-inferiority trial in four municipalities in Guerrero State, southern Mexico, with Nahua, Na savi, Me'phaa and Nancue ñomndaa Indigenous groups. The study included all pregnant women in 80 communities and 30 traditional midwives in 40 intervention communities. Between July 2015 and April 2017, traditional midwives and their apprentices received a monthly stipend and support from a trained intercultural broker, and local official health personnel attended a workshop for improving attitudes towards traditional midwifery. Forty communities in two control municipalities continued with usual health services. Trained Indigenous female interviewers administered a baseline and follow-up household survey, interviewing all women

who reported pregnancy or childbirth in all involved municipalities since January 2016. Primary outcomes included childbirth and neonatal complications, perinatal deaths, and postnatal complications, and secondary outcomes were traditional childbirth (at home, in vertical position, with traditional midwife and family), access and experience in Western healthcare, food intake, reduction of heavy work, and cost of health care.

Results
Among 872 completed pregnancies, women in intervention communities had lower rates of primary outcomes (perinatal deaths or childbirth or neonatal complications) (RD -0.06 95%CI − 0.09 to − 0.02) and reported more traditional childbirths (RD 0.10 95%CI 0.02 to 0.18). Among institutional childbirths, women from intervention communities reported more traditional management of placenta (RD 0.34 95%CI 0.21 to 0.48) but also more non-traditional cold-water baths (RD 0.10 95%CI 0.02 to 0.19). Among home-based childbirths, women from intervention communities had fewer postpartum complications (RD -0.12 95%CI − 0.27 to 0.01).

Conclusions
Supporting traditional midwifery increased culturally safe childbirth without worsening health outcomes. The fixed population size restricted our confidence for inference of non-inferiority for mortality outcomes. Traditional midwifery could contribute to safer birth among Indigenous communities if, instead of attempting to replace traditional practices, health authorities promoted intercultural dialogue.

Trial registration
Retrospectively registered ISRCTN12397283. Trial status: concluded. (Author)

Full URL: https://doi.org/10.1186/s12884-021-04344-w

2021-13686

Heart work: Indigenous doulas responding to challenges of western systems and revitalizing Indigenous birthing care in Canada. Doenmez CFT, Cidro J, Sinclair S, et al (2022), BMC Pregnancy and Childbirth vol 22, no 41, 16 January 2022

Background
In Canada, there has been a significant increase in the training of Indigenous doulas, who provide continuous, culturally appropriate support to Indigenous birthing people during pregnancy, birth, and the postpartum period. The purpose of our project was to interview Indigenous doulas across Canada in order to document how they worked through the logistics of providing doula care and to discern their main challenges and innovations.

Population/setting
Our paper analyzes interviews conducted with members of five Indigenous doula collectives across Canada, from the provinces of British Columbia, Manitoba, Ontario, Quebec and Nova Scotia.

Methods
Semi-structured interviews were conducted with members of the five Indigenous doula collectives across Canada in 2020 as part of the project, “She Walks With Me: Supporting Urban Indigenous Expectant Mothers Through Culturally Based Doulas.” Interview transcripts were approved by participants and subsequently coded by the entire research team to identify key themes.

Results
Our paper examines two themes that emerged in interviews: the main challenges Indigenous doulas describe confronting when working within western systems, and how they navigate and overcome these obstacles. Specifically, interview participants described tensions with the biomedical approach to maternal healthcare and conflicts with the practice of Indigenous infant apprehension. In response to these challenges, Indigenous doulas are working to develop Indigenous-specific doula training curricula, engaging in collective problem-solving, and advocating for the reformation of a grant program in order to fund more Indigenous doulas.

Conclusions
Both the biomedical model of maternal healthcare and the crisis of Indigenous infant apprehension renders Canadian hospitals unsafe and uncomfortable spaces for many Indigenous birthing people and their families. Indigenous doulas are continually navigating these challenges and creatively and concertedly working towards the revitalization of Indigenous birthing care. Indigenous doula care is critical to counter systemic, colonial barriers and issues that disproportionately impact Indigenous families, as well as recentering birth as the foundation of Indigenous

sovereignty and community health. (Author)
Full URL: https://doi.org/10.1186/s12884-021-04333-z

2021-13544

Using participatory action research to co-design perinatal support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma. Reid C, McGee G, Bennetts SK, et al (2021), Women and Birth: Journal of the Australian College of Midwives 24 December 2021, online

Problem & background
Support is important for all parents but critical for those experiencing complex trauma. The The Healing the Past by Nurturing the Future project uses participatory action research to co-design effective perinatal support for Aboriginal and Torres Strait Islander parents.
Aim
This research aims to identify and refine culturally appropriate support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma.
Design
We presented our synthesised eight parent support goals and 60 strategies, collated from Elder and parent focus groups, previous participatory workshops, and evidence reviews, for discussion at a stakeholder workshop. Stakeholder perspectives were captured using a three-point agreement activity and, self- and scribe-recorded comments. Aboriginal and non-Aboriginal researchers analysised the qualitative data, to identify core factors which might facilitate or help enact the parenting related goals.
Findings
Overall, stakeholders (n = 37) strongly endorsed all eight goals. Workshop attendees (57% Aboriginal) represented multiple stakeholder roles including Elder, parent and service provider. Four core factors were identified as crucial for supporting parents to heal from complex trauma: Culture (cultural traditions, practices and strengths), Relationality (family, individual, community and services), Safety (frameworks, choice and control) and Timing (the right time socio-emotionally and stage of parenting).
Discussion
Context-specific support tailored to the Culture, Relationality, Safety, and Timing needs of parents is essential. These four factors are important elements to help enact or facilitate parenting support strategies.
Conclusion
Further work is now required to develop practical resources for parents, and to implement and evaluate these strategies in perinatal care to address cumulative and compounding cycles of intergenerational trauma. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.12.005

2021-13531

Culturally Sensitive Care of Immigrant and Refugee Mothers with Babies in the NICU. Callister LC (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 1, January/February 2022, p 55

Immigrant and refugee mothers with babies in the NICU face many challenges including barriers due to language, culture, unfamiliar hospital procedures, and lack of trust. Our global health and nursing expert, Dr. Callister, reviews recent studies on how to promote effective communication and culturally competent care of this vulnerable population. (Author)

2021-13109

Options for improving low birthweight and prematurity birth outcomes of indigenous and culturally and linguistically diverse infants: a systematic review of the literature using the social-ecological model. Karger S, Bull C, Enticott J, et al (2022), BMC Pregnancy and Childbirth vol 22, no 3, 3 January 2022

Background
Prematurity and low birthweight are more prevalent among Indigenous and Culturally and Linguistically Diverse infants.

Methods
To conduct a systematic review that used the social-ecological model to identify interventions for reducing low birthweight and prematurity among Indigenous or CALD infants. Scopus, PubMed, CINAHL, and Medline electronic databases were searched. Studies included those published in English between 2010 and 2021, conducted in high-income countries, and reported quantitative results from clinical trials, randomized controlled trials, case-control

studies or cohort studies targeting a reduction in preterm birth or low birthweight among Indigenous or CALD infants. Studies were categorized according to the level of the social-ecological model they addressed.

Findings
Nine studies were identified that met the inclusion criteria. Six of these studies reported interventions targeting the organizational level of the social-ecological model. Three studies targeted the policy, community, and interpersonal levels, respectively. Seven studies presented statistically significant reductions in preterm birth or low birthweight among Indigenous or CALD infants. These interventions targeted the policy (n = 1), community (n = 1), interpersonal (n = 1) and organizational (n = 4) levels of the social-ecological model.

Interpretation
Few interventions across high-income countries target the improvement of low birthweight and prematurity birth outcomes among Indigenous or CALD infants. No level of the social-ecological model was found to be more effective than another for improving these outcomes. (Author)

Full URL: https://doi.org/10.1186/s12884-021-04307-1

2021-12540

Codeveloping a multibehavioural mobile phone app to enhance social and emotional well-being and reduce health risks among Aboriginal and Torres Strait Islander women during preconception and pregnancy: a three-phased mixed-methods study. Kennedy M, Kumar R, Ryan NM, et al (2021), BMJ Open vol 11, no 11, November 2021, e055834

Objective Describe the development and pretest of a prototype multibehavioural change app MAMA-EMPOWER.

Design Mixed-methods study reporting three phases: (1) contextual enquiry included stakeholder engagement and qualitative interviews with Aboriginal women, (2) value specification included user-workshop with an Aboriginal researcher, community members and experts, (3) codesign with Aboriginal researchers and community members, followed by a pretest of the app with Aboriginal women, and feedback from qualitative interviews and the user-Mobile Application Rating Scale (U-MARS) survey tool.

Settings Aboriginal women and communities in urban and regional New South Wales, Australia.

Participants Phase 1: interviews, 8 Aboriginal women. Phase 2: workshop, 6 Aboriginal women. Phase 3: app trial, 16 Aboriginal women. U-MARS, 5 Aboriginal women.

Results Phase 1 interviews revealed three themes: current app use, desired app characteristics and implementation. Phase 2 workshop provided guidance for the user experience. Phase 3 app trial assessed all content areas. The highest ratings were for information (mean score of 3.80 out of 5, SD=0.77) and aesthetics (mean score of 3.87 with SD of 0.74), while functionality, engagement and subjective quality had lower scores. Qualitative interviews revealed the acceptability of the app, however, functionality was problematic.

Conclusions Developing a mobile phone app, particularly in an Aboriginal community setting, requires extensive consultation, negotiation and design work. Using a strong theoretical foundation of behavioural change technique's coupled with the consultative approach has added rigour to this process. Using phone apps to implement behavioural interventions in Aboriginal community settings remains a new area for investigation. In the next iteration of the app, we aim to find better ways to personalise the content to women's needs, then ensure full functionality before conducting a larger trial. We predict the process of development will be of interest to other health researchers and practitioners. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2021-055834

2021-12237

A cultural lens on Shared Decision Making (SDM). Esegbona-Adeigbe S (2021), MIDIRS Midwifery Digest vol 31, no 4, December 2021, pp 431-434

Discusses the concept of shared decision making between heath care professionals and service users in midwifery practice. Highlights the importance of using a cultural lens to understand individual perspectives, values and beliefs. (LDO)

2021-12206

Cultural postpartum practices in Asia: implications for UK midwives. Goh K (2021), MIDIRS Midwifery Digest vol 31, no 4, December 2021, pp 485-490

Background: Cultural practices are a significant aspect of the postpartum period for many Asian women. It is therefore essential that midwives and other health care providers maintain awareness of cultural practices and promote evidence-based practice and discussion which has the potential to improve outcomes.
Method: A literature review of postpartum practices prevalent in Asian women's culture. This review focused on: Asian ethnicities living in/likely to live in the United Kingdom (UK), maternal practices only, cultural traditions only. A search was conducted on EBSCOhost and Google Scholar, limited to primary research studies in English in the date range 2012–2020.
Findings: A total of nine articles were included in this review. Along with cultural practices other factors, such as family members, society and media were found to influence the
postpartum period. Cultural traditions, such as confinement, specific diets, postpartum warming, traditional attendant input and family hierarchy, were also explored and highlighted as important for Asian women.
Conclusion: Tradition is a key factor for many Asian women globally. This extends to the postpartum period, with many continuing to uphold these practices despite potential risks.
More education and information should be provided to health care providers to better understand such traditions for greater respect, mutual understanding and subsequent outcomes. (Author)

2021-12075

Exploring the COVID-19 pandemic experience of maternity clinicians in a high migrant population and low COVID-19 prevalence country: A qualitative study. Melov SJ, Galas N, Swain J, et al (2021), Women and Birth: Journal of the Australian College of Midwives 4 November 2021, online

Background
Australia experienced a low prevalence of COVID-19 in 2020 compared to many other countries. However, maternity care has been impacted with hospital policy driven changes in practice. Little qualitative research has investigated maternity clinicians' perception of the impact of COVID-19 in a high-migrant population.
Aim
To investigate maternity clinicians' perceptions of patient experience, service delivery and personal experience in a high-migrant population.
Methods
We conducted semi-structured in-depth interviews with 14 maternity care clinicians in Sydney, New South Wales, Australia. Interviews were conducted from November to December 2020. A reflexive thematic approach was used for data analysis.
Findings
A key theme in the data was 'COVID-19 related travel restrictions result in loss of valued family support for migrant families'. However, partners were often 'stepping-up' into the role of missing overseas relatives. The main theme in clinical care was a shift in healthcare delivery away from optimising patient care to a focus on preservation and safety of health staff.
Discussion
Clinicians were of the view migrant women were deeply affected by the loss of traditional support. However, the benefit may be the potential for greater gender equity and bonding opportunities for partners.
Conflict with professional beneficence principles and values may result in bending rules when a disconnect exists between relaxed community health orders and restrictive hospital protocols during different phases of a pandemic.
Conclusion
This research adds to the literature that migrant women require individualised culturally safe care because of the ongoing impact of loss of support during the COVID-19 pandemic. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.10.011

2021-11289

Waiting houses: birth in the Torres Strait Islands. Bettison H (2021), O & G vol 23, no 2, Winter 2021, pp 21-22

Commentary on maternity care for rural Torres Strait Islander women. Discusses the required relocation of pregnant women to Thursday Island from 36 week's gestation, and the continuity model of care midwifery group practice at Thursday Island Hospital. (LDO)

Full URL: https://www.ogmagazine.org.au/23/2-23/waiting-houses-birth-in-the-torres-strait-islands/

2021-11118

"It took away the joy": First American Mothers' Experiences with Postpartum Depression. Heck JL, Wilson JS, Parker JG (2021), MCN - American Journal of Maternal/Child Nursing 21 September 2021, online

Background: Postpartum depression (PPD) is a devastating mental illness associated with adverse health outcomes for mother, child, and family. Higher PPD prevalence in First American women suggests a racial/ethnic disparity, yet little is known about how PPD is experienced from their perspective.

Purpose: To 1) describe First American women's PPD experiences and the meanings they ascribe to those experiences and 2) describe the cultural knowledge, influences, and practices during the perinatal period.

Study Design and Methods: This phenomenological study used a communitybased participatory research approach. Criterion and snowball sampling captured First American women who had PPD now or in the past (N = 8). Interviews used a semistructured guide and thematic analysis followed.

Results: Mean age was 30.25 years. Most women were multigravidas (n = 7) and rated themselves as "very" (n = 4) or "mostly" (n = 3) Native American. Women were mostly of low socioeconomic status and had a history of depression (n = 7) and/or a history of prenatal depression (n = 6). Themes: 1) stressors that contributed to PPD; 2) how PPD made me feel; 3) what made my PPD better; 4) heritage-centered practices; 5) support through PPD; 6) how I felt after PPD; and 7) am I a good mother?

Clinical Implications: This study provides a better understanding of some First American women's PPD experiences that facilitates judgment of the importance of PPD within a cultural context. Clinicians need to create culturally appropriate responses to First American women's PPD needs. (Author)

2021-11107

Korean Immigrant Women's Postpartum Experiences in the United States. Han M, Goyal D, Lee J, et al (2020), MCN - American Journal of Maternal/Child Nursing vol 45, no 1, January/February 2020, pp 42-48

Background:
Postpartum depression (PPD) affects one in seven women in the United States. Korean Americans are one of the six largest Asian American (AA) subgroups, representing 9% of the AA population in the United States. Women of Asian descent have not always been represented in studies of PPD.

Purpose:
The purpose of this study was to understand postpartum experiences, perceptions of PPD, and mental health help-seeking among Korean women living in the United States.

Methods:
Individual, face-to-face, semistructured interviews of Korean immigrant women, over age 18, who were able to read, write, and speak English or Korean, and who had given birth to a live infant within the past 12 months, were conducted using a qualitative exploratory design. Thematic analysis approach was used to analyze qualitative data The Edinburgh Postnatal Depression Screening Scale (EPDS) was used to assess frequency of depressive symptoms over the past week.

Results:
Eleven women participated. Total EPDS scores ranged from 2 to 17 (mean 6.5, SD = 3.2); three women had scores indicating a high risk for developing PPD. Two overall themes, postpartum experiences and perceptions of PPD and professional help-seeking, along with several subthemes were identified. They included postpartum challenges, importance of keeping Korean postpartum traditions, desire for professional Korean postpartum care, "Sanhoo-Joeri" postpartum support and social networking, normalization of PPD symptoms, family first for health seeking attitude and behavior, and stigma attached to mental health care.

Clinical Implications:
Nurses working with Korean women during postpartum can provide culturally competent care by assessing postpartum care needs, respecting cultural practices, and providing resources such as Korean postpartum care centers Sanhoo-Joeriwon, which can be found in major U.S. cities with large Korean communities (e.g., Los Angeles), and in-home postpartum care providers, Sanhoo-Joerisa. Nurses should be comfortable educating women about normal

signs and symptoms of PPD and those requiring immediate medical follow-up. (Author)

2021-10513

Clinically and Culturally Competent Care for Transgender and Nonbinary People - A Challenge to Providers of Perinatal Care. Roosevelt LK, Pietzmeier S, Reed R (2021), The Journal of Perinatal and Neonatal Nursing vol 35, no 2, April/June 2021, pp 142-149

Transgender and nonbinary people experience high rates of discrimination and stigma in healthcare settings, which have a deleterious effect on their health and well-being. While the preventative healthcare needs of transgender and gender nonbinary people are slowly starting to make their way into nursing curriculum, there is still a very little guidance on how to appropriately and respectfully care for this population during one of the most vulnerable interactions with the healthcare system, the perinatal period. Without exposure or education, nurses are challenged on how to provide compassionate and culturally competent care to transgender and nonbinary people. The focus of this review is to provide guidance to nurses caring for transgender and gender nonbinary people during the perinatal period. Terminology and respectful language, a discussion around the decision to parent, affirming approaches to physical examination, and care during pregnancy and the postpartum period are all discussed. By increasing the number of nurses who are trained to deliver high-quality and affirming care to transgender and nonbinary patients, challenging health inequities associated with provider discrimination can be mitigated. (Author)

2021-10001

Aboriginal and Torres Strait Islander subjects in a Graduate Diploma of Midwifery: A pilot study. Biles J, Biles B, West R, et al (2021), Contemporary Nurse 6 October 2021, online

Background:
Australian Nursing and Midwifery Accreditation Council prescribes midwifery accreditation standards that support students' development in Aboriginal and Torres Strait Islander Health and cultural safety to be deemed practice ready. However, the impact of training programs are not widely explored.

Aim:
This study aimed to assess the impact of a mandatory 8 - week online subject focussed on the development of culturally safe practices among midwifery students.

Methods:
The Ganngaleh nga Yagaleh cultural safety assessment tool was used to collect online quantitative data from post graduate midwifery students at the commencement and completion of an online subject.

Results:
Through a purposive sample (n = 10) participant perceptions of culturally safe practices remained relatively unchanged, except for three items of the Ganngaleh nga Yagaleh cultural safety assessment tool.

Discussion:
Findings demonstrate that when post graduate midwifery students are exposed to Aboriginal and Torres Strait Islander perspectives of Australia's colonial history it impacts their sense of optimism, personal values and beliefs about the healthcare they will provide to Aboriginal and Torres Strait Islander peoples. However, midwifery students who self-identified as Aboriginal and/or Torres Strait Islander people, reported a decline in optimism when imagining a healthcare system free of racism.

Conclusion:
The subject did not impact on cultural safety scores. This may be due to prior learning of student midwives. Educators should consider building on prior knowledge in post graduate midwifery to ensure the content is contextualised to midwifery.

Impact statement:
Understanding of learning outcomes from non- Indigenous and Aboriginal and Torres Strait Islander students in an online midwifery subject. (Author)

2021-09927

Disconnected perspectives: Patient and care provider's experiences of substance use in pregnancy. Mitchell-Foster SM, Emon CE, Brouwer M, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 2, November 2021, pp 170-178

Objective
Generations of colonialism, abuse, racism, and systemic trauma have contributed to Indigenous women in Canada bearing the greatest burden of substance use in pregnancy. Stigma associated with substance use in pregnancy translates into multiple barriers to women engaging in care. Care providers have key interactions that can act as a bridge or a barrier to care.

Methods
Patient journey maps were created for women living with substance use (n = 3) and semi-structured interviews (n = 20) were performed to understand perceptions of maternity-care providers around women with substance use in pregnancy at a regional hospital in northern British Columbia.

Results
Patient journey maps showed overall emotions of hurt, loss, judgment, and anger at their interface with health care during pregnancy. Providers described gaps in knowledge of substance use in pregnancy and harm reduction. Although care providers overall perceived themselves to be providing compassionate care without bias, the patient journey maps suggested profound judgment on behalf of providers.

Conclusion
Ongoing cultural humility and trauma-informed care training along the continuum of care is critical to impacting discrepancies between perceived lack of bias and harm in patient interactions. Acknowledgment of systemic racism's impact on provision of maternity care is critical for health system change.

Synopsis
Front-line care providers and Indigenous women with lived experience of substance use during pregnancy differ markedly in their perceptions of maternity care. (Author)

Full URL: https://doi.org/10.1002/ijgo.13919

2021-09799

On the path to reclaiming Indigenous midwifery: Co-creating the Maternal Infant Support Worker pilot program. Jumah NA, Tyler L, Turuba R, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 2, November 2021, pp 203-210

Objective
The aim of the Maternal Infant Support Worker (MiSW) pilot program was to implement a virtual training program for lay maternal–infant health providers in remote First Nations communities in Northwestern Ontario, Canada.

Methods
The MiSW pilot program was administered jointly by a community college and a university and consisted of a 20-week virtual course followed by a 9-month mentored work placement in the community.

Results
The MiSW pilot program was delivered successfully; 11 of 13 participants received a certificate from a community college. MiSWs provided culturally and linguistically appropriate care to women, infants, and families in their respective communities. MiSWs provided doula support in their communities—a first for our region since the policy of forced evacuation for birth was implemented. MiSWs developed a community of practice for ongoing education, as well as to support each other in their work.

Conclusion
The MiSW pilot program demonstrated that it is possible to provide a virtual training program and then provide continued virtual mentorship as the participants work in their First Nations communities. By prioritizing Indigenous voices above those of the research team, we were able to gain the trust of the MiSWs and maintain engagement with communities. (Author)

Full URL: https://doi.org/10.1002/ijgo.13918

2021-09365

Experiences of using the Edinburgh Postnatal Depression Scale in the context of antenatal care for Aboriginal

mothers: Women and midwives' perspectives. Chan AW, Reid C, Skeffington P, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 4, July 2022, pp 367-377

Problem
Routine administration of the Edinburgh Postnatal Depression Scale (EPDS) is intended to promote early detection and preventative support for those who may be at risk of perinatal depression and anxiety. The cultural suitability of the EPDS has not been validated in the Aboriginal Australian context.
Background
Marked differences in health outcomes and service access between Australian Aboriginal and non-Aboriginal women and infants continue to exist.
Aim
This study aimed to explore the cultural validity of the EPDS through understanding the experiences of Aboriginal women and midwives.
Methods
Qualitative data was drawn from semi-structured interviews/yarns with 13 Perth-based Aboriginal antenatal women and 10 non-Aboriginal midwives.
Findings
Utilising a grounded theory approach, thematic analysis of verbatim transcripts revealed that, surprisingly, women expressed generally favourable views of the EPDS, especially when the relationships between women and midwives were focused on. Midwives, however, expressed reservations about administering the EPDS and used the EPDS as a conversation-starter rather than as a standardised, standalone tool.
Discussion
In attempt to reconcile conflicting perspectives, analysis of recordings extended to evaluate micro-processes in the interviews. At the process level, it was clear that demand characteristics operated in some interviews, including socially desirable response biases, demand biases and acquiescent response styles.
Conclusion
This highlights the need for researchers and clinicians to be trained in non-leading interview questioning techniques and in yarning methodology. Researchers and clinicians should also be aware of the cognitive biases and demand characteristics that may influence responding, likely perpetuated by dominant forces of a colonised society. (Author)

2021-09154

Incorporating Aboriginal women's voices in improving care and reducing risk for women with diabetes in pregnancy - A phenomenological study. Wood AJ, Graham S, Boyle JA, et al (2021), BMC Pregnancy and Childbirth vol 21, no 624, 16 September 2021

Background
There is a high burden of gestational diabetes (GDM) and type 2 diabetes in pregnancy for Aboriginal and Torres Strait Islander women. Postpartum diabetes programs have the potential to prevent recurrent GDM and improve management of type 2 diabetes. However, data on such programs are limited, particularly in the Indigenous context. We aimed to explore Aboriginal Australian women's and health providers' preferences for a program to prevent and improve diabetes after pregnancy.

Methods
A phenomenological methodology underpinned semi-structured in-depth interviews with eleven Aboriginal women and seven health professionals across the Northern Territory from October 2019- February 2020. Interviews were analysed using an inductive analysis framework to address the barriers and enablers of proposed diabetes prevention programs identified by participants.

Results
Identified structural barriers to lifestyle change included: food insecurity, persuasive marketing of unhealthy food options, lack of facilities and cultural inappropriateness of previous programs. Enablers to lifestyle change included: a strong link between a healthy lifestyle and connection with Country, family and community. Suggested strategies to improve lifestyle included: co-designed cooking classes or a community kitchen, team sports and structural change (targeting the social determinants of health). Lifestyle change was preferred over metformin to prevent and manage diabetes after pregnancy by participants and health care providers.

Conclusions
We recommend individual level programs be designed alongside policies that address systemic inequalities. A

postpartum lifestyle program should be co-designed with community members and grounded in Aboriginal conceptions of health to adequality address the health disparities experienced by Aboriginal people in remote communities. (Author)

Full URL: https://doi.org/10.1186/s12884-021-04055-2

2021-09020

Disparities in SARS-CoV-2 positivity among pregnant patients with limited English proficiency. Montoya-Williams D, Mullin AM, Handley SC, et al (2021), Journal of Perinatology vol 41, no 10, October 2021, pp 2564-2565

Correspondence piece aiming to examine the relationship between limited English proficiency (LEP) and SARS-CoV-2 positivity in pregnancy. Results indicate that patients with LEP have an increased risk of testing positive, and this is further demonstrated among Latinx patients in stratified analyses. (LDO)

Full URL: https://doi.org/10.1038/s41372-021-01148-w

2021-08909

Satisfaction of Quechua-speaking indigenous pregnant women from a rural community in Peru with telemonitoring during the COVID-19 pandemic. De La Cruz-Ramirez YM, Olaza-Maguiña AF (2021), International Journal of Gynecology & Obstetrics vol 155, no 2, November 2021, pp 201-202

Although the majority of Quechua-speaking indigenous pregnant women are satisfied with telemonitoring during the COVID-19 pandemic, there are still aspects to improve. (Author)

Full URL: https://doi.org/10.1002/ijgo.13848

2021-08897

Perspectives about smoking cessation during pregnancy and beyond of Aboriginal women in Australia: A qualitative analysis using the COM-B model. Rahman T, Foster J, Fuentes GLH, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 2, November 2021, pp 282-289

Objective

Aboriginal and Torres Strait Islander women (hereafter Aboriginal) and their babies experience poor health outcomes for which smoking is a major risk factor. This paper explores Aboriginal women's perspectives on and experiences of smoking cessation, within and outside pregnancy, and their use of smoking cessation services using the COM-B (Capability, Opportunity, Motivation as determinants of Behaviour) model to understand Aboriginal women's capabilities, opportunities, and motivation for smoking cessation.

Methods

Data came from 11 focus groups conducted in regional New South Wales, Australia, with 80 women aged between 16 and 68 years. Thematic analysis was performed following the COM-B model.

Results

Seven themes related to capability, opportunity, motivation, and smoking cessation behaviors were identified. The themes highlighted that agency, knowledge, and self-efficacy (as capability), a supportive social environment, and access to culturally appropriate services and resources (as opportunities), together with automatic and reflective motivations for quitting, may enable short- or long-term smoking cessation.

Conclusion

Smoking cessation interventions may be more effective if the dynamics of the COM-B factors are considered. Policy and practice changes for further enhancing regional Aboriginal women's psychological capability and supportive social environments, and making smoking cessation services culturally appropriate are warranted. (Author)

Full URL: https://doi.org/10.1002/ijgo.13854

2021-08890

Standing up for your birth rights: An intersectional comparison of obstetric violence and birth positions between Quichua and Egyptian women. Giacomozzi M, De La Torre FF, Khalil M (2021), International Journal of Gynecology & Obstetrics vol 155, no 2, November 2021, pp 247-259

Obstetric violence is a pervasive phenomenon in reproductive health across the world. Denial of the choice in birth position is a common form of obstetric violence as horizontal positions are non–evidence based, yet routinely imposed. This contributes to the cultural barriers to access reproductive health care. The present study compares

women's experiences in childbirth from the Quichua and Egyptian communities, exploring the intersectional factors that contribute to obstetric violence and the adoption of preferred birth positions to offer recommendations on implementing respectful and rights-based reproductive care. Two independent scoping reviews have been carried out and subsequently compared. The intersectional approach revealed how gender, race, and class have a multiplicative effect on the denial of choice in birth position as a form of obstetric violence. This phenomenon exacerbates the pre-existing health disparities that disproportionately affect women, indigenous and racialized groups, and people living in poverty. Culturally competent, multilevel, and multidisciplinary interventions, strengthening of health systems, and community participation are essential to combat discrimination and guarantee birth rights. Allowing women to choose their birth position is a low-hanging fruit to challenge the complex issue of obstetric violence and ensure a rights-based approach to reproductive health. (Author)

Full URL: https://doi.org/10.1002/ijgo.13890

2021-08517

The Experience of Pregnancy in the British Gypsy, Roma and Traveller Communities. Davies S (2021), Association for Improvements in Maternity Services (AIMS) vol 33, no 2, June 2021

Sophie Davies writes about the wide-ranging inequalities and disparities in health care experienced by Gypsy, Roma and Traveller people in the UK. (Author)

Full URL: https://www.aims.org.uk/journal/item/experience-pregnancy-grt-communities

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2021-08110

Organisational barriers to implementing the MAMAACT intervention to improve maternity care for non-Western immigrant women: A qualitative evaluation. Johnsen H, Christensen U, Juhl M, et al (2020), International Journal of Nursing Studies vol 111, November 2020, 103742

Background
In Europe, the number of children born by non-Western immigrant women is rising and these women have an increased risk of negative pregnancy and birth outcomes, compared to the host populations. Several individual and system barriers are associated with immigrant women's access to maternity care. Scientific evaluations of interventions to enhance the health of immigrant women in the maternity setting are lacking, and there is a need for further development of the evidence base on how health care system initiatives may mitigate ethnic inequities in reproductive health. In Denmark, the MAMAACT intervention was developed to improve midwives' as well as non-Western immigrant women's response to pregnancy complications and to promote midwives' intercultural communication and cultural competence. The intervention included a training course for midwives as well as a leaflet and a mobile application. This study focuses on the significance of the antenatal care context surrounding the implementation of the MAMAACT intervention (Id. No: SUND-2018–01).

Objectives
To explore the main organisational barriers, which impacted the intended mechanisms of the MAMAACT intervention in Danish antenatal care.

Design
A qualitative study design was used for data collection and analysis.

Setting
Midwifery visits at ten antenatal facilities affiliated to five Danish maternity wards formed the setting of the study.

Participants and methods
Data consisted of nine focus group interviews with midwives (n = 27), twenty-one in-depth interviews with non-Western immigrant women, forty observations of midwifery visits, and informal conversations with midwives at antenatal care facilities (50 h). Data were initially analysed using systematic text condensation. The candidacy framework was applied for further interpretation of data.

Results
Analysis of data revealed three main categories: 'Permeability of antenatal care services', 'The interpreter as an aid to candidacy´, and 'Local conditions influencing the production of candidacy'.

Conclusions

Several organisational barriers impacted the intended mechanisms of the MAMAACT intervention. Major barriers were incomplete antenatal records, insufficient referrals to specialist care, inadequate interpreter assistance, and lack of local time resources for initiating a needs-based dialogue with the women. Immigrant targeted interventions must be understood as events within complex systems, and training midwives in intercultural communication and cultural competence cannot alone improve system responses to pregnancy complications among immigrant women. Changes in the legal, social, and political context of the health care system are needed to support organisational readiness for the MAMAACT intervention. (Author)

2021-08014

Cultural competence and experiences of maternity health care providers on care for migrant women: A qualitative meta-synthesis. Shorey S, Ng ED, Downe S (2021), Birth vol 48, no 4, December 2021, pp 458-469

Background
The United Nations Sustainable Development Goals 2030 aim to reduce health care inequity and maternal and infant mortality rates amongst marginalized populations. To provide adequate and culturally relevant maternity care for minority ethnic groups, it is imperative to examine health care providers' views on care for migrant women. We reviewed published accounts of views and experiences of maternity health care providers providing maternity care for migrant women as a way of exploring their cultural competency.

Method
A qualitative meta-synthesis was conducted. Systematic searches were conducted in five electronic databases from inception dates through February 2021. Qualitative data were analyzed using a framework thematic analysis based on Campinha-Bacote's five-component cultural competency model.

Findings
Eleven studies were included. Findings were presented according to Campinha-Bacote's model: cultural awareness, cultural knowledge (personal responsibility, familial role and cultural influence, the influence of social and system factors, conflicting maternity care expectations), cultural encounter (language and communication), and cultural desire (establishing trust and going the extra mile, resources to boost culturally competent care).

Discussion
Our findings can inform the design of high-quality behavioral change, health care management, sociological, and other relevant studies, along with reviews of what matters to service users about cultural responsiveness. Our data also suggest that health system constraints can exacerbate the lack of cultural competency. Improving the quality of care for migrant communities will necessitate a joint effort between health care organizations, health care providers, policymakers, and researchers in developing and implementing more culturally relevant maternity care policies and management interventions. (Author)

2021-06372

Pregnancy related cultural food practices among Pakistani women in the UK: a qualitative study. Hussain B, Bardi JN, Fatima T (2021), British Journal of Midwifery vol 29, no 7, July 2021, pp 402-409

Background
Food practices are influenced by cultural traditions which continue to be important among immigrant groups in their new homeland, especially during significant life events, such as marriage, pregnancy and funerals, as well as for religious ceremonies and festivities.

Aim
This study aims to explore pregnancy related food practices among first generation Pakistani women living in the UK.

Methods
A total of 10 first-generation immigrant women were recruited through a voluntary organisation following a convenience sampling technique and were interviewed.

Findings
The data revealed that the women attached different symbolic meanings to their food practices, particularly relating to pregnancy. These findings were based on 1) their understanding of the changes their body experienced during pregnancy and 2) responding to these changes through the consumption and/or avoidance of certain foods.

Conclusion
Understanding the cultural contexts of Pakistani women in the UK is important in order to promote healthy food patterns for that cohort during pregnancy. (Author)

2021-06201

Pregnancy and birth characteristics of Aboriginal twins in two Australian states: a data linkage study. Gibberd AJ, Tyler J, Falster K, et al (2021), BMC Pregnancy and Childbirth vol 21, no 448, 28 June 2021

Introduction
Perinatal outcomes for singleton pregnancies are poorer, on average, for Aboriginal people than non-Aboriginal people, but little is known about Aboriginal multifetal pregnancies. Yet multifetal pregnancies and births are often more complicated and have poorer outcomes than singleton pregnancies. We describe the pregnancies, births and perinatal outcomes for Aboriginal twins born in Western Australia (WA) and New South Wales (NSW) with comparisons to Aboriginal singletons in both states and to non-Aboriginal births in NSW.

Materials and methods
Whole-population birth records and birth and death registrations were linked for all births during 2000–2013 (WA) and 2002–2008 (NSW). Hospital records and the WA Register of Developmental Anomalies - Cerebral Palsy were linked for all WA births and hospital records for a subset of NSW births. Descriptive statistics are reported for maternal and child demographics, maternal health, pregnancy complications, births and perinatal outcomes.

Results
Thirty-four thousand one hundred twenty-seven WA Aboriginal, 32,352 NSW Aboriginal and 601,233 NSW non-Aboriginal births were included. Pregnancy complications were more common among mothers of Aboriginal twins than Aboriginal singletons (e.g. 17% of mothers of WA twins had hypertension/pre-eclampsia/eclampsia vs 8% of mothers of singletons) but similar to mothers of NSW non-Aboriginal twins. Most Aboriginal twins were born in a principal referral, women's or large public hospital. The hospitals were often far from the mother's home (e.g. 31% of mothers of WA Aboriginal twins gave birth at hospitals located more than 3 h by road from their home). Outcomes were worse for Aboriginal liveborn twins than Aboriginal singletons and non-Aboriginal twins (e.g. 58% of NSW Aboriginal twins were preterm compared to 9% of Aboriginal singletons and 49% non-Aboriginal twins).

Conclusions
Mothers of Aboriginal twins faced significant challenges during the pregnancy, birth and the postnatal period in hospital and, in addition to accessible specialist medical care, these mothers may need extra practical and psychosocial support throughout their journey. (Author)

Full URL: https://doi.org/10.1186/s12884-021-03945-9

2021-05799

Diversity differs: a global perspective on diversity, equity and inclusion definitions, priorities and action in reproductive and maternal health practice. King K, Singh N, Bajpai S, et al (2021), The Practising Midwife vol 24, no 7, July/August 2021, pp 18-22

Diversity, equity and inclusion (DEI) are three words that we hear and see in our practice and in all areas of workplace and media development, particularly in the Global North. While each of us will have our own context and definitions of these words and how they impact our practice, what do they mean when we shift our attention to the global agendas of maternal and reproductive health? (Author)

2021-04709

Contraceptives: Ethnic Groups [written answer]. House of Commons (2021), Hansard Written question 11655, 7 June 2021

Jo Churchill responds to a written question asked by Marsha De Cordova to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to tackle disparities in access to contraception experienced by Black, Asian and ethnic minority communities. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-06-07/11655

2021-04480

Midwives' insights in relation to the common barriers in providing effective perinatal care to women from ethnic

minority groups with 'high risk' pregnancies: A qualitative study. Chitongo S, Pezaro S, Fyle J, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 2, March 2022, pp 152-159

Problem
Childbearing women from ethnic minority groups in the United Kingdom (UK) have significantly poorer perinatal outcomes overall.
Background
Childbearing women from ethnic minority groups report having poorer experiences and outcomes in perinatal care, and health professionals report having difficulty in providing effective care to them. Yet barriers in relation to providing such care remain underreported.
Aim
The aim of this study was to elicit midwives' insights in relation to the common barriers in providing effective perinatal care to women from ethnic minority groups with 'high risk' pregnancies and how to overcome these barriers.
Methods
A qualitative study was undertaken in a single obstetric led unit in London, UK. A thematic analysis was undertaken to identify themes from the data.
Findings
A total of 20 midwives participated. They self-identified as White British (n = 7), Black African (n = 7), Black Caribbean (n = 3) and Asian (n = 3). Most (n = 12) had more than 10 years' experience practising as a registered midwife (range 2 – 35 years). Four themes were identified: 1) Communication, 2) Continuity of carer, 3) Policy and 4) Social determinants. Racism and unconscious bias underpin many of the findings presented.
Discussion
Co-created community hubs may improve access to more effective care for childbearing women from ethnic minority groups. A focus on robust anti-racism interventions, continuity of carer, staff wellbeing and education along with the provision of orientation and bespoke translation services are also suggested for the reduction of poorer outcomes and experiences.
Conclusion
Along with policies designed to promote equality and irradicate racism, there is a need for co-created community hubs and continuity of carer in perinatal services. Further research is also required to develop and evaluate culturally safe, and evidence-based interventions designed to address the current disparities apparent. (Author)

2021-04236

Decolonising midwifery education part two: neonatal assessment. Ménage D, Chapman M, Raynor M, et al (2021), The Practising Midwife vol 24, no 6, June 2021, pp 44-49

Assessment of the skin is an important element of neonatal examination. Therefore, midwives need to develop knowledge and skills in this area to recognise changes in the skin and understand what these signify. Historically, teaching in this area has been skewed towards changes seen in newborns with light skin tones, resulting in a gap in clinical knowledge and resources on the assessment of skin in newborns with darker skin tones. This second article, on the decolonisation of midwifery education and practice, focuses on clinical assessment of the skin when examining newborns. (Author)

2021-04235

Decolonising midwifery education part one: how colour aware are you when assessing women with darker skin tones in midwifery practice?. Raynor M, Essat Z, Ménage D, et al (2021), The Practising Midwife vol 24, no 6, June 2021, pp 36-43

In midwifery practice, skin assessment is an important element of any physical examination of women. Fundamentally, key practice recommendations are centred on visual and tactile cues to assist with the identification of changes in skin appearance. Although visual signals are more readily discernible in women with light skin tones, they may be more challenging to detect in women with darker skin tones. As a means of decolonising midwifery theory and practice, this article highlights ways in which midwives can develop confidence in skin assessment when caring for women with dark skin tones. (Author)

2021-03972

Cohort profile: South Australian Aboriginal Birth Cohort (SAABC)—a prospective longitudinal birth cohort. Jamieson LM, Hedges J, Ju X, et al (2021), BMJ Open Vol 11, no 2, February 2021, e043559

Purpose The South Australian Aboriginal Birth Cohort (SAABC) is a prospective, longitudinal birth cohort established to: (1) estimate Aboriginal child dental disease compared with population estimates; (2) determine the efficacy of an

early childhood caries intervention in early versus late infancy; (3) examine if efficacy was sustained over time and; (4) document factors influencing social, behavioural, cognitive, anthropometric, dietary and educational attainment over time.

Participants The original SAABC comprised 449 women pregnant with an Aboriginal child recruited February 2011 to May 2012. At child age 2 years, 324 (74%) participants were retained, at age 3 years, 324 (74%) participants were retained and at age 5 years, 299 (69%) participants were retained. Fieldwork for follow-up at age 7 years is underway, with funding available for follow-up at age 9 years.

Findings to date At baseline, 53% of mothers were aged 14–24 years and 72% had high school or less educational attainment. At age 3 years, dental disease experience was higher among children exposed to the intervention later rather than earlier in infancy. The effect was sustained at age 5 years, but rates were still higher than general child population estimates. Experiences of racism were high among mothers, with impacts on both tooth brushing and toothache. Compared with population estimates, levels of self-efficacy and self-rated oral health of mothers at baseline were low.

Future plans Our data have contributed to a better understanding of the environmental, behavioural, dietary, biological and psychosocial factors contributing to Aboriginal child oral and general health, and social and emotional well-being. This is beneficial in charting the trajectory of cohort participants' health and well-being overtime, particularly in identifying antecedents of chronic diseases which are highly prevalent among Aboriginal Australians. Funding for continued follow-up of the cohort will be sought.

Trial registration number ACTRN12611000111976; Post-results. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2020-043559

2021-03417

Development of the person-centered prenatal care scale for people of color. Afulani PA, Altman MR, Castillo E, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 225, no 4, October 2021, pp 427.e1-427.e13

Background

Given the stark disparities in maternal mortality and adverse birth outcomes among Black, indigenous, and other people of color, there is a need to better understand and measure how individuals from these communities experience their care during pregnancy.

Objective

This study aimed to develop and validate a tool that can be used to measure person-centered prenatal care that reflects the experiences of people of color.

Study Design

We followed standard procedures for scale development—integrated with community-based participatory approaches—to adapt a person-centered maternity care scale that was initially developed and validated for intrapartum care in low-resource countries to reflect the needs and prenatal care experiences of people of color in the United States. The adaptation process included expert reviews with a Community Advisory Board, consisting of community members, community-based health workers, and social service providers from San Francisco, Oakland, and Fresno, to assess content validity. We conducted cognitive interviews with potential respondents to assess the clarity, appropriateness, and relevance of the questions, which were then refined and administered in an online survey to people in California who had given birth in the past year. Data from 293 respondents (84% of whom identified as Black) who received prenatal care were used in psychometric analysis to assess construct and criterion validity and reliability.

Results

Exploratory factor analysis yielded 3 factors with eigenvalues of >1, but with 1 dominant factor. A 34-item version of the person-centered prenatal care scale was developed based on factor analyses and recommendations from the Community Advisory Board. We also developed a 26-item version using stricter criteria for relevance, factor loadings, and uniqueness. Items were grouped into 3 conceptual domains representing subscales for "dignity and respect," "communication and autonomy," and "responsive and supportive care." The Cronbach alphas for the 34-item and the 26-item versions and for the subscales were >0.8. Scores based on the sum of responses for the 2 person-centered prenatal care scale versions and all subscales were standardized to range from 0 to 100, where higher scores indicate more person-centered prenatal care. These scores were correlated with global measures of prenatal care satisfaction suggesting good criterion validity.

Conclusion
We present 2 versions of the person-centered prenatal care scale: a 34-item and a 26-item version. Both versions have high validity and reliability in a sample made up predominantly of Black women. This scale will facilitate measurement to improve person-centered prenatal care for people of color and could contribute to reducing disparities in birth outcomes. The similarity with the original scale also suggests that the person-centered prenatal care may be applicable across different contexts. However, validation with more diverse samples in additional settings is needed. (Author)

Full URL: https://doi.org/10.1016/j.ajog.2021.04.216

2021-03056

A call for action that cannot go to voicemail: Research activism to urgently improve Indigenous perinatal health and wellbeing. Hickey S, Roe Y, Ireland S, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 4, July 2021, pp 303-305

In this call to action, a coalition of Indigenous and non-Indigenous researchers from Australia, Aotearoa New Zealand, United States and Canada argue for the urgent need for adequately funded Indigenous-led solutions to perinatal health inequities for Indigenous families in well-resourced settler-colonial countries. Authors describe examples of successful community-driven programs making a difference and call on all peoples to support and resource Indigenous-led perinatal health services by providing practical actions for individuals and different groups. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.03.011

20210113-79*

Midwifery knowledge of equitable and culturally safe maternity care for Aboriginal women. Marriott R, Reibel T, Barrett T-L, et al (2021), Birth vol 48, no 1, March 2021, pp 132-138

Background
The Birthing on Noongar Boodjar project (NHMRC Partnership Project #GNT1076873) investigated Australian Aboriginal women and midwives' views of culturally safe care during childbearing. This paper reports on midwifery knowledge of Aboriginal women's cultural needs, their perceptions of health systems issues, and their ability to provide equitable and culturally safe care.
Method
A qualitative study framed by an Indigenous methodology and methods which supported inductive, multilayered analyses and consensus-driven interpretations for two clinical midwife data groups (n = 61) drawn from a larger project data set (n = 145) comprising Aboriginal women and midwives.
Findings
Midwives demonstrated limited knowledge of Aboriginal women's cultural childbearing requirements, reported inadequate access to cultural education, substituted references to women-centered care in the absence of culturally relevant knowledge and consistently expressed racialized assumptions. Factors identified by midwives as likely to influence the midwifery workforce enabling them to provide culturally safe care for Aboriginal women included more professional development focused on improving understandings of cultural birth practices and health system changes which create safer maternal health care environments for Aboriginal women.
Conclusions
Individual, workforce, and health systems issues impact midwives' capability to meet Aboriginal women's cultural needs. An imperative exists for effective cultural education and improved professional accountability regarding Aboriginal women's perinatal requirements and significant changes in health systems to embed culturally safe woman-centered care models as a means of addressing racism in health care. (Author)

20210112-11*

Racism matters: 5. We have a dream: midwives making change. Sibanda S, Ghaouch FE (2021), The Practising Midwife vol 24, no 1, January 2021, pp 14-17

In the fifth article of our Racism Matters series, Samukeliso Sibanda and Fatima Ezzahra Ghaouch describe how Northampton General Hospital's dedicated Continuity of Care Sapphire team, launched to look after women from BAME backgrounds as well as women from an area of social deprivation, has helped midwives to understand women from diverse cultures, provide culturally sensitive care and pave the way for improved outcomes for BAME women. (Author)

2021-00528

Promoting women's health and well-being for black women. Jones K (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 51-55

Discusses institutional racism within the National Health Service (NHS), the impact of racism on mental health and the ways in which midwives can combat racial inequalities. The author recommends introducing cultural competency into education programmes and suggests that authoritative bodies like the Royal College of Midwives (RCM) should instigate anti-racism campaigns. (LDO)

2021-00527

The use of Cultural Safety Huddle and Handover guides to improve care delivery for Black, Asian and Minority Ethnic patients. King HA (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 45-50

Discusses the use of Cultural Safety Huddle and Cultural Safety Handover guides to address racial disparities in maternity care. The guides are designed to be used in obstetric settings during handover, and draw upon cultural safety theory to ensure that all patients in labour are able to effectively communicate their concerns and be involved as key collaborators and stakeholders. (LDO)

20201130-101*

'You need that loving tender care': maternity care experiences and expectations of ethnic minority women born in the United Kingdom. Puthussery S, Twamley K, Macfarlane A, et al (2010), Journal of Health Services Research and Policy vol 15, no 3, July 2010, pp 156-162

Objective
To explore the maternity care experiences and expectations of United Kingdom (UK)-born ethnic minority women.
Methods
Qualitative in-depth interviews with 34 UK-born mothers of Black Caribbean, Black African, Indian, Pakistani, Bangladeshi and Irish descent, recruited mainly from nine National Health Service (NHS) maternity units in England.
Results
Overall, women felt that their ethnic background did not matter at all with respect to the care they received. UK-born women's familiarity with the system and the absence of language barriers were felt to be influential in getting treated the same as White women. Women stressed the need for professionals to be 'sensitive' and 'delicate' in their interactions and wanted 'continuity of care'. In general, they were positive about the adequacy of the information given during their antenatal appointments, but some women found it difficult to get access to antenatal classes. Women valued good communication and consistent information, with their views acknowledged and their questions answered consistently. They also expressed the need for better physical environments in maternity units.
Conclusions
Our findings contribute to the growing evidence about the need to improve maternity and postnatal care, and to develop more sensitive and women-centred care for all women irrespective of ethnic background. (Author)

20200902-63

BAME is not my NAME: a Community of Cultures Maternity Forum (CoCMF). Nazmeen B (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 279-281

Benash Nazmeen discusses her experiences as a Specialist Cultural Liaison Midwife and founder of the Community of Cultures Maternity Forum (CoCMF). The forum aims to provide a safe space for mutual learning and open conversation about inequalities in maternity care for ethnic minorities. (LDO)

20200622-2*

Nurture Early for Optimal Nutrition (NEON) programme: qualitative study of drivers of infant feeding and care practices in a British-Bangladeshi population. Lakhanpaul M, Benton L, Lloyd-Houldey O, et al (2020), BMJ Open vol 10, no 6, June 2020, e035347

Objectives To explore optimal infant feeding and care practices and their drivers within the British-Bangladeshi population of East London, UK, as an exemplar to inform development of a tailored, coadapted participatory community intervention.
Design Qualitative community-based participatory research.
Setting Community and children's centres and National Health Service settings within Tower Hamlets, London, UK.
Participants 141 participants completed the community study including: British-Bangladeshi mothers, fathers, grandmothers and grandfathers of infants and young children aged 6-23 months, key informants and lay community members from the British-Bangladeshi population of Tower Hamlets, and health professionals working in Tower

Hamlets.
Results 141 participants from all settings and generations identified several infant feeding and care practices and wider socioecological factors that could be targeted to optimise nutritional outcomes. Our modifiable infant feeding and care practices were highlighted: untimely introduction of semi and solid foods, overfeeding, prolonged parent-led feeding and feeding to 'fill the belly'. Wider socioecological determinants were highlighted, categorised here as: (1) society and culture (e.g. equating 'chubby baby' to healthy baby), (2) physical and local environment (e.g. fast food outlets, advertising) and (3) information and awareness (e.g. communication with healthcare professionals around cultural norms).
Conclusions Parenting interventions should be codeveloped with communities and tailored to recognise and take account of social and cultural norms and influence from different generations that inform infant feeding and care practices and may be of particular importance for infants from ethnically diverse communities. In addition, UK infant feeding environment requires better regulation of marketing of foods for infants and young children if it is to optimise nutrition in the early years. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2019-035347

20200507-41*

Access to appropriate health care for non-English speaking migrant families with a newborn/young child: a systematic scoping literature review. Dougherty L, Lloyd J, Harris E, et al (2020), BMC Health Services Research vol 20, no 309, 15 April 2020

Background
Recently arrived culturally and linguistically diverse migrant mothers in Western Industrialised Nations are less likely to access health care and are more likely to report negative healthcare experiences than more established migrant or non-migrant populations. This is particularly an issue in Australia where nearly half of all Australians were born overseas or have at least one parent born overseas.
Methods
A systematic scoping review was conducted to identify a) the main enablers and barriers to accessing appropriate health care for migrant families with a new baby/young child who speak a language other than English, and b) the effectiveness of interventions that have been tested to improve access to appropriate health care for this group. Three academic databases (CINAHL, Medline and ProQuest) were searched, with additional publications identified through expert knowledge and networks. Data was extracted and analysed according to the Access framework, which conceptualises access to health care as being generated by the interaction of dimensions of accessibility of services (supply side) and abilities of potential users (demand side).
Results
A total of 1964 records were screened for eligibility, with nine of these included in the review. Seven studies only described barriers and enablers to health care access, one study reported on an evaluation of an intervention and one study described the barriers and enablers and the evaluation of an intervention. This review identified that the most significant barriers occurred on the supply side, within the 'appropriateness' domain. Overall, the most frequently cited barrier was a lack of cultural sensitivity/understanding of different cultural practices (five studies). The most significant enablers also occurred on the supply side, but within the 'acceptability' domain. The most frequently cited enabler was cultural sensitivity and understanding.
Conclusions
There is a dearth of evaluated interventions in the peer reviewed literature to improve appropriate access to postnatal care for migrant families who speak a language other than English. The literature focuses on identifying barriers and enablers to access to healthcare for this population group. Interventions which aim to address barriers within the 'appropriateness' dimension may have the greatest impact on access. (Author)

Full URL: https://doi.org/10.1186/s12913-020-05157-x

20200310-66*

Perinatal care experiences of Muslim women in Northwestern Ontario, Canada: A qualitative study. Alzghoul MM, Møller H, Wakewich P, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 2, March 2021, pp e162-e169

Problem and Background
Although the number of Muslim women in Canada and northwestern Ontario (NWO) is increasing, few studies have focused on their experiences of perinatal health care. Extant research has highlighted discrimination and care that lacks respect for cultural and religious norms. These factors may limit access to health services and increase unfavorable maternal and child health outcomes.
Aim

To explore the perinatal health care experiences of Muslim women in NWO.
Methods
A qualitative, descriptive study used purposive and snowball sampling to recruit a sample of 19 Muslim mothers. Ssemistructured interviews were conducted, audio recorded, transcribed verbatim, and analyzed thematically.
Findings
The mothers' experiences were categorized into four themes: women's choices and preferences of health care providers (HCPs); attitudes toward prenatal classes and education; husbands' involvement and support in the birthing process; and challenges to optimal care.
Discussion and Conclusion
The findings show that NWO Muslim women's experiences were generally positive and their care choices and preferences were shaped by their religious beliefs and cultural practices. Factors that enhanced their experiences were HCPs' awareness of and respect for the women's religious and cultural beliefs and practices. However, the women lacked personal knowledge of a range of care options and services. Respecting Muslim women's religious and cultural beliefs and practices will enhance their experience of care. Equity in access to quality services, care, and outcomes can be further enhanced if Muslim women are informed about the range of care options and services as early in their pregnancies as possible. (43 references) (Author)

20200304-108

Evaluating awareness of Cultural Safety in the Australian midwifery workforce: A snapshot. Fleming T, Creedy DK, West R (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 6 December 2019, pp 549-557

Problem
There are no validated tools to measure midwives' awareness of Cultural Safety.
Background
Cultural Safety is an important component of midwifery practice. Measurement can inform practice and evaluate professional development strategies.
Aim
To adapt and evaluate the Awareness of Cultural Safety Scale with the midwifery workforce.
Methods
An online survey was distributed to members of Australian College of Midwives and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Measures included the Awareness of Cultural Safety Scale - Revised, Self-assessment of Cultural Knowledge and Perceptions of Racism scales.
Findings
The revised Awareness scale had a Cronbach's alpha of 0.87. Principal Component Analysis with varimax rotation produced a three-factor structure accounting for 67% of variance. Awareness scores correlated with Self-assessment of Cultural Knowledge ($r = 0.22$ $p < 0.03$) and Perceptions of Racism ($r = 0.62$ $p < 0.001$) scales. Educators scored significantly higher on awareness compared to clinicians ($t(1,80) = -3.09$, $p = 0.003$). Perceptions of Racism predicted Awareness of Cultural Safety scores ($F(2,87)$ 29.25, adjusted r square = 0.39 $p < 0.001$ 95% Confidence Interval = 1.09, 1.93).
Discussion
The revised scale was a reliable and valid measure of Cultural Safety across a diverse sample of midwives. Midwives working in education settings have a higher awareness of Cultural Safety than clinical peers.
Conclusion
The Awareness of Cultural Safety Scale can be used with midwives across practice settings. Professional organisations and education providers need to promote the professional responsibilities of midwives towards Cultural Safety in clinical practice and education. (47 references) (Author)

20200107-7*

Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review. Higginbottom AMA, Evans C, Morgan M, et al (2019), BMJ Open vol 9, no 12, December 2019, e029478

One in four births in the UK is to foreign-born women. In 2016, the figure was 28.2%, the highest figure on record, with maternal and perinatal mortality also disproportionately higher for some immigrant women. Our objective was to examine issues of access and experience of maternity care by immigrant women based on a systematic review and narrative synthesis of empirical research.
Review methods A research librarian designed the search strategies (retrieving literature published from 1990 to end June 2017). We retrieved 45 954 citations and used a screening tool to identify relevance. We searched for grey literature reported in databases/websites. We contacted stakeholders with expertise to identify additional research.

Results We identified 40 studies for inclusion: 22 qualitative, 8 quantitative and 10 mixed methods. Immigrant women, particularly asylum-seekers, often booked and accessed antenatal care later than the recommended first 10 weeks. Primary factors included limited English language proficiency, lack of awareness of availability of the services, lack of understanding of the purpose of antenatal appointments, immigration status and income barriers. Maternity care experiences were both positive and negative. Women with positive perceptions described healthcare professionals as caring, confidential and openly communicative in meeting their medical, emotional, psychological and social needs. Those with negative views perceived health professionals as rude, discriminatory and insensitive to their cultural and social needs. These women therefore avoided continuously utilising maternity care.
We found few interventions focused on improving maternity care, and the effectiveness of existing interventions have not been scientifically evaluated.
Conclusions The experiences of immigrant women in accessing and using maternity care services were both positive and negative. Further education and training of health professionals in meeting the challenges of a super-diverse population may enhance quality of care, and the perceptions and experiences of maternity care by immigrant women.
 (78 references) (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2019-029478

20190926-8*

Fetal growth standards for Somali population. Mustafa HJ, Tessier KM, Reagan LA, et al (2021), Journal of Maternal-Fetal and Neonatal Medicine vol 34, no 15, 2021, pp 2440-2453

Background: Accurate assessment of fetal size is essential in providing optimal prenatal care. National Institute of Child Health and Human Development (NICHD) study from 2015 demonstrated that estimated fetal weight (EFW) differed significantly by race/ethnicity after 20 weeks. There is a large Somali population residing in Minnesota, many of whom are cared for at our maternal fetal medicine practice at the University of Minnesota. Anecdotally, we noticed an increased proportion of small-for-gestational age diagnoses within this population. We sought to use our ultrasound data to create a reference standard specific for this population and compare to currently applied references.
Purpose: We aimed to model fetal growth standards within a healthy Somali population between 16 and 40 weeks gestation, and address possible differences in the growth patterns compared with standards for non-Hispanic White, non-Hispanic Black, Hispanic, and Asian singleton fetuses published by the NICHD in the Fetal Growth Study.
Materials and methods: This is a retrospective cohort study using ultrasound data from 527 low risk pregnancies of Somali ethnicity at single tertiary care center between 2011 and 2017. A total of 1107 scans were identified for these pregnancies and maternal and obstetrical data were reviewed. Women 18-40 years of age with low-risk pregnancies and established dating consistent with first trimester ultrasound scan were included. Exclusion criteria were any maternal, fetal or obstetrical conditions known to affect fetal growth.
Results: Estimated fetal weight among Somali pregnancies differed significantly at some time points from the NICHD four ethnic groups, but generally the EFW graph curves crossed over at most time points between the study groups. At week 18, EFW was significantly larger than all other four ethnic groups (all $p<.001$), it was also significantly larger from the Hispanic, Black, and Asian ethnic groups at some time points between 18 and 27 weeks gestation ($p < .05$). Additionally, EFW among Somali pregnancies was significantly smaller than the Black and Asian ethnicity at 32 and 35-36 weeks and smaller than the White ethnicity at 30 and 38-39 weeks ($p < .05$). Abdominal circumference (AC) for the Somali population was significantly smaller than the other ethnic groups, especially than the White ethnicity at various time points across 16-40 weeks ($p < .05$). Femur and humerus length were significantly longer when compared to all other ethnic groups at most time points from 16 to 40 weeks of gestation ($p < .05$). Biparietal diameter (BPD) was significantly smaller than all other ethnic groups specifically at time of fetal survey (18 weeks) and at time of fetal growth assessment (32 weeks) ($p < .05$).
Conclusions: Significant differences in fetal growth standards were found between the Somali ethnicity and other ethnic groups (White, Black, Asian, and Hispanic) at various time points from 16 to 40 weeks of gestation. Racial/ethnic-specific standards improve the precision for evaluating fetal growth and may decrease the proportion of fetuses of Somali ethnicity labeled as small-for-gestational age. (Author) [Please note: this article is a digital version which may undergo minor changes in the future]

20190913-82

Establishing teams aiming to provide culturally safe maternity care for Indigenous families. Hickey S, Kildea S, Couchman

K, et al (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 5, October 2019, pp 449-459

Problem
It is not well known how to prepare new multidisciplinary teams aiming to provide culturally safe maternity care for Aboriginal and Torres Strait Islander families in an urban setting.
Background
National policies recommend increasing the Aboriginal and Torres Strait Islander workforce and cultural competencies of the non-Indigenous workforce as key drivers of culturally safe care.
Question
What are the key learnings from staff experiences establishing multidisciplinary teams aiming to provide culturally safe maternity care that aims to privilege Indigenous ways of knowing, being and doing?
Methods
As part of a larger participatory action research project, semi-structured qualitative interviews were conducted December 2014-April 2015 with 21 Aboriginal and Torres Strait Islander and non-Indigenous healthcare staff. Thematic analysis was used to identify learnings for practice.
Findings
Four key learnings were identified for forming new teams aiming to provide culturally safe care: (a) having a shared understanding of what characterises cultural safety in the local program context; (b) understanding and valuing different roles and knowledges people bring to the team; (c) acknowledging the influence of race and culture on staff behaviour; and (d) acting on individual and organisational responsibilities for continuous improvement towards cultural safety.
Discussion
We present recommendations from our participatory action research approach to respond to these learnings in practice.
Conclusion
A deliberate workforce investment at the early stages of team development is crucial when aiming to provide culturally safe maternity care that can respond to the unique needs of Aboriginal and Torres Strait Islander women and families. (50 references) (Author)

20190913-81

Group antenatal care for Aboriginal and Torres Strait Islander women: An acceptability study. Brookfield J (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 5, October 2019, pp 437-448

Background
Good quality antenatal care is essential to improve the perinatal outcomes of Aboriginal and Torres Strait Islander women in Australia. Group antenatal care (GAC) is an innovative model which places clinical assessment, education and social support into a group setting. Previous studies have found GAC to be associated with improved perinatal outcomes, particularly for vulnerable populations, and high satisfaction levels among group members. No implementations of GAC, or evaluations of its acceptability, for an Indigenous population in Australia have been previously conducted.
Aim
To explore the perceptions of a group of Indigenous health workers (n = 5) in a health service in Far North Queensland, Australia, towards the prospective acceptability of GAC as an additional choice of model of care for their Indigenous women clients.
Methods
This qualitative acceptability study employed a descriptive/exploratory methodology. Data collection was by semi structured interview. Data analysis was guided by a theoretical framework of acceptability and conducted following a process of iterative categorisation.
Findings
No overall precluding factors were identified to render the model unacceptable for Indigenous women in this locality. Some features of the model would not suit all women. Indigenous health workers were interested in increased involvement with antenatal care and participation in a GAC model.
Conclusion
A foundation of acceptability exists upon which the implementation of a GAC model could offer benefits to Indigenous women in this health service. The positive response of the Indigenous health workers to the concept of GAC endorsed the potential of this model to contribute to the provision of culturally appropriate and effective antenatal care within mainstream services. (41 references) (Author)

20190913-79

Evaluation of an Australian Aboriginal model of maternity care: The Malabar Community Midwifery Link Service. Hartz DL, Blain J, Caplice S, et al (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 5, October 2019, pp 427-436

Background
The urban-based Malabar Community Midwifery Link Service integrates multidisciplinary wrap-around services along-side continuity of midwifery care for Aboriginal and Torres Strait Islander mothers and babies.
Aim
To evaluate the Malabar Service from 1 January 2007 to 31 December 2014.
Methods
A mixed method design. Outcomes for mothers of Aboriginal and/or Torres Strait Islander babies cared for at an urban Australian referral hospital by the Malabar Service were compared to mainstream. Primary outcomes are rates of low birth weight; smoking >20 weeks gestation; preterm birth; and breastfeeding at discharge. Malabar outcomes are also compared to national and state perinatal outcomes.
Results
The Malabar Service (n = 505) demonstrated similar rates of preterm birth (aOR 2.2, 95% CI 0.96-4.97); breastfeeding at discharge (aOR 1.1, 95% CI 0.61-1.86); and a higher rate of low birth weight babies (aOR 3.6, 95% CI 1.02-12.9) than the comparison group (n = 201). There was a 25% reduction in smoking rates from 38.9% to 29.1%. Compared to national and state populations, Malabar outcomes were better. Women experienced greater psychosocial complexity but were well supported. Malabar Mothers (n = 9) experienced: accessibility, preparedness for birth and cultural safety. Staff (n = 13) identified going 'above and beyond' and teamwork to provide culturally safe care counterbalanced with concerns around funding and cultural support.
Conclusions
Dedicated integrated continuity of midwifery care with wrap-around services for Aboriginal and/or Torres Strait Islander mothers is highly valued and is culturally safe. The service is as safe as main stream services and promotes better clinical outcomes compared to national and state outcomes. (35 references) (Author)

20190913-78

'Our culture, how it is to be us' - Listening to Aboriginal women about on Country urban birthing. Marriott R, Reibel T, Coffin J, et al (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 5, October 2019, pp 391-403

Background
Birth on Country is often assumed as relevant to Aboriginal women in rural/remote locations and not usually associated with urban environments. In Western Australia, one third of the Aboriginal population live in the greater metropolitan area. We wanted to know Aboriginal women's experiences of on Country urban births.
Methods
Indigenous qualitative data collection and analysis methods were used to learn about Aboriginal women's stories of contemporary and past experiences of maternity care and cultural practices associated with Birth on Country.
Results
Aboriginal Birthing, Senior and Elder women consistently reported ongoing cultural practices associated with childbirth including knowledge sharing across generations and family support, observance of extended family present at the time of or shortly after birth, and how their cultural security was improved when Aboriginal staff were present. Also noted, were the inflexibility of health systems to meet their needs and midwives lack of cultural awareness and understanding of the importance of Aboriginal kinship.
Conclusion
The Birthing on Noongar Boodjar project Aboriginal women's data represents four generations of women's stories, experiences and expressions of childbearing, which highlighted that maternity care changes across time have failed to acknowledge and support Aboriginal women's cultural needs during childbearing. In terms of on Country urban birth, the women collectively expressed a strong desire to maintain cultural practices associated with childbirth, including birthing close to home (on Country); having family acknowledged and included throughout the perinatal period; and, having access to Aboriginal midwives, nurses, doctors, and other health care workers to support their cultural security. (30 references) (Author)

20190813-9

Immigrant parents' experiences of communicating with healthcare professionals at the neonatal unit: An interview study. Patriksson K, Nilsson S, Wigert H (2019), Journal of Neonatal Nursing vol 25, no 4, August 2019, pp 194-199

Background

When newborn children of immigrants require care in a neonatal unit, parents frequently encounter not only a new language, but also a new healthcare organisation.
Aim
To examine parents' experiences of communication with healthcare professionals in a neonatal unit when language barriers are present.
Method
Twenty interviews were conducted with families who spoke Arabic and had a child who had been cared for at one of five neonatal care units, level II-III in western Sweden. The interviews were analysed using a phenomenological hermeneutic approach.
Results
The main theme, having the opportunity to exercise one's parental role, included four themes encountering emotional warmth, feeling accepted, encountering a lack of understanding, and compensating for inadequate language skills.
Conclusion
It is not only language barriers that affect communication between parents and healthcare professionals; different expectations and pre-understandings are also of importance. (Author)

20190812-2*

How do women with social risk factors experience United Kingdom maternity care? A realist synthesis. Rayment-Jones H, Harris J, Harden A, et al (2019), Birth vol 46, no 3, September 2019, pp 461-474

Background
Echoing international trends, the most recent United Kingdom reports of infant and maternal mortality found that pregnancies to women with social risk factors are over 50% more likely to end in stillbirth or neonatal death and carry an increased risk of premature birth and maternal death. The aim of this realist synthesis was to uncover the mechanisms that affect women's experiences of maternity care.
Methods
Using realist methodology, 22 papers exploring how women with a wide range of social risk factors experience maternity care in the United Kingdom were included. The data extraction process identified contexts (C), mechanisms (M), and outcomes (0).
Results
Three themes, Resources, Relationships, and Candidacy, overarched eight CMO configurations. Access to services, appropriate education, interpreters, practical support, and continuity of care were particularly relevant for women who are unfamiliar with the United Kingdom system and those living chaotic lives. For women with experience of trauma, or those who lack a sense of control, a trusting relationship with a health care professional was key to regaining trust. Many women who have social care involvement during their pregnancy perceive health care services as a system of surveillance rather than support, impacting on their engagement. This, as well as experiences of paternalistic care and discrimination, could be mitigated through the ability to develop trusting relationships.
Conclusions
The findings provide underlying theory and practical guidance on how to develop safe services that aim to reduce inequalities in women's experiences and birth outcomes. (Author)

20190729-55*

Breastfeeding as a black woman in modern day UK. Virgo V (2019), ABM [Association of Breastfeeding Mothers] Summer 2019, pp 32-38

The author, a Breastfeeding Network helper, doula and childcare practitioner. shares her personal experiences of breastfeeding as a black mother in the UK today. Describes the history, treatment and sexualisation of women of African and Caribbean origin. Stresses the need for health professionals to be trained in diagnosing mastitis on darker skin, and suggests ways that freinds, family members and health professionals can help and support all women to breastfeed. (JSM)

20190612-15*

Communication barriers in maternity care of allophone migrants: experiences of women, healthcare professionals and intercultural interpreters. Ikhilor PO, Hasenberg G, Kurth E, et al (2019), Journal of Advanced Nursing 7 June 2019. Accepted article

Aim:

To describe communication barriers faced by allophone migrant women in maternity care provision from the perspectives of migrant women, healthcare professionals and intercultural interpreters.
Background:
Perinatal health inequality of migrant women hinges on barriers to services, with a major barrier being language. Their care is often also perceived as demanding due to conflicting values or complex situations. Potentially divergent perceptions of users and providers may hinder efficient communication.
Design:
Qualitative explorative study.
Methods:
A convenience sample of 36 participants was recruited in the German speaking region of Switzerland. The sample consisted of four Albanian and six Tigrinya speaking women, 22 healthcare professionals and four intercultural interpreters (March-June 2016) who participated in 3 focus group discussions and seven semi-structured interviews. Audio recordings of the discussions and interviews were transcribed and thematically analysed.
Results:
The analysis revealed three main themes: the challenge of understanding each other's world, communication breakdowns and imposed health services. Without interpretation communication was reduced to a bare minimum and thus insufficient to adequately inform women about treatment and address their expectations and needs.
Conclusion:
A primary step in dismantling barriers is guaranteed intercultural interpreting services. Additionally, healthcare professionals need to continuously develop and reflect on their transcultural communication. Institutions must enable professionals to respond flexibly to allophone women's needs and to offer care options that are safe and in accordance to their cultural values.
Impact:
Our results provide the foundation of tenable care of allophonic women and emphasize the importance of linguistic understanding in care quality. (Author)

20190501-119*

The influence of yarning circles: A cultural safety professional development program for midwives. Fleming T, Creedy DK, West R (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 2, March 2020, pp 175-185

Background
A university educated, First Peoples health workforce is paramount to improving health outcomes for Australia's First Peoples. However, a significant gap exists between the academic success of First Peoples and non-Indigenous students. The facilitation of culturally safe learning and teaching environments by academics is essential to closing this gap. There is little research on midwifery academics' understanding of Cultural Safety and the translation of this understanding in learning and teaching.
Objectives
To explore the influence of yarning circles within a professional development program to enhance midwifery academics' awareness of Cultural Safety.
Methods
A six-month staff development program which consisted of two workshops and a series of yarning circles was offered to all midwifery academics. Eight participants agreed to be interviewed after completion of the program. Interviews were transcribed verbatim, read and re-read, and analysed using a six staged thematic analysis process.
Results
Six key themes centred on participants' Sense of Belonging, Sense of Safety, Sense Knowing, Sense of Support, Sense of Difference, and Sense of Challenge were identified. These concepts were supportive of participants' developing awareness of Cultural Safety.
Conclusion
Yarning circles can encourage midwifery academics' awareness of Cultural Safety. Awareness is the first step towards becoming culturally safe. Yarning provided a safe and supportive space for challenging discussions and reflective learning about racism, white privilege, and difference. Midwifery academics described steps they could take to promote Cultural Safety in the classroom.
(52 references) (Author)

20190430-75*

Perspectives and pregnancy outcomes of maternal Ramadan fasting in the second trimester of pregnancy. Safari K, Piro TJ, Ahmad HM (2019), BMC Pregnancy and Childbirth vol 19, no 128, 15 April 2019

Background
There are controversies over the effects of Ramadan fasting on pregnancy outcomes, and women's perspectives of fasting are diverse. This study aimed to assess the perspectives and pregnancy outcomes of maternal Ramadan fasting in the second trimester of pregnancy.
Methods
A case-control study was conducted at Hawler Maternity Teaching Hospital of Erbil, Iraq from October 2017 to January 2018. Out of 301 participating women, 155 fasted during the second trimester of their current pregnancy, while the remaining 146 did not. Mothers were asked concerning their fasting behaviors and perception of fasting during pregnancy. The main outcomes of this study were gestational diabetes, preterm labour, preeclampsia, low birth weight, Apgar score, height, weight, and head circumference of the newborn.
Results
About 80% of the women in the fasting group fasted for 21-29 days during Ramadan, out of whom 38.7% completed fasting for the entire Ramadan period. The results revealed that the decision to fast during pregnancy was negatively associated with the mother's educational level and occupation. Weight gain during pregnancy in the fasting women was approximately 0.4 kg less than those who did not fast. The incidence of gestational diabetes was 2.6% in the fasting women, while it was 8.3% in the non-fasting mothers (P = 0.02). Regression analysis showed that women who did not fast during the second trimester of pregnancy were 1.51 times more likely to develop gestational diabetes [odd ratio (OR) 1.51; 95% confidence intervals (CI) 0.06, 0.74, P = 0.01]. It was also found that among the women in the fasting categories, those who fasted for 21-29 days during pregnancy had a lower risk of gestational diabetes compared to the other groups. More than half of the mothers in the fasting group (60%) perceived that fasting during pregnancy was compulsory for healthy and non-healthy women, comparing with those who did not fast.
Conclusion
It was found that fasting during the second trimester of the pregnancy decreased the risk of gestational diabetes and excessive weight gain during pregnancy. Most of Iraqi women did not fully recognize their right to be exempted from fasting during pregnancy by the Islamic law.
(45 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future] [Erratum: BMC Pregnancy and Childbirth, vol 19, no 481, 9 December 2019, https://doi.org/10.1186/s12884-019-2647-2]

Full URL: https://doi.org/10.1186/s12884-019-2275-x

20190416-30

Culturally safe midwifery practice: Working in partnership with Aboriginal and Torres Strait Islander Peoples. Cusack L (2019), Australian Midwifery News vol 19, no 1, Autumn 2019, pp 7-8

In Australia there is a disparity in maternal and infant health outcomes among Aboriginal and Torres Strait Islander women and infants when compared to non-indigenous Australians. Midwivs can make a real difference in supporting better health outcomes for Aboriginal and Torres Strait Islander women and their babies by providing care that is culturally, as well as clinically, safe. (Author)

20190130-69*

Culturally-adapted cognitive behavioural therapy based intervention for maternal depression: a mixed-methods feasibility study. Khan S, Lovell K, Lunat F, et al (2019), BMC Women's Health vol 19, no 21, 28 January 2019

Background
British Pakistanis are one of the largest ethnic minority groups living in the UK, with high rates of maternal depression being reported in this population. Evidence suggests that culturally-adapted Cognitive Behavioural Therapy (CBT)-based interventions for depression, may improve clinical outcomes and patient satisfaction. This study was conducted to develop and test the feasibility and acceptability of a culturally-adapted, CBT-based, manual-assisted intervention in British Pakistani mothers experiencing maternal depression.
Methods
A mixed-method feasibility study that included qualitative interviews followed by the development of a CBT-based intervention for mothers with mild to moderate depression. Following the qualitative interviews, a CBT-based intervention called the Positive Health Program (PHP) was developed and delivered consisting of 12-weekly sessions. A before and after design was used to explore the feasibility and acceptability of the Positive Health Programme.
Results
A culturally-adapted CBT-based group intervention (PHP) was acceptable to this group and improvements were reported in depression and health-related quality of life. The women's understanding of 'depression' as a general consensus was in physical terms, but with an onset triggered by psychosocial causes. The most commonly reported factors contributing to depression were marital disharmony, lack of social support, and financial difficulties. Past help

offered was primarily antidepressants, which were not welcomed by most of the women. A lack of availability of culturally sensitive interventions and the limited cultural sensitivity of NHS staff was also reported.
Conclusion
This study provides preliminary evidence for the feasibility and acceptability of a CBT-based culturally-adapted group psychological intervention for British Pakistani mothers. (61 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future]

Full URL: https://doi.org/10.1186/s12905-019-0712-7

20190117-49

Cultural Immersion and the Development of Cultural Sensitivity. Seymour L (2018), Australian Midwifery News vol 18, no 4, Summer 2018, pp 39-41

In Australia we live in a culturally diverse community. In 2016 310,247 women gave birth in Australia, 35% of the women who gave birth were themselves born in another country, and the vast majority of those women were born in a country whose first language was not English (Australian Institute of Health and Welfare [AIHW], 2018). In addition, 13,608 birthing women (4.4%) identified as Aboriginal and/or Torres Strait Islander (AIHW, 2018). Holistic midwifery care responds to women's psychological, physical, emotional and spiritual needs, and central to this is providing women with individual care which they feel is culturally appropriate and safe (ICM, 2014). It is critical midwives are equipped with the skills to provide this care from the commencement of their education process, through embedding cultural awareness, cultural sensitivity and cultural safety education into midwifery courses. The Australian Nursing and Midwifery Accreditation Council (ANMAC) support this and stipulate all midwifery courses should include the same (ANMAC, 2014). (7 references) (Author)

20190116-40

Navigating a broken system: addressing racial disparities in birth outcomes. Lieser MA (2018), Midwifery Today no 128, Winter 2018, pp 35-37

A commentary on continuing disparities in maternal outcomes on the basis of race, and what might be causing this. Black women in the USA typically enter pregnancy in a more vulnerable state of health than white women, partly due to extra lifetime stress, and once they access maternal health care they are less likely to have their concerns listened to or receive as high a standard of attentive care than white women. Discusses what must be done to address this disparity. (7 references) (KRB)

20181130-7

Why we need a black breastfeeding week. Dennison R (2018), ABM [Association of Breastfeeding Mothers] Winter 2018, pp 22-27

The author, a doula specialising in breastfeeding, explains what led her to host the 'Why black breastfeeding week?'event on 31st August 2018. States that infant mortality is highest in the UK among black families and many health professionals hold the belief that breastfeeding could significantly reduce numbers. While it is documented that black women have the highest breastfeeding rates in the UK, there are many reasons why they do not adhere to the UNICEF and World Health Organization (WHO) recommendation to exclusively breastfeed their babies for six months or more, including for example: milk not satisfying baby; baby is trying to grab food from dinner plate so it is therefore deemed ready to eat; grandmother says baby keeps crying; mother needs rest and lets someone else feed the baby (this could be achieved by letting someone else give the baby mother's expressed breastmilk); and lack of breastfeeding support. (JSM)

20181123-10*

Factors influencing southeastern U.S. mothers' participation in Baby-Friendly practices: a mixed-methods study. Munn AC, Newman SD, Phillips SM, et al (2018), Journal of Human Lactation vol 34, no 4, November 2018, pp 821-834

Background: Mothers in the southeastern United States, including rural-dwelling and African American mothers, have historically had low rates of breastfeeding; however, no studies have investigated these mothers' experiences of breastfeeding support processes associated with the Baby-Friendly Hospital Initiative. Research aim: This study aimed to determine factors influencing southeastern U.S. mothers' participation in Baby-Friendly practices and breastfeeding decisions. Methods: Using a convergent parallel mixed-methods design, medical record review of mother-infant dyads (n = 234) provided data to determine if those who participated in more than half of the Ten Steps to Successful Breastfeeding had improved breastfeeding outcomes. Logistic regression was conducted to determine whether maternal demographic/clinical characteristics were predictive of Baby-Friendly practice participation. Qualitative

methods included in-depth interviews (n = 16). Directed content analysis was conducted to identify themes. Results of the analysis of the two data sets were triangulated to enhance understanding of mothers' barriers to and facilitators of participation in Baby-Friendly practices. Results: Rural-dwelling and African American mothers had greater odds of nonparticipation in Baby-Friendly practices relative to other groups (odds ratios = 5 and 10, respectively; $p \leq .01$). Mothers who received lactation consultation and had moderate (15-44 min) or completed (≥ 45 min) skin-to-skin contact had greater odds of participation in Baby-Friendly practices (both odds ratios ≥ 17.5; $p < .05$). Directed content analysis revealed six themes: maternal desire to breastfeed, infant state, maternal state, milk supply concerns, provider support, and access to breastfeeding equipment and support services. Conclusion: Rural-dwelling African American mothers had limited knowledge of Baby-Friendly practices; however, culturally tailored services could improve Baby-Friendly practice participation and breastfeeding success. (49 references) (Author)

20181023-83*

Factor analysis to validate a survey evaluating cultural competence in maternity care for Indigenous women. Aitken R, Stulz V (2018), Australian Journal of Advanced Nursing vol 36, no 1, September-November 2018, pp 25-36

Objective: This research set out to develop and validate a tool to assess the self-reported progress of Australian publicly funded maternity services towards the goal of culturally competent maternity care for Indigenous women. The tool aimed to measure the degree to which these services had incorporated actions towards achieving 14 identified characteristics into the current fabric of their organisation. Design: An online exploratory survey was distributed to consenting respondents nationally. Setting: Public maternity services in each State and Territory of Australia. Subjects: The survey was distributed to 149 public maternity organisations, with 85 organisational consents and 44 respondents completing the survey. Main outcome measure: Construct validity of a survey designed to describe progress in working towards organisational cultural competence in maternity services was assessed by principal factor analysis and varimax with Kaiser rotation. Results: The results support the two subscales identified as appropriate groups of questions to address 1) assessment of cultural competence and 2) assessment of the survey. Reliability was assessed by Cronbach's reliability and results established evidence of a reliable survey. Conclusion: The results of this study show that the survey assessing and identifying organisational cultural competence in public maternity care for Indigenous women demonstrated acceptable reliability and validity for a newly developed instrument. Responses to the survey provided participants of this study with a baseline for assessing further progress. Upon further testing and refinement, the survey can provide a validated tool to guide both national and local activity to improve the maternity experiences of Indigenous women. (26 references) (Author)

Full URL: https://www.ajan.com.au/archive/Vol36/Issue1/3Aitken.pdf

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20181023-64*

Strengthening food work across ethnic minority communities: a focus on maternal and infant nutrition. BEMIS Scotland, Community Food and Health (Scotland) (2013), BEMIS Scotland; Community Food and Health (Scotland) February 2013

This mapping exercise was carried out to provide a snapshot of voluntary and community organisations' activity in relation to maternal and infant nutrition across ethnic minority communities in Scotland. (Author)

Full URL: https://www.communityfoodandhealth.org.uk/publications/strengthening-food-work-ethnic-minority-communities-focus-maternal-infant-nutrition/

20181003-30*

Interactions between indigenous women awaiting childbirth away from home and their southern, non-indigenous health care providers. Vang ZM, Gagnon R, Lee T, et al (2018), Qualitative Health Research vol 28, no 12, October 2018, pp 1858-1870

We examine patient-provider interactions for Indigenous childbirth evacuees. Our analysis draws on in-depth interviews with 25 Inuit and First Nations women with medically high-risk pregnancies who were transferred or medevacked from northern Quebec to receive maternity care at a tertiary hospital in a southern city in the province. We supplemented the patient data with interviews from eight health care providers. Three themes related to patient-provider interactions are discussed: evacuation-related stress, hospital bureaucracy, and stereotypes. Findings show that the quality of the patient-provider interaction is contingent on individual health care providers' ability to connect with Indigenous patients and overcome cultural and institutional barriers to communication and trust-building. The findings point to the need for further training of medical professionals in the delivery of culturally safe care and addressing bureaucratic constraints in the health care system to improve patient-provider communication and overall relationship quality. (Author)

20180918-130

White privilege: what's 'The Code' got to do with it?. Stewart S (2018), Australian Midwifery News vol 18, no 2, Winter 2018, p 53

A commentary on the concept of white privilege and how it relates to practising midwifery. The theory explains the inherent privilege and advantages white people have over non-white people due to skin colour, and the author describes how she has deepened her understanding of the concept as a midwife, particularly since moving to Australia and working with Aboriginal families. (3 references) (KRB)

20180814-95*

'We might get a lot more families who will agree': Muslim and Jewish perspectives on less invasive perinatal and paediatric autopsy. Lewis C, Latif Z, Hill M, et al (2018), PLoS ONE vol 13, no 8, 9 August 2018, e0202023

Background
Perinatal and paediatric autopsy rates are at historically low levels with declining uptake due to dislike of the invasiveness of the procedure, and religious objections particularly amongst Muslim and Jewish parents. Less invasive methods of autopsy including imaging with and without tissue sampling have been shown to be feasible alternatives. We sought to investigate attitudes including religious permissibility and potential uptake amongst members of the Muslim and Jewish communities in the United Kingdom.
Methods
Semi-structured interviews with religious and faith-based authorities (n = 16) and bereaved parents from the Jewish community (n = 3) as well as 10 focus groups with community members (60 Muslim participants and 16 Jewish participants) were conducted. Data were analysed using thematic analysis to identify key themes.
Findings
Muslim and Jewish religious and faith-based authorities agreed that non-invasive autopsy with imaging was religiously permissible because it did not require incisions or interference with the body. A minimally invasive approach was less acceptable as it still required incisions to the body, although in those circumstances where it was required by law it was more acceptable than a full autopsy. During focus group discussions with community members, the majority of participants indicated they would potentially consent to a non-invasive autopsy if the body could be returned for burial within 24 hours, or if a family had experienced multiple fetal/pregnancy losses and the information gained might be useful in future pregnancies. Minimally invasive autopsy was less acceptable but around half of participants might consent if a non-invasive autopsy was not suitable, with the exception of the Jewish Haredi community who unanimously stated they would decline this alternative.
Conclusions
Our research suggests less invasive autopsy offers a viable alternative to many Muslim and Jewish parents in the UK who currently decline a full autopsy. The findings may be of importance to other countries with significant Muslim and/or Jewish communities as well as to other religious communities where concerns around autopsy exist. Awareness-raising amongst religious leaders and community members will be important if these methods become routinely available. (47 references) (Author)

Full URL: https://doi.org/10.1371/journal.pone.0202023

20180813-36

Cultural qualities and antenatal care for black African women: A literature review. Esegbona-Adeigbe S (2018), British Journal of Midwifery vol 26, no 8, August 2018, pp 532-539

Background:
There have been assumptions made in maternal mortality reports that culture is a relevant quality in determining black African women's use of antenatal services in the UK, but these cultural qualities are not defined. It is therefore important to explore the association between cultural qualities and the use of antenatal care for these women.
Aims:
To examine cultural qualities relevant in antenatal care for black African women.
Methods:
A literature review was conducted on the CINAHL Plus, Medline, POPLINE, PubMed, Cochrane and Scopus databases with a timeframe from January 2000 to August 2017, to capture the first noted increase in mortality for black African mothers in the UK.
Findings:
A subjective, complex mix of several factors intertwined with culture may impact on adequate use of antenatal care by black African women, resulting in an increased risk of maternal mortality and morbidity.
Conclusion:

The need to consider black African women's cultural beliefs and practices during antenatal care provision has been highlighted in this literature review. It is noted that there are other factors that may affect black African women's access and engagement with antenatal care, and women themselves have highlighted a lack of cultural sensitivity and valuing of sociocultural norms when asked about their experiences of antenatal care. (46 references) (Author)

20180719-60*

Talking about sexual and reproductive health through interpreters: The experiences of health care professionals consulting refugee and migrant women. Mengesha ZB, Perz J, Dune T, et al (2018), Sexual & Reproductive Healthcare vol 16, June 2018, pp 199-205

Objective
This study aimed to explore the health care professional (HCP) experiences of working with interpreters when consulting refugee and migrant women who are not proficient in English around sexual and reproductive health (SRH) issues, in order to identify service and policy implications.
Methods
Semi-structured interviews were conducted with 21 HCPs, including: nurses (8), general practitioners (GP) (5), health promotion officers (5), sexual therapists (2) and one midwife. Interviews were audio-recorded, professionally transcribed and thematically analysed using socio-ecological theory.
Results
Overall HCPs stated that language and cultural discordance were barriers to SRH communication with refugee and migrant women. The lack of women interpreters and concerns with the interpreters such as lack of health/SRH knowledge were the main considerations HCPs reported related to working with interpreters when consulting refugee and migrant women.
Conclusion
Communication barriers in the provision of SRH services to refugee and migrant women may not be avoided despite the use of interpreters. Great attention needs to be paid to the availability of women interpreters and training of interpreters to work in SRH. (45 references) (Author)

Full URL: https://doi.org/10.1016/j.srhc.2018.03.007

20180514-7*

How training doctors in implicit bias could save the lives of black mothers. Chuck E (2018), NBC News 11 May 2018

In New York City, black women are 12 times more likely to die from pregnancy-related causes than white women.Training medical professionals on how to avoid implicit bias caused by deeply-ingrained steretypes aims to combat this inequality. (MB)

Full URL: https://www.nbcnews.com/news/us-news/how-training-doctors-implicit-bias-could-save-lives-black-mothers-n873036?cid=public-rss_20180512

20180430-3*

Immigrant women's food choices in pregnancy: perspectives from women of Chinese origin in Canada. Higginbottom GMA, Vallianatos H, Shankar J, et al (2018), Ethnicity & Health vol 23, no 5, May 2015, pp 521-541

Objective: Following migration, pregnant immigrant women may encounter social, cultural, and economic challenges that negatively affect their food choices and subsequent health outcomes. Culturally appropriate health care is crucial during the perinatal period to ensure the health of immigrant mothers and their children. This project aims to explore and understand how the health beliefs and practices of Chinese immigrant women affect their food choices during the perinatal period.
Design: This qualitative study used the methodology of focused ethnography. Women participated in one semi-structured interview, followed by a second photo-assisted, semi-structured interview which incorporated photographs taken by the women themselves.
Results: The food choices and health behaviors of immigrant women were influenced by their general health beliefs, cultural knowledge concerning particular types of foods, traditional Chinese medical beliefs, social advice and information, and socio-economic factors.
Conclusion: The provision of culturally appropriate health care is crucial during the perinatal period, as it is not only a vulnerable life stage for women and their children but also a sensitive period of interaction with the Canadian health-care system. Understanding these intersecting factors can help to ensure culturally appropriate care and optimized health outcomes for Chinese immigrant women during the perinatal period. (47 references) (Author)

20180216-13

A web-based resource for promoting equity in midwifery education and training: Towards meaningful diversity and inclusion. Effland KJ, Hays K (2018), Midwifery vol 61, June 2018, pp 70-73

Increasing the midwifery workforce requires that aspiring midwives complete education and training, but structural racism and microaggressions impact the lives of underrepresented midwifery students and apprentices, adding stressors and disparities to the usual demanding educational challenges. In order to be resilient, students rely on preceptors, faculty, administrators and institutions to promote equity. Equity-focused learning environments improve student experiences and success rates, and better prepare all students to provide culturally humble and sensitive care to diverse childbearing persons and other essential competencies outlined by the International Confederation of Midwives.
The robust web-based resource, www.equitymidwifery.org, is designed to support midwifery educators in promoting equity and social justice in midwifery education and training. The website highlights examples and provides tools including original webinar content and encourages visitors to attend virtual strategy and collaboration calls. It offers a model of continuous professional development that is easily accessible. (Author)

20180208-68*

Exploring Group Composition among Young, Urban Women of Color in Prenatal Care: Implications for Satisfaction, Engagement, and Group Attendance. Earnshaw VA, Rosenthal L, Cuningham SD, et al (2016), Women's Health Issues vol 26, no 1, Jan-Feb 2016, pp 110-115

Purpose
Group models of prenatal care continue to grow in popularity. However, little is known about how group composition (similarity or diversity between members of groups) relates to care-related outcomes. The current investigation aimed to explore associations between prenatal care group composition with patient satisfaction, engagement, and group attendance among young, urban women of color.
Methods
Data were drawn from two studies conducted in New Haven and Atlanta (2001-2004; n = 557) and New York City (2008-2011; n = 375) designed to evaluate group prenatal care among young, urban women of color. Women aged 14 to 25 were assigned to group prenatal care and completed surveys during their second and third trimesters of pregnancy. Group attendance was recorded. Data were merged and analyzed guided by the Group Actor-Partner Interdependence Model using multilevel regression. Analyses explored composition in terms of age, race, ethnicity, and language.
Main Findings
Women in groups with others more diverse in age reported greater patient engagement and, in turn, attended more group sessions, b(se) = −0.01(0.01); p = .04.
Conclusion
The composition of prenatal care groups seems to be associated with young women's engagement in care, ultimately relating to the number of group prenatal care sessions they attend. Creating groups diverse in age may be particularly beneficial for young, urban women of color, who have unique pregnancy needs and experiences. Future research is needed to test the generalizability of these exploratory findings.
(23 references) (Author)

20180131-79*

The impact of professional language interpreting in midwifery care: a review of the evidence. Cramer E (2017), International Journal of Childbirth. Official publication of the International Confederation of Midwives vol 7, no 1, March 2017, pp 18-30

BACKGROUND: Patients' limited proficiency in the language of health care providers is known to be associated with health care disparities. Reluctance to use professional interpreting is documented across a wide range of health care professionals. Most of the literature on the effect of interpreting practices has focused on non-midwifery contexts.

OBJECTIVE: To review the evidence regarding how using professional interpreters impacts the midwifery care of women with limited dominant language proficiency (LDLP).

METHODS: Eligible studies were identified using searches of MEDLINE, CINAHL, and Maternity and Infant Care, then analyzed and assessed for applicability to midwifery.

RESULTS: 40 eligible papers, and two systematic reviews containing 48 additional papers, were included. The use of

professional interpreters was found to support all aspects of the midwife's direct role, with some complex findings on woman-centered communication during interpreted encounters. The use of ad hoc interpreters, or no interpreting, undermines all aspects of midwifery care for women with LDLP.

IMPLICATIONS: Midwifery care should be enhanced by increasing midwives' use of professional interpreters; future research should consider how best to achieve this or investigate the comparative efficacy of more complex interventions, such as interpreter-doulas. (Author)

20180130-175*

Exercise to Support Indigenous Pregnant Women to Stop Smoking: Acceptability to Māori. Roberts V, Glover M, McCowan L, et al (2017), Maternal and Child Health Journal vol 21, no 11, November 2017, pp 2040-2051

Objectives Smoking during pregnancy is harmful for the woman and the unborn child, and the harms raise risks for the child going forward. Indigenous women often have higher rates of smoking prevalence than non-indigenous. Exercise has been proposed as a strategy to help pregnant smokers to quit. Māori (New Zealand Indigenous) women have high rates of physical activity suggesting that an exercise programme to aid quitting could be an attractive initiative. This study explored attitudes towards an exercise programme to aid smoking cessation for Māori pregnant women. Methods Focus groups with Māori pregnant women, and key stakeholder interviews were conducted. Results Overall, participants were supportive of the idea of a physical activity programme for pregnant Māori smokers to aid smoking cessation. The principal, over-arching finding, consistent across all participants, was the critical need for a Kaupapa Māori approach (designed and run by Māori, for Māori people) for successful programme delivery, whereby Māori cultural values are respected and infused throughout all aspects of the programme. A number of practical and environmental barriers to attendance were raised including: cost, the timing of the programme, accessibility, transport, and childcare considerations. Conclusions A feasibility study is needed to design an intervention following the suggestions presented in this paper with effort given to minimising the negative impact of barriers to attendance. (Author)

20180105-10*

Development of the Awareness of Cultural Safety Scale: A pilot study with midwifery and nursing academics. Milne T, Creedy DK, West R (2016), Nurse Education Today vol 44, September 2016, pp 20-25

Background
Rates of academic success of Indigenous students compared to other students continues to be significantly lower in many first world countries. Professional development activities for academics can be used to promote teaching, learning and support approaches that value Indigenous worldviews. However, there are few valid and reliable tools that measure the effect of academic development strategies on awareness of cultural safety.
Objectives
To develop and validate a self-report tool that aims to measure nursing and midwifery academics' awareness of cultural safety.
Methods
This study followed a staged model for tool development. This included: generation of items, content validity testing and expert Indigenous cultural review, administration of items to a convenience sample of academics, and psychometric testing. An online survey consisting of demographic questions, Awareness of Cultural Safety Scale (ACSS), and awareness of racism items was completed by academics undertaking a professional development program on cultural safety.
Findings
Ratings by experts revealed good content validity with an index score of 0.86. The 12-item scale demonstrated good internal reliability (Cronbach's alpha of 0.87). An evaluation of construct validity through factor analysis generated three factors with sound internal reliability: Factor 1 (Cultural Application, Cronbach's alpha = .85), Factor 2 (Cultural Support, Cronbach's alpha = .70) and Factor 3 (Cultural Acknowledgement, Cronbach's alpha = .85). The mean total scale score was 46.85 (SD 7.05, range 31-59 out of a possible 60). There was a significant correlation between scores on the Awareness of Cultural Safety Scale and awareness of racism scores ($r = .461$, $p = .002$).
Conclusion
Awareness of cultural safety is underpinned by principles of respect, relationships, and responsibility. Results indicated the ACSS was valid and reliable. Completion of the scale aimed to foster purposeful consideration by nursing and midwifery academics about their perceptions and approaches to teaching in order to improve Indigenous student success. (38 references) (Author)

20180104-92*

The midwife-woman relationship in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy. Goodwin L, Hunter B, Jones A (2018), Health Expectations: An International Journal of Public Participation in Health Care and Health Policy vol 21, no 1, February 2018 pp 347-357

Background
In 2015, 27.5% of births in England and Wales were to mothers born outside of the UK. Compared to their White British peers, minority ethnic and migrant women are at a significantly higher risk of maternal and perinatal mortality, along with lower maternity care satisfaction. Existing literature highlights the importance of midwife-woman relationships in care satisfaction and pregnancy outcomes; however, little research has explored midwife-woman relationships for migrant and minority ethnic women in the UK.
Methods
A focused ethnography was conducted in South Wales, UK, including semi-structured interviews with 9 migrant Pakistani participants and 11 practising midwives, fieldwork in the local migrant Pakistani community and local maternity services, observations of antenatal appointments, and reviews of relevant media. Thematic data analysis was undertaken concurrently with data collection.
Findings
The midwife-woman relationship was important for participants' experiences of care. Numerous social and ecological factors influenced this relationship, including family relationships, culture and religion, differing health-care systems, authoritative knowledge and communication of information. Marked differences were seen between midwives and women in the perceived importance of these factors.
Conclusions
Findings provide new theoretical insights into the complex factors contributing to the health-care expectations of pregnant migrant Pakistani women in the UK. These findings may be used to create meaningful dialogue between women and midwives, encourage women's involvement in decisions about their health care and facilitate future midwifery education and research. Conclusions are relevant to a broad international audience, as achieving better outcomes for migrant and ethnic minority communities is of global concern.
(77 references) (Author)

20171221-31

Root Community Birth Center: creating change in community. Zuberi J (2017), Midwifery Matters vol 4, no 2, Fall 2017, p 29

Roots Community Birth Center was founded by the only African-American midwife attending births in community settings in Minnesota, United States of America. It was established to increase access to birth centre midwifery care for women from all ethnic, religious and socioeconomic backgrounds, and participates in research with the University of Minnesota to test whether access to culturally focused care is a predictor of improved health outcomes. This overview of the centre's work is written by a midwife who carried out an apprenticeship there and is about to join the team as a staff midwife. (3 references) (KRB)

20171206-10*

Subconstructs of the Edinburgh Postnatal Depression Scale in a multi-ethnic inner-city population in the U.S.. Chiu Y-H M, Sheffield PE, Hsu H-HL, et al (2017), Archives of Women's Mental Health vol 20, no 6, December 2017, pp 803-810

The ten-item Edinburgh Postnatal Depression Scale (EPDS) is one of the most widely used self-report measures of postpartum depression. Although originally described as a one-dimensional measure, the recognition that depressive symptoms may be differentially experienced across cultural and racial/ethnic groups has led to studies examining structural equivalence of the EPDS in different populations. Variation of the factor structure remains understudied across racial/ethnic groups of US women. We examined the factor structure of the EPDS assessed 6 months postpartum in 515 women (29% black, 53% Hispanic, 18% white) enrolled in an urban Boston longitudinal birth cohort. Exploratory factor analysis (EFA) identified that a three-factor model, including depression, anxiety, and anhedonia subscales, was the most optimal fit in our sample as a whole and across race/ethnicity. Confirmatory factor analysis (CFA) was used to examine the fit of both the two- and three-factor models reported in prior research. CFA confirmed the best fit for a three-factor model, with minimal differences across race/ethnicity. 'Things get on top of me' loaded on the anxiety factor among Hispanics, but loaded on the depression factor in whites and African Americans. These findings suggest that EPDS factor structure may need to be adjusted for diverse samples and warrants further study. (Author)

20171102-44

Hidden and unaccounted for: understanding maternal health needs and practices of semi-nomadic shepherd women in Maharashtra, India. Ganesh G, Ghotge N (2017), MIDIRS Midwifery Digest vol 27, no 4, December 2017, pp 527-532

This paper looks at the so far undocumented maternal health needs and practices among women of semi-nomadic shepherd pastoral communities called Dhangars that migrate across the western Indian state of Maharashtra. The constant migration of these communities through remote areas where health services are scarce, poses particular challenges for women during pregnancy and childbirth. (20 references) (Author)

20171027-11*

Black doulas, midwives and reproductive health advocates step up in response to rising black maternal deaths. Simmons AM (2017), Los Angeles Times 26 October 2017

Reports the launch of the Healing Hands Community Doula Project, the brain-child of Darline Turner, in response to the high number of pregnancy-related deaths among black women in the United States of America. Explains that the project, based in Austin, Texas, aims to provide support, resources, information and education for African American women who may not otherwise have access to prenatal care. (JSM)

Full URL: http://www.latimes.com/nation/la-na-global-black-midwives-20171026-story.html

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20171004-39*

Systematic review of immigrant women's experiences with perinatal care in North America. Winn A, Hetherington E, Tough S (2017), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 46, no 5, September/October 2017, pp 764-775

Objective

To understand the perinatal care experiences of pregnant immigrant women in North America.

Data Sources

We searched five electronic databases: MEDLINE, PsycINFO, SocINDEX, CINAHL, and Social Work Abstracts. Two categories of search terms, pregnancy and immigrant, were used to conduct a title/abstract and subject heading search. We manually searched the reference lists of all relevant articles to identify additional articles.

Study Selection

Inclusion criteria were qualitative or mixed methods study design, focus on immigrant women's experiences of accessing perinatal care, and data collection in North America. Two reviewers were involved in a three-stage selection process: title/abstract screen, full text review, and data extraction and quality appraisal.

Data Extraction

Data on authors, date, location, methodology, sample characteristics, data collection, and themes or topics were extracted from 19 articles.

Data Synthesis

We followed the Thomas and Harden (2008) thematic synthesis methodology, which involved a three-stage data analysis approach: free line-by-line coding, organization of free codes into descriptive themes, and construction of analytical themes. We developed three meta-themes from the 19 articles included in our review: Expectations of Pregnancy as Derived From Home, Reality of Pregnancy in the Host Health Care System, and Support.

Conclusion

Immigration is a relevant issue in North America, and pregnancy can be an entry point into the health care system for immigrant women. We provide relevant information for health care providers, policy makers, program planners, and researchers about opportunities to explain models of health care delivery, improve communication, and facilitate social support to improve the experiences of immigrant women who interact with the health care system during pregnancy. (56 references) (Author)

20170928-9

Barriers to a healthy lifestyle post gestational-diabetes: An Australian qualitative study. Zulfiqar T, Lithander FE, Banwell C, et al (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 4, August 2017, pp 319-324

Background

Overseas-born-women from certain ethnicities are at high risk of type-2 diabetes and related metabolic disorders. This study explored the barriers and facilitators to long-term healthy lifestyle recommendations among Australian-born and overseas-born-women who attended health promotion sessions at a tertiary Australian Hospital for gestational diabetes 3-4 years previously.

Method

Face-to-face semi-structured interviews were conducted. Data were analyzed to identify major themes and the

differing experiences of both groups of women.
Findings
Women in both groups faced many barriers to improve post-gestational-diabetes lifestyle. Women from both groups recalled healthy lifestyle recommendations for during pregnancy they received at the service, but had difficulty recalling the long-term lifestyle recommendations. Timing of the health information, non-reiteration of lifestyle recommendations, uncoordinated and fragmented health system support after childbirth were barriers faced by all women. Additional barriers for overseas-born women included the cultural competence of the health education material, their cultural preferences for food and physical activities and unsupportive family and partner. Both groups had excellent compliance with the first annual postnatal oral-glucose-tolerance-test. This was attributed to the personal motivation and health professional reminder. Women only reverted to the healthy lifestyles postnatally for weight loss.
Conclusion
A better understanding of the barriers to healthy lifestyle by women in their everyday lives will assist in the development of culturally appropriate health promotion guidelines and strategies. Constant un-fragmented postnatal engagement by the specialised diabetes clinics and primary health care services is crucial to sustain the healthy lifestyle in the long-term for women with previous gestational-diabetes. (32 references) (Author)

20170906-111*

An Assessment of Romani Women's Autonomy and Timing of Pregnancy in Serbia and Macedonia. Stojanovski K, Janevic T, Kasapinov B, et al (2017), Maternal and Child Health Journal vol 21, no 9, September 2017, pp 1814-1820

Background Roma are Europe's largest minority population. Serbia and Macedonia have the greatest proportion of Roma outside of the European Union. Our objective was to examine women's agency and how it related to desired timing of pregnancy among Romani women in Macedonia and Serbia. Methods We surveyed 410 Romani women who had given birth in the last 2 years between November 2012-February 2013 in Serbia and Macedonia using purposeful snowball sampling. Log-Poisson models were used to examine the association between women's inclusion in healthcare decision- making and desired timing of pregnancy. ResultsRomani women in Macedonia and Serbia were excluded from the labor market, with over 80% being unemployed, approximately 30% had no schooling, and 17% were not included in healthcare decisions. Romani women who were sole decision-makers in relation to their health were 1.4 times more likely to desire the timing of their most recent pregnancy [RRR = 1.4, CI (1.1, 1.8)]. Conclusions Romani women who have great involvement in their own healthcare decisions were more likely to desire the timing of their current pregnancy. Women's inclusion in such important decisions is important and empowerment programs that address gender inequity are needed in Romani communities, particularly for control of timing of pregnancy. (Author)

20170711-13*

Impact of a continuing professional development intervention on midwifery academics' awareness of cultural safety. Fleming T, Creedy DK, West R (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 3, June 2017, pp 245-252

Background
Cultural safety in higher education learning and teaching environments is paramount to positive educational outcomes for Aboriginal and/or Torres Strait Islander (hereafter called First Peoples) students. There is a lack of research evaluating the impact of continuing professional development on midwifery academics' awareness of cultural safety.
Aim
To implement and evaluate a continuing professional development intervention to improve midwifery academics' awareness of cultural safety in supporting First Peoples midwifery students success.
Methods
A pre-post intervention mixed methods design was used. Academics (n = 13) teaching into a Bachelor of Midwifery program agreed to participate. The intervention consisted of two workshops and five yarning circles across a semester. Data included the Awareness of Cultural Safety Scale, self-assessment on cultural safety and perceptions of racism, evaluation of the intervention, participants' journal entries, and researcher's reflections.
Findings
Responses on the Awareness of Cultural Safety Scale revealed significant improvement in participants' awareness of cultural safety. There was an upward trend in self-assessment ratings. Participants reported high levels of satisfaction with the intervention or workshops and yarning circles. Participants' journal entries revealed themes willingness to participate and learn, confidence as well as anger and distress.

Conclusion
Increased awareness of cultural safety can be transformative for midwifery academics. Workshops and yarning circles can support academics in moving beyond a 'sense of paralysis' and engage in challenging conversations to transform their learning and teaching and in turn foster a culturally safe learning and teaching environment for First Peoples midwifery students towards success. (52 references) (Author)

Full URL: http://www.womenandbirth.org/article/S1871-5192(17)30071-9/fulltext

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20170622-17

Elements of cultural competence in an Australian Aboriginal maternity program. Bertilone CM, McEvoy SP, Gower D, et al (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 2, April 2017, pp 121-128

Background
Pregnancy, labour and neonatal health outcomes for Australian Aboriginal women and their infants are frequently worse than those of the general population. Provision of culturally competent services may reduce these differences by improving access to timely and regular antenatal care. In an effort to address these issues, the Aboriginal Maternity Group Practice Program commenced in south metropolitan Perth, Western Australia, in 2011. The program employed Aboriginal Grandmothers, Aboriginal Health Officers and midwives working in a partnership model with pre-existing maternity services in the area.
Aim
To identify elements of the Aboriginal Maternity Group Practice Program that contributed to the provision of a culturally competent service.
Methods
The Organisational Cultural Competence Assessment Tool was used to analyse qualitative data obtained from surveys of 16 program clients and 22 individuals from partner organisations, and interviews with 15 staff.
Findings
The study found that the partnership model positively impacted on the level of culturally appropriate care provided by other health service staff, particularly in hospitals. Two-way learning was a feature. Providing transport, team home visits and employing Aboriginal staff improved access to care. Grandmothers successfully brought young pregnant women into the program through their community networks, and were able to positively influence healthy lifestyle behaviours for clients.
Conclusion
Many elements of the Aboriginal Maternity Group Practice Program contributed to the provision of a culturally competent service. These features could be considered for inclusion in antenatal care models under development in other regions with culturally diverse populations. (22 references) (Author)

20170517-30

Accommodating Immigrant Women's Preferences for Female Health Care Providers. Aubrey C, Mumtaz Z, Patterson PB, et al (2017), Obstetrics & Gynecology vol 129, no 5, May 2017, pp 919-924

OBJECTIVE: To investigate obstetricians' perspectives of the importance, effect, and challenges of providing intrapartum care to immigrant women who request a female obstetrician.
METHODS: A focused ethnography was conducted at a large teaching hospital, which serves a high proportion of immigrant clientele (predominantly North or East African, Middle Eastern, and South Asian) in Edmonton, Alberta, Canada. Data collection comprised single, semistructured interviews with a purposive sample of 20 obstetric health care providers (10 resident and 10 staff obstetricians). Interviews were audio-recorded and transcribed verbatim. Data were managed with Quirkos and analyzed using thematic analysis.
RESULTS: A total of 13 female and seven male physicians were interviewed. Physicians recognized the validity of immigrant women's preference and requests for female health care providers and expressed sympathy for them. However, they were also resistant and expressed several concerns about accommodating these requests, including fear of perpetuating and exacerbating gender inequalities in medicine, the extent to which patient decision-making was coercion-free, the ability of the health system to meet the demands, and implications for training and quality of care.
CONCLUSION: Although physicians were sympathetic to immigrant women's requests for female obstetricians, they placed greater value on maintaining gender equity both within the medical profession and in wider society and resisted accommodating gender-of-health-care-provider requests. Our qualitative study suggests a need for greater research to inform policy that meets the professional and personal values of both physicians and patients. (21 references) (Author)

20170512-93

Childbirth and New Mother Experiences of Arab Migrant Women. Bawadi H, Ahmad MM (2017), MCN - American Journal of Maternal/Child Nursing vol 42, no 2, March/April 2017, pp 101-107

Purpose: To explore the experience of childbirth and becoming a new mother for Arab migrant women in the United Kingdom.
Study Design & Methods: Hermeneutic phenomenology design was used to investigate the childbirth and early mothering experience of migrant Arab Muslim women from several countries to United Kingdom. Purposive sampling was chosen. Data collection was conducted through in-depth interviews.
Results: The emerging theme 'displacement and reformation of the self' includes four subthemes from analyses of participants' interviews. These were the emerging dominance of the nuclear family over the extended family: self-contained/self-worth; moving from dependence: self-governing/self-reliance; freedom from cultural constraints: self-determination; and achieving peace of mind: self-satisfaction.
Conclusion: Exploring the perception of migrant Muslim women's childbirth and new mother experiences in a foreign land may help caregivers better understand their healthcare needs. (15 references) (Author)

20170419-6

Our babies matter too. Lord M (2017), ABM [Association of Breastfeeding Mothers] Spring 2017, pp 14-16

Mother of 5, doula and doula trainer Mars Lord discusses the need to include more images of black and minority ethnic women in materials promoting breastfeeding in order to improve breastfeeding rates. (MB)

20170309-57*

What Do Childbearing Women in Your Clinical Practice Look Like?. Callister LC (2016), Nursing for Women's Health vol 20, no 1, Feb-March 2016, pp 9-11

With cultural diversity increasing, what do the childbearing women in your practice look like? Beliefs about the central role of motherhood and the use of fertility rites in the life of a woman vary. Although individual differences exist because of the uniqueness of each woman, there are wonderfully rich cultural traditions and practices that influence what a woman believes and enacts. What constitutes a satisfying birth experience varies from woman to woman. Perinatal nurses can find many satisfying clinical experiences by being creative, flexible, and resilient in their approach to providing care. (Author)

20170308-15*

Models of midwifery care for Indigenous women and babies: A meta-synthesis. Corcoran P, Catling C, Homer CSE (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 1, February 2017, pp 77-86

Issue
Indigenous women in many countries experience a lack of access to culturally appropriate midwifery services. A number of models of care have been established to provide services to women. Research has examined some services, but there has not been a synthesis of qualitative studies of the models of care to help guide practice development and innovations.
Aim
To undertake a review of qualitative studies of midwifery models of care for Indigenous women and babies evaluating the different types of services available and the experiences of women and midwives.
Methods
A meta-synthesis was undertaken to examine all relevant qualitative studies. The literature search was limited to English-language published literature from 2000-2014. Nine qualitative studies met the inclusion criteria and literature appraisal - six from Australia and three from Canada. These articles were analysed for coding and theme development.
Findings
The major themes were valuing continuity of care, managing structural issues, having negative experiences with mainstream services and recognising success.
Discussion
The most positive experiences for women were found with the services that provided continuity of care, had strong community links and were controlled by Indigenous communities. Overall, the experience of the midwifery services for Indigenous women was valuable. Despite this, there were still barriers preventing the provision of intrapartum midwifery care in remote areas.

Conclusion
The expansion of midwifery models of care for Indigenous women and babies could be beneficial in order to improve cultural safety, experiences and outcomes in relation to pregnancy and birth. (45 references) (Author)

Full URL: http://www.sciencedirect.com/science/article/pii/S1871519216300762

20170217-46

Abuse and disrespect of Aboriginal and Torres Straits Islander mothers in the Australian healthcare system. Hazard B (2016), Australian Midwifery News vol 16, no 4, Summer 2016, pp 38-39

A regional advocacy coordinator discusses the treatment of Aboriginal and Torres Strait Islander mothers in Australia, These women are much more at risk of being reported as 'non-compliant' during antenatal inspections and are subsequently threatened with the removal of their child straight after birth. Indigenous mothers are already more vulnerable to abuse, domestic violence, racism and systemic disenfranchisement, so maternal health services should be focusing on providing supportive and engaging care, rather than reporting and judging these women. (3 references) (KRB)

20170116-21*

Culturally capable and culturally safe: caseload care for Indigenous women by Indigenous midwifery students. West R, Gamble J, Kelly J, et al (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 6, December 2016, pp 524-530

Background
Evidence is emerging of the benefits to students of providing continuity of midwifery care as a learning strategy in midwifery education, however little is known about the value of this strategy for midwifery students.
Aim
To explore Indigenous students' perceptions of providing continuity of midwifery care to Indigenous women whilst undertaking a Bachelor of Midwifery.
Methods
Indigenous Bachelor of Midwifery students' experiences of providing continuity of midwifery care to Indigenous childbearing women were explored within an Indigenous research approach using a narrative inquiry framework. Participants were three Indigenous midwifery students who provided continuity of care to Indigenous women.
Findings
Three interconnected themes; facilitating connection, being connected, and journeying with the woman. These themes contribute to the overarching finding that the experience of providing continuity of care for Indigenous women creates a sense of personal affirmation, purpose and a validation of cultural identity in Indigenous students.
Discussion and conclusions
Midwifery philosophy aligns strongly with the Indigenous health philosophy and this provides a learning platform for Indigenous student midwives. Privileging Indigenous culture within midwifery education programs assists students develop a sense of purpose and affirms them in their emerging professional role and within their community. The findings from this study illustrate the demand for, and pertinence of, continuity of care midwifery experiences with Indigenous women as fundamental to increasing the Indigenous midwifery workforce in Australia. Australian universities should provide this experience for Indigenous student midwives. (38 references) (Author)

Full URL: http://www.womenandbirth.org/article/S1871-5192(16)30025-7/fulltext

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20161115-35

Language-appropriate appointment reminders: assessing the communication preferences of women with limited English proficiency. Morse E, Mitchell S (2016), Journal of Midwifery & Women's Health vol 61, no 5, Sept-Oct 2016, pp 593-598

Introduction
The purpose of this study was to assess the communication preferences and the telephone, text, and e-mail usage of women with limited English proficiency who attended an outpatient women's health clinic.
Methods
This study surveyed a convenience sample (N = 220) of Spanish- and Arabic-speaking women in an obstetrics and gynecology clinic. The survey instrument was designed to capture the experience of women with limited English proficiency who received automated English-only telephone appointment reminders. We evaluated how these women currently use short message service (SMS) technology and/or access e-mail, the costs they incur for these services, and their preferences for and receptiveness to receiving appointment reminders through a variety of modalities including text, e-mail, phone, or direct mail.

Results
More than half of women surveyed reported either not receiving an appointment reminder or reported difficulty understanding the reminder they did receive. Of all women surveyed, 91% preferred appointment reminders in their primary language regardless of their ability to read, write, speak, or understand English. Significant variation in preferences was found within and between the 2 language groups.
Discussion
The data suggest that the current appointment-reminder system is both inefficient and linguistically inappropriate for female clients with limited English proficiency. This project offers preliminary data on the preferences of Spanish- and Arabic-speaking women. Creating language-appropriate appointment reminders in both phone and text formats reflects an institutional commitment to the language preferences of all women, not just those who speak the dominant language, in accordance with accreditation guidelines defined by the Centers for Medicare and Medicaid Services and The Joint Commission. (17 references) (Author)

20161024-62

Navajo CNM to open first Native American birth center. Garvey M (2016), Quickening vol 47, no 1, Winter 2016, pp 28-29

Most Native American women are unaware of their options when it comes to childbirth, and can't afford to give birth outside the hospital setting as insurance doesn't cover it. Nicolle Gonzales is establishing a Native American birth center as a safe place where people can carry out traditional, ceremonial practices such as drumming and burning sage during labour. Research from aboriginal communities in Australia shows that outcomes improve when Indigenous people are attended by Indigenous providers. Gonzales hopes to provide other services to the tribal community such as diabetes education, sexual health, traditional parenting classes and counselling, the development led by the community rather than health care providers. (KRB)

20161020-20

Cultural competency training with Black Card. Smethurst J (2016), Australian Midwifery News vol 16, no 3, Spring 2016, pp 56-57

Do you know the name of the people who lived on this land where your house now stands? Where your workplace now stands? Do you know what happened to them? Their language? Their sacred grounds? Do you know how this loss has impacted on the lives and relationships of the Aboriginal people in your community today? (Author)

20161019-12

Aboriginal and Torres Strait Islander women's experiences accessing standard hospital care for birth in South Australia - A phenomenological study. Brown AE, Fereday JA, Middleton PF, et al (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 4, August 2016, pp 350-358

Background
Aboriginal and Torres Strait Islander women, hereafter called Indigenous women, can experience a lack of understanding of their cultural needs when accessing maternity care in the standard hospital care system.
Aim
To explore the lived experiences described by Indigenous women accessing labour and birth care in the standard hospital care system at a tertiary public hospital in South Australia.
Methods
An interpretive Heideggerian phenomenological approach was used. Indigenous women who accessed standard care voluntarily agreed to participate in semi-structured interviews with Indigenous interviewers. The interviews were transcribed and analysed informed by van Manen's approach.
Findings
Thematic analysis revealed six main themes: 'knowing what is best and wanting the best for my baby', 'communicating my way', 'how they made me feel', 'all of my physical needs were met', 'we have resilience and strength despite our hardships' and 'recognising my culture'.
Conclusion
Indigenous women in this study expressed and shared some of their cultural needs, identifying culturally unsafe practices. Recommendations to address these include the extension of current care planners to include cultural needs; Aboriginal Maternal Infant Care (AMIC) workers for women from rural and remote areas; AMIC workers on call to assist the women and midwives; increased education, employment and retention of Indigenous midwives; increased review into the women's experiences; removal of signs on the door restricting visitors in the birth suite; flexibility in the application of hospital rules and regulations; and changes to birthing services in rural and remote

areas so women may not have to relocate for birth. (37 references) (Author)

20160907-16

Equity in care: how culturally competent is the health visitor?. Gunn MF (2016), Journal of Health Visiting vol 4, no 4, April 2016, pp 192-198

This article explores the concept of cultural competency and analyses the knowledge and skills required to function effectively as a health visitor in the changing demographic
landscape of the UK, particularly Scotland. An exploration of the Quickfall (2010) model of cultural competence highlights it as a framework to support optimal service delivery in our increasingly diverse communities. Culture and ethnicity are known to influence clients' perceptions of health and wellbeing (Giger and Davidhizar, 2004); therefore, cultural values and beliefs affect the extent to which families engage with health and social care services (Sheridan et al, 2015). Health visitors are required to acknowledge, understand and respond sensitively to diversity to deliver culturally competent care that enables the provision of a truly equitable health
visiting service. (66 references) (Author)

20160819-12*

Kikiskawâwasow - prenatal healthcare provider perceptions of effective care for First Nations women: an ethnographic community-based participatory research study. Oster RT, Bruno G, Montour M, et al (2016), BMC Pregnancy and Childbirth vol 16, no 216, 11 August 2016

Background
Pregnant Indigenous women suffer a disproportionate burden of risk and adverse outcomes relative to non-Indigenous women. Although there has been a call for improved prenatal care, examples are scarce. Therefore, we explored the characteristics of effective care with First Nations women from the perspective of prenatal healthcare providers (HCPs).
Methods
We conducted an ethnographic community-based participatory research study in collaboration with a large Cree First Nations community in Alberta, Canada. We carried out semi-structured interviews with 12 prenatal healthcare providers (HCPs) that were recorded, transcribed, and subjected to qualitative content analysis.
Results
According to the participants, relationships and trust, cultural understanding, and context-specific care were key features of effective prenatal care and challenge the typical healthcare model. HCPs that are able to foster sincere, non-judgmental, and enjoyable interactions with patients may be more effective in treating pregnant First Nations women, and better able to express empathy and understanding. Ongoing HCP cultural understanding specific to the community served is crucial to trusting relationships, and arises from real experiences and learning from patients over and above relying only on formal cultural sensitivity training. Consequently, HCPs report being better able to adapt a more flexible, all-inclusive, and accessible approach that meets specific needs of patients.
Conclusions
Aligned with the recommendations of the Truth and Reconciliation Commission of Canada, improving prenatal care for First Nations women needs to allow for genuine relationship building with patients, with enhanced and authentic cultural understanding by HCPs, and care approaches tailored to women's needs, culture, and context. (34 references) (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes] [The full version of this article is available free of charge at: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1013-x]

Full URL: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1013-x

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20160610-3

Improving prenatal care for minority women. Gennaro S, Melnyk BM, O'Connor C, et al (2016), MCN - American Journal of Maternal/Child Nursing vol 41, no 3, May-June 2016, pp 147-153

Since the inception of prenatal care in the early 1900s, the focus of care has been on risk reduction rather than on health promotion. Prenatal care began as individualized care, but more recently group prenatal care has been shown to be very successful in improving birth outcomes. For all women, an emphasis on improving health behaviors is important at this critical time while women are engaging regularly with the healthcare system. An emphasis on mental health promotion may decrease some of the disparities in birth outcomes that are well documented between minority and majority women, as minority women are known to experience increased levels of stress, anxiety, and depression. Providing support for pregnant women and incorporating knowledge and skills through prenatal care may

promote both physical and mental health in minority women. (50 references) (Author)

20160526-19*

Timing of the initiation of antenatal care: an exploratory qualitative study of women and service providers in East London. Hatherall B, Morris J, Jamal F, et al (2016), Midwifery vol 36, May 2016, pp 1-7

Objective:
to explore the factors which influence the timing of the initiation of a package of publically-funded antenatal care for pregnant women living in a diverse urban setting
Design:
a qualitative study involving thematic analysis of 21 individual interviews and six focus group discussions.
Setting:
Newham, a culturally diverse borough in East London, UK
Participants:
individual interviews were conducted with 21 pregnant and postnatal women and focus group discussions were conducted with a total of 26 health service staff members(midwives and bilingual health advocates) and 32 women from four community groups (Bangladeshi, Somali, Lithuanian and Polish).
Findings:
initial care-seeking by pregnant women is influenced by the perception that the package of antenatal care offered by the National Health Service is for viable and continuing pregnancies, as well as little perceived urgency in initiating antenatal care. This is particularly true when set against competing responsibilities and commitments in women's lives and for pregnancies with no apparent complications or disconcerting symptoms. Barriers to access to this package of antenatal care include difficulties in navigating the health service and referral system, which are compounded for women unable to speak English, and service provider delays in the processing of referrals. Accessing antenatal care was sometimes equated with relinquishing control, particularly for young women and women for whom language barriers prohibit active engagement with care.
Conclusions and implications for practice:
if women are to be encouraged to seek antenatal care from maternity services early in pregnancy, the purpose and value to all women of doing so need to be made clear across the communities in which they live. As a woman may need time to accept her pregnancy and address other priorities in her life before seeking antenatal care, it is crucial that once she does decide to seek such care, access is quick and easy. Difficulties found in navigating the system of referral for antenatal care point to a need for improved access to primary care and a simple and efficient process of direct referral to antenatal care, alongside the delivery of antenatal care which is woman-centred and experienced as empowering.
(24 references) (Author) [The full version of this article is available free of charge at:
http://www.midwiferyjournal.com/article/S0266-6138(16)00055-3/fulltext]

Full URL: http://www.midwiferyjournal.com/article/S0266-6138(16)00055-3/fulltext

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20160516-33

Supporting an ethnic minority woman's choice for pain relief in labour: a reflection. Hughes F, Hughes C (2016), British Journal of Midwifery vol 24, no 5, May 2016, pp 339-342

Despite professional expectations for midwives to provide care to women that is founded in equality and recognises diversity (Nursing and Midwifery Council, 2015), women from ethnic minority populations consistently suggest that they are not heard (Briscoe and Lavender, 2009; Tobin et al, 2014). This article reflects on a situation where a Portuguese woman with limited English-speaking ability was denied access to epidural anaesthesia as the midwife felt that the woman could not give valid consent to the procedure without the presence of an interpreter. The midwife's role in this situation is reflected on, and implications for midwifery practice identified. (34 references) (Author)

20160506-4*

Stressful events, social health issues and psychological distress in Aboriginal women having a baby in South Australia: implications for antenatal care. Weetra D, Glover K, Buckskin M, et al (2016), BMC Pregnancy and Childbirth vol 16, no 88, 26 April 2016

Background
Around 6 % of births in Australia are to Aboriginal and Torres Strait Islander families. Aboriginal and Torres Strait Islander women are 2-3 times more likely to experience adverse maternal and perinatal outcomes than

non-Aboriginal women in Australia.
Methods
Population-based study of mothers of Aboriginal babies born in South Australia, July 2011 to June 2013.
Mothers completed a structured questionnaire at a mean of 7 months postpartum. The questionnaire included measures of stressful events and social health issues during pregnancy and maternal psychological distress assessed using the Kessler-5 scale.
Results
Three hundred forty-four women took part in the study, with a mean age of 25 years (range 15-43). Over half (56.1 %) experienced three or more social health issues during pregnancy; one in four (27 %) experienced 5-12 issues. The six most commonly reported issues were: being upset by family arguments (55 %), housing problems (43 %), family member/friend passing away (41 %), being scared by others people's behavior (31 %), being pestered for money (31 %) and having to leave home because of family arguments (27 %). More than a third of women reporting three or more social health issues in pregnancy experienced high/very high postpartum psychological distress (35.6 % versus 11.1 % of women reporting no issues in pregnancy, Adjusted Odds Ratio = 5.4, 95 % confidence interval 1.9-14.9).
Conclusions
The findings highlight unacceptably high rates of social health issues affecting Aboriginal women and families during pregnancy and high levels of associated postpartum psychological distress. In order to improve Aboriginal maternal and child health outcomes, there is an urgent need to combine high quality clinical care with a public health approach that gives priority to addressing modifiable social risk factors for poor health outcomes. (46 references) (Author) [The full version of this article is available free of charge at: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0867-2] [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0867-2

20160427-4

A qualitative review of immigrant women's experiences of maternal adaptation in South Korea. Song J-E, Ahn J-A, Kim T, et al (2016), Midwifery vol 39, August 2016, pp 35-43

Objective:
to synthesise the evidence of immigrant women's experiences of maternal adaptation in Korea.
Methods:
eligible studies were identified by searching MEDLINE, CINAHL, and the Korean electronic databases. Qualitative research studies, published in English and Korean addressing maternal adaptation experiences of immigrant women by marriage in Korea, were considered in the review. The suitability of the quality of articles was evaluated using the Joanna Briggs Institute's Critical Appraisal Checklist. Fifteen studies met the inclusion criteria for data analysis. Authors, purpose of the study, study design, theoretical framework, population (nationality and sample size), data collection (setting and method), and main study findings were extracted and summarised in a data extraction form for further narrative analysis and synthesis. A qualitative systematic review was performed by means of thematic synthesis.
Findings:
the literature search identified 7,628 articles, of which 15 studies, published between 2009 and 2014, were evaluated in the systematic review. Two overarching categories including five themes were identified in the qualitative studies related to maternal adaptation experiences; 'Experiences of motherhood transition' and 'Experiences of child-rearing'.
Conclusions:
these findings demonstrate the importance of understanding and improving maternal adaptation of immigrant women living in Korea. This can be achieved by enhancing social support, providing culturally sensitive maternal healthcare services, and expanding opportunities for immigrant women in education, job training, and economic independence. (49 references) (Author)

20160318-43*

Paediatrics among ethnic minorities: Asian families 1: cultures. Black J (1985), BMJ vol 290, pp 762-764, March 9 1985

This article considers the problems of children whose families have originated directly from India, Pakistan, and Bangladesh and indirectly from the Indian subcontinent via east Africa. The extended family is of great importance in Asian culture. It consists of three generations: the husband (head of the family) and wife, their sons and wives, and their children. In Britain the traditional roles of husband and family cannot always be sustained; the husband may feel that his authority has diminished and may worry because his children do not look to the extended family in Asia. His

wife may feel isolated at home, lacking the support of relatives, and may see her husband and children, with their contacts outside the home, adapting better to life in Britain. The children will attempt, with varying degrees of success, to cope with life in two cultures. Most Asian parents in Britain approve of arranged marriages and their children generally accept them as marriage is very much a family affair. (Author)

20160209-41

The impact of clinical research on developing an alternative way to provide antenatal and postnatal education to Black and Minority Ethnic mothers, using the internet as a means of mass communication. Nikolova G (2016), MIDIRS Midwifery Digest vol 26, no 1, March 2016, pp 41-47

Maternity services in the UK are among the best in the world, however as more studies define the internet and social media as factors reshaping the way maternity care can be provided (Lagan et al 2011, Lima-Pereira et al 2011, Dugas et al 2012), opportunities for development should not be squandered. Research Councils UK defines research impact as 'the demonstrable contribution that excellent research makes to society and the economy, of benefit to individuals, organisations and nations' (RCUK 2014), therefore the findings from a literature review published by the author last year (Nikolova & Lynch 2015), which looked at women's use of the internet during pregnancy, were implemented in the design of a new model of early antenatal education for Black and Minority Ethnic (BME) mothers and families. (35 references) (Author)

20160126-19

Implementing the Nurse-Family Partnership with Aboriginal and Torres Strait Islander clients. Runciman C (2015), International Journal of Birth and Parent Education vol 3, no 2, Winter 2015, pp 37-41

Demands for scarce health and welfare resources to be channeled into evidence-based programs are becoming louder in Australia. This paper provides an example of how the Nurse-Family Partnership is used to support Aboriginal and Torres Strait Islander women in Australia and identifies some challenges, successes and opportunities in replicating the program in this context. (14 references) (Author)

20160113-30

A qualitative assessment of factors in the uptake of midwifery of diverse populations in Thunder Bay, Ontario. Moeller H, Dowsley M, Wakewich P, et al (2015), Canadian Journal of Midwifery Research and Practice vol 14, no 3, Fall 2015, pp 14-20, 24-29

Introduction: Although the uptake of midwifery in Thunder, Bay Ontario is above the provincial average, it is well below the World Health Organisation-suggested level. Midwifery is especially underutilized by Indigenous women and by recent immigrant, refugee, and asylum-seeking women.
Objective: To explore factors shaping birth-attendant choices and decisions of diverse women in northwestern Ontario.
Methods: Drawing on data from a larger pilot study, this paper discusses factors in choosing midwifery for Indigenous, Euro-Canadian, and visible-minority (VM) women in Thunder Bay. Using in-depth interviews, we explored where the women obtained information regarding birth-attendant options, how and why they chose their caregiver, and their perceptions of the quality of their maternal experiences.
Results: Participating women's birth attendant choices and experiences were influenced by (1) health care provider and/or social network awareness of (and attitudes towards) midwifery; (2) personal knowledge; (3) access to midwifery; and (4) understanding of the pregnancy as being on a medical risk continuum or as a normal, healthy process. Additional influences for VM women include a lack of formally educated midwives and social status gained through having a physician in their country of origin. Additional influences for Indigenous women were the effects of colonization, discrimination, and racism.
Conclusion: Women (particularly VM and Indigenous women), their families, and health care providers in northwestern Ontario need more and easier access to midwives and to knowledge about their services and scope of practice. Also, increased focus on antiracist and culturally safe practice in health care provider curricula would help care for Indigenous women. (44 references) (Author)

20151120-4

A mixed-methods study of immigrant Somali women's health literacy and perinatal experiences in Maine. Jacoby SD, Lucarelli M, Musse F, et al (2015), Journal of Midwifery & Women's Health vol 60, no 5, September/October 2015, pp 593-603

INTRODUCTION:
Research on health care provided to clients with limited English proficiency in the United States has revealed poor

satisfaction and increased use of the health care system. This mixed-methods study explored health literacy and the perinatal experiences of Somali and Somali Bantu women living in Lewiston, Maine. The study also describes the development and validation of historietas (comic-book style health education brochure) used to increase knowledge and awareness of why emergency cesareans may be required and the symptoms of postpartum depression (PPD).
METHODS:
During phase 1, a focus group to discuss the perinatal experiences of Somali women (n = 4) was undertaken and 2 historietas were developed to create greater understanding of emergency cesareans and PPD. In phase 2, Somali and Somali Bantu women (n = 19) completed ahealth literacy questionnaire and a perinatal experiences questionnaire. A focus group was also conducted during phase 2 to determine the perinatal experiences of the participants. Phase 2 participants validated the historietas developed in phase 1. Responses from focus groups were triangulated with data from the perinatal experiences questionnaire completed during phase 2.
RESULTS:
Overall, none of the phase 2 participants demonstrated adequate health literacy. Problems with gudnin (Somali word for cutting) related to female genital mutilation/cutting and PPD yielded statistically significant results. Somali women expressed dissatisfaction with certain obstetric interventions, especially emergency cesareans. Phase 2 participants unanimously validated the usefulness of the historietas as a clinical teaching tool.
DISCUSSION:
Poor health literacy due to language barriers may place Somali women living in the United States at risk for adverse outcomes during pregnancy and/or birth. Complications related to emergency cesareans and PPD were identified as significant problems for which Somali women require further knowledge. Historietas addressing knowledge gaps related to emergency cesareans and symptoms of PPD were validated by participants as useful teaching tools.
(42 references) (Author)

20151015-10*

Specific antenatal interventions for Black, Asian and Minority Ethnic (BAME) pregnant women at high risk of poor birth outcomes in the United Kingdom: a scoping review. Garcia R, Ali N, Papadopoulos C, et al (2015), BMC Pregnancy and Childbirth vol 15, no 226, 24 September 2015

BACKGROUND:
Disparity exists in maternal and infant birth outcomes of Black and Minority Ethnic (BAME) women giving birth in the UnitedKingdom (UK) compared to the majority. There is therefore a need to reconsider existing maternity service provision to ensure culturally competent services. The purpose of this scoping review was to ascertain what specific maternity interventions have been implemented in the UK for BAME women (2004-2014) so that increased awareness of the need and scope of specific maternity interventions for BAME women can be identified.
METHODS:
A scoping review was conducted in order to determine the evidence base. It was determined that no prior systematic reviews had been conducted and it was apparent that literature in this field was sparse. Scoping review is an ideal method when literature is likely to be heterogeneous and the research field relatively unexplored. A keyword strategy was used implementing population (P), intervention (I), comparison (C) andoutcomes (O).
RESULTS:
An initial 2188 papers were identified. Following screening and review, only 5 heterogeneous papers remained suitable and were included. The included interventions employed sample sizes of N = 160-1441, examined a range of different outcome measures and were delivered across different parts of the UK with high numbers of BAME residents.
CONCLUSIONS:
There is a lack of rigorous research interventions and practice interventions which are currently documented, of specific maternity interventions which are aimed to address culturally competent maternity services and the sharing of best practice addressing the increased risks ofBAME women delivering in the UK.
(74 references) (Author) [Full article available at: http://www.biomedcentral.com/1471-2393/15/226] [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: http://www.biomedcentral.com/1471-2393/15/226

20151013-10

Cross-Cultural Obstetric and Gynecologic Care of Muslim Patients. Shahawy S, Deshpande NA, Nour NM, et al (2015), Obstetrics & Gynecology vol 126, no 5, November 2015, pp 969-973

With the growing number of Muslim patients in the United States, there is a greater need for

obstetrician-gynecologists (ob-gyns) to understand the health care needs and values of this population to optimize patient rapport, provide high-quality reproductive care, and minimize health care disparities. The few studies that have explored Muslim women's health needs in the United States show that among the barriers Muslim women face in accessing health care services is the failure of health care providers to understand and accommodate their beliefs and customs. This article outlines health care practices and cultural competency tools relevant to modern obstetric and gynecologic care of Muslim patients, incorporating emerging data. There is an exploration of the diversity of opinion, practice, and cultural traditions among Muslims, which can be challenging for the ob-gyn who seeks to provide culturally competent care while attempting to avoid relying on cultural or religious stereotypes. This commentary also focuses on issues that might arise in the obstetric and gynecologic care of Muslim women, including the patient-physician relationship, modesty and interactions with male health care providers, sexual health, contraception, abortion, infertility, and intrapartum and postpartum care. Understanding the health care needs and values of Muslims in the United States may give physicians the tools necessary to better deliver high-quality care to this minority population. (Author)

20151006-31

Family nurses help patients learn English. Stephenson J (2015), Nursing Times vol 111, no 38, 16-22 September 2015, p 5

Briefly reports on a scheme in Newham, London, where nurses are helping families learn English as part of a Family Nurse Partnership. (SB)

20150917-17

Baby Steps: supporting parents from minority ethnic backgrounds in the perinatal period. Brookes H, Coster D, Sanger C (2015), Journal of Health Visiting vol 3, no 5, May 2015, pp 280-285

Mothers from minority ethnic groups are at increased risk of poor mental and physical health outcomes across the perinatal period, and often fail to access existing antenatal support services. There is currently a lack of research about how such families can be supported. The NSPCC has developed and evaluated a group-based perinatal education programme which was designed to meet the needs of a range of disadvantaged parents, including some from minority ethnic backgrounds. In-depth face-to-face interviews were carried out with a sample of 14 minority ethnic parents who had completed the programme. Positive outcomes reported by parents included: increased knowledge about pregnancy and parenting; improved relationships with partners and infants; and, for some, changes in attitudes towards gender roles, corporal punishment and female genital mutilation. The programme was a particularly important source of information and support for parents who were socially isolated. Factors that engaged this group of parents in the programme included: the use of interpreters; cultural competence among practitioners; and practitioners working flexibly by offering additional support and making themselves available to liaise with other agencies on behalf of the parents. (13 references) (Author)

20150908-42*

Pregnancy Risk Assessment Monitoring System and the W.K. Kellogg Foundation joint project to enhance maternal and child health surveillance: focus on collaboration. Ahluwalia IB, Harrison L, Simpson P, et al (2015), Journal of Women's Health vol 24, no 4, April 2015, pp 257-260

Maternal and child health (MCH) surveillance data are important for understanding gaps in services and disparities in burden of disease, access to care, risk behaviors, and health outcomes. However, national and state surveillance systems are not always designed to gather sufficient data for calculating reliable estimates of the health conditions among high-risk or underrepresented population subgroups living in smaller geographic areas. The Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS) has conducted surveillance for over 25 years in collaboration with state and city health departments. In 2012, PRAMS embarked on a multiyear collaboration with the W.K. KelloggFoundation (WKKF) to include oversampling of minority and low-income women in selected geographic areas in four states (Louisiana, Michigan, Mississippi, and New Mexico) where the WKKF funded extensive place-based initiatives are located. The PRAMS-WKKF collaboration has broad implications for promoting meaningful collaboration between public, private, local, state, and federal organizations to address MCH data gaps on disparities, and for improving the availability of information needed for MCH programs, policy makers, and women. (Author)

20150813-12

Aboriginal women in rural Australia; a small study of infant feeding behaviour. Helps C, Barclay L (2015), Women and Birth: Journal of the Australian College of Midwives vol 28, no 2, June 2015, pp 129-136

BACKGROUND: Aboriginal women in rural areas have lower rates of breastfeeding than Australian averages. The reasons for this are poorly understood. Aboriginal people experience higher morbidity and increased rates of chronic disease throughout the life cycle. The protective effects of sustained breastfeeding could benefit rural Aboriginal communities.
OBJECTIVE:
To explore the factors impacting upon infant feeding choices in a rural Aboriginal Community.
METHODS:
Semi-structured interviews were conducted with eight Aboriginal rural dwelling first time mothers. These women received a continuity of midwife and Aboriginal Health Worker model of care. Interviews were also undertaken with five Aboriginal Health Workers and two Aboriginalcommunity breastfeeding champions. The analysis was integrated with a conventional literature review and was further developed and illustrated with historical literature. Indigenist methodology guided the study design, analysis and the dissemination of results.
RESULTS:
Three key themes were identified. These were 'I'm doing the best thing for…' which encompasses the motivations underpinning infantfeeding decisions; 'this is what I know…' which explores individual and community knowledge regarding infant feeding; and 'a safe place to feed' identifying the barriers that negative societal messages pose for women as they make infant feeding decisions. It appears loss of family and community breastfeeding knowledge resulting from colonisation still influences the Aboriginal women of today.
DISCUSSION:
Aboriginal women value and trust knowledge which is passed to them from extended family members and women within their Community. Cultural, historical and socioeconomic factors all strongly influence the infant feeding decisions of individuals in this study.
CONCLUSIONS:
Efforts to normalise breastfeeding in the culture of rural dwelling Aboriginal women and their supporting community appear to be necessary and may promote breastfeeding more effectively than optimal professional care of individuals can do. (79 references) (Author)

20150812-4

Defining culture and cultural awareness. Anon (2015), Australian Midwifery News vol 15, no 2, Winter 2015, p 25

Provides definitions of words and concepts commonly used when talking about culture and cultural awareness and discusses the responsibility of nurses and midwives in Australia to provide culturally safe and respectful care to Aboriginal and Torres Islander women and their families. (MB)

20150812-27

Djamarrkuli djama (children's work), maternal and child health in East Arnhem Land. White T (2015), Australian Midwifery News vol 15, no 2, Winter 2015, pp 50-51

The author describes her work with the indigenous Yolngu women in East Arnhem Land, Australia. (MB)

20150812-25

What non-indigenous maternity care providers need to know about family relationships. Smyth R (2015), Australian Midwifery News vol 15, no 2, Winter 2015, pp 42-43

Explores how midwives and other health care professionals working with parents can work more effectively with Aboriginal and Torres Strait Islanders in order to facilitate the transition to parenthood and improve child behaviour. (MB)

20150812-20

'With many hands' a narrative about cultural safety in midwifery. Milne T, West R (2015), Australian Midwifery News vol 15, no 2, Winter 2015, pp 36-37

Discusses the role that Australian midwives have to play in ensuring 'culturally safe' care of not only Aboriginal and Torres Island women and their families, but also Aboriginal and Torres Island student midwives, in order to improve wellbeing, health and promote respectful care. (MB)

20150812-2

Birthing on Country position statement. Stewart S (2015), Australian Midwifery News vol 15, no 2, Winter 2015, p 23

Discusses the development of the Australian College of Midwives' Birthing on Country position statement, which aims to improve outcomes for Aboriginal and Torres Islander women and their families. (MB)

20150812-13

Exploring the experiences and outcomes of Aboriginal woman who give birth in their remote community. Ireland S (2015), Australian Midwifery News vol 15, no 2, Winter 2015, p 33

Discusses the findings of a research project undertaken in 2009 which explored the experiences and clinical outcomes of Aboriginal women giving birth in remote areas. (MB)

20150713-24*

Expectations of pregnant women of Mexican origin regarding their health care providers. Baxley SM, Ibitayo K (2015), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 44, no 3, May/June 2015, pp 389-396

Objective:
To explore the expectations of pregnant women of Mexican origin regarding trust and communication with their health care providers.
Design:
Qualitative, descriptive inquiry.
Setting:
A large metropolitan area community clinic in Texas that provided services to predominately Hispanic women.
Participants:
The sample consisted of 13 women between ages 19 and 36 (mean = 29) who received prenatal health care at a community clinic that offers care to Hispanic women.
Methods:
Semistructured interviews were conducted with open-ended starter questions and follow-up questions based on the participant responses. Based on the women's language preference nine interviews were conducted in Spanish and four in English.
Results:
Themes emerged from the beginning interviews, and after five interviews, saturation was reached. Data were arranged by the emerged themes of the model of trust and communication (Figure 1). The themes reflected the perception of trust, communication, patient centeredness, and satisfaction with health care providers.
Conclusion:
These women wanted their providers to provide them with 'everything,' to be direct, to speak their language, and to present information as friends. Health care providers need to be able to provide communication not only in the participant's preferred language, but also in a way that is culturally sensitive. (Author)

20150713-22*

Perinatal experiences of Somali couples in the United States. Wojnar DM (2015), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 44, no 3, May/June 2015, pp 358-369

Objective:
To explore the perspectives of Somali couples on care and support received during the perinatal period in the United States.
Design:
Descriptive phenomenology.
Setting:
A private room at the participants' homes or community center.
Participants:
Forty-eight immigrant women and men from Somalia (26 women and 22 men) who arrived in the United States within the past 5 years and had a child or children born in their homelands or refugee camps and at least one child born in the United States. All of the participants resided in the Pacific Northwest.
Methods:
Semistructured individual interviews, interviews with couples, and a follow-up phone interview. Colaizzi's method guided the research process.
Results:
Data analysis revealed an overarching theme of Navigating through the conflicting values, beliefs, understandings and expectations that infiltrated the experiences captured by the three subthemes: (a) Feeling vulnerable, uninformed,

and misunderstood, (b) Longing for unconditional respect and acceptance and (c) Surviving and thriving as the recipients of health care.
Conclusions:
Integration of new Somali immigrant couples into the Western health care system can present many challenges. The perinatal experience for new Somali immigrant couples is complicated by cultural and language barriers, limited access to resources, and commonly, an exclusion of husbands from prenatal education and care. Nurses and other health care providers can play an important role in the provision of services that integrate Somali women and men into the plan of care and consider their culture-based expectations to improve childbirth outcomes. (Author)

20150703-4*

Experiences of pregnant migrant women receiving ante/peri and postnatal care in the UK: A Doctors of the World Report on the experiences of attendees at their London drop-in clinic. Shortall C, McMorran J, Taylor K, et al (2015), Doctors of the World/Medecins du Monde 2015. 12 pages

Focuses on the healthcare experience of vulnerable pregnant migrant women seen in a Doctors of the World's London drop-in clinic between January 2013 and June 2014. Questionnaires were used to determine access and barriers to care and the women's experiences during pregnancy, labour and the immediate postnatal period. Results show that these women frequently receive late antenatal care and care often does not meet minimum standards, putting women and their unborn children at increased risk of pregnancy-associated complications. Women are deterred from accessing care due to fears of debt and of being arrested. Highlights the need for further study of this population and the barriers they face accessing care. (17 references) (SB)

20150506-48

To what extent do cultural normalities influence women's experience during pregnancy and childbirth?. Lowe I (2015), MIDIRS Midwifery Digest vol 25, no 2, June 2015, pp 255-260

Migration is becoming more common as families move to other countries either by choice to seek employment, Migration is becoming more common as families move to other countries either by choice to seek employment, or for reasons of safety, bringing with them their traditional cultures associated with pregnancy and childbirth. His paper will explore some of the cultural traditions that are considered the norm in countries other than the United Kingdom (UK), in particular those of Thailand, China and Africa, with the aim of exploring whether these cultural norms influence women throughout their childbirth continuum, either in a positive or negatitive way. Furthermore, it aims to create a greater understanding of what other cultures consider normal in pregnancy and childbirth, and help midwives support women by encouraging greater understanding of, and sensitivity towards, their needs. During this study it was apparent that women can be greatly influenced by their cultures in a variety of ways, and that there are some practices which could be introduced into midwifery in the UK. For example, many women in the UK are still labouring and giving birth on their backs, whereas in Africa the preferred position is either upright or squatting, allowing greater movement of the coccyx to widen the birthing canal. However, there has been evidence of this practice being adopted in the UK through the promotion of normal childbirth. (19 references) (Author)

20150422-29

Immigrant Afghan women's emotional well-being after birth and use of health services in Melbourne, Australia. Shafiei T, Small R, McLachlan H (2015), Midwifery vol 31, no 7, July 2015, pp 671-677

Objective
to investigate immigrant Afghan women's emotional well-being and experiences of postnatal depression after childbirth and their use of health services.
Design
telephone interviews were conducted at four months after birth, using a semi-structured questionnaire; and a further in-depth face-to-face interview with a small number of women approximately one year after the birth. Women's emotional health was assessed at four months using the Edinburgh Postnatal Depression Scale (EPDS), as well as women's own descriptions of their emotional well-being since the birth.
Setting
women were recruited from four hospital antenatal clinics or postnatal wards in Melbourne, Australia, between October 2006 and May 2007.
Participants
Immigrant women who were born in Afghanistan, spoke Dari/Persian or English, and had given birth to a live and healthy baby.

Findings
Thirty nine women were interviewed at four months after birth; 41% reported feeling depressed or very unhappy since the birth and 31% scored as probably depressed on the EPDS. Ten women participated in further in-depth face-to-face interviews. Isolation, lack of support and being overwhelmed by life events were the most frequently reported contributing factors to women's emotional distress, and for many being a migrant appeared to intensify their experiences. The themes that emerged from both the telephone and face-to-face interviews revealed that some women were reluctant to discuss their emotional difficulties with health professionals and did not expect that health professionals could necessarily provide assistance.
Key conclusions and implications for practice
in this study a significant proportion of immigrant Afghan women experienced emotional distress after childbirth. Women's experiences of emotional distress and help-seeking were at times affected by their status as immigrants and their perceptions of possible causes and treatment for their emotional health problems. Understanding the effects of migration on women's lives and paying careful attention to individual needs and preferences are critically important in providing care for immigrant Afghan women. (43 references) (Author)

20150420-23

Improving Aboriginal Women's Experiences of Antenatal Care: Findings from the Aboriginal Families Study in South Australia. Brown SJ, Weetra D, Glover K, et al (2015), Birth vol 42, no 1, March 2015, pp 27-37

Background
Aboriginal and Torres Strait Islander families experience markedly worse maternal and child health outcomes than non-Aboriginal families. The objective of this study was to investigate the experiences of women attending Aboriginal Family Birthing Program services in South Australia compared with women attending mainstream public antenatal care.
Method
Population-based survey of mothers of Aboriginal babies giving birth in urban, regional, and remote areas of South Australia between July 2011 and June 2013.
Results
A total of 344 women took part in the study around 4-9 months after giving birth; 93 percent were Aboriginal and/or Torres Strait Islanders, and 7 percent were non-Aboriginal mothers of Aboriginal babies. Of these, 39 percent of women lived in a major city, 36 percent in inner or outer regional areas, and 25 percent in remote areas of South Australia. Compared with women attending mainstream public antenatal care, women attending metropolitan and regional Aboriginal Family Birthing Program services had a higher likelihood of reporting positive experiences of pregnancy care (adjOR 3.4 [95% CI 1.6-7.0] and adjOR 2.4 [95% CI 1.4-4.3], respectively). Women attending Aboriginal Health Services were also more likely to report positive experiences of care (adjOR 3.5 [95% CI 1.3-9.4]).
Conclusions
In the urban, regional, and remote areas where the Aboriginal Family Birthing Program has been implemented, the program has expanded access to culturally responsive antenatal care for Aboriginal women and families. The positive experiences reported by many women using the program have the potential to translate into improved outcomes for Aboriginal families. (Author)

20150416-26

Maternity services are not meeting the needs of immigrant women of non-English speaking background: results of two consecutive Australian population based studies. Yelland J, Riggs E, Small R, et al (2015), Midwifery vol 31, no 7, July 2015, pp 664-670

BACKGROUND:
women of non-English speaking background who migrate by choice or seek refuge in developed countries such as Australia have notably poorer perinatal outcomes than local-born women. Using data collected in two consecutive population-based surveys conducted in 2000 and 2008, the objective of this paper is to compare the views and experiences of immigrant women of non-English speaking background (NESB) giving birth in Victoria, Australia with those of women who were born in Australia.
METHODS:
consecutive population-based surveys of women giving birth in Victoria, Australia conducted in 2000 and 2008. Questionnaires were distributed to women giving birth in a two-week period in 2000 and a four-week period in 2008 by hospitals and home birth practitioners. Surveys were mailed to women at five to six months post partum.
FINDINGS:
completed surveys were received from 67% of eligible women in 2000 (1616/2412), and 51.2% in 2008 (2900/5667).

Compared to Australian-born women, immigrant women of NESB were more likely to report negative experiences of antenatal, intrapartum and postnatal care. In 2008, 47.1% of immigrant women expressed dissatisfaction antenatal care compared with 26.8% of Australian born women (Adj OR 2.17, 95% CI 1.7-2.7). Similarly, 40.5% of immigrant women were dissatisfied with intrapartum care compared with 25.5% of Australian born women (Adj OR 1.81, 95% CI 1.4-2.3), and 53.5% of immigrant women rated their postnatal care negatively compared with 41.0% of Australian born women (Adj OR 1.52, 95% CI 1.2-1.9). There was no evidence of improvement between the two surveys. Immigrant women were more likely than Australian-born women to say that health professionals did not always remember them between visits, make an effort to get to know the issues that were important to them, keep them informed about what was happening during labour or take their wishes into account.
CONCLUSION:
data from repeated population-based surveys of recent mothers provides one of the few avenues for gauging whether changes to the organisation of maternity services is making a difference to immigrant women's experiences of care. Our findings showing no change over an eight year period - during which there were major efforts to increase access to midwifery led models of care and provide greater continuity of caregiver - suggest that different approaches, more specifically tailored to the needs of immigrant families are needed to enhance women's experiences of care and improve outcomes. (32 references) (Author)

20150216-15*

Baby Steps: perspectives of parents from a minority ethnic background. Brookes H, Coster D (2015), London: NSPCC February 2015

Pregnancy and the first few months of life are an important time for families. Baby Steps is an NSPCC antenatal programme that continues after the baby is born. It is designed to attract and engage 'hard-to-reach' parents, including parents in prison and parents from ethnic minorities. It helps prepare them for their new role in caring and supporting their baby. This report summarises qualitative findings from in-depth interviews with parents from a minority ethnic background. This is one of several reports from the evaluation of the Baby Steps programme. It is part of the Impact and evidence series. (Publisher, edited)

Full URL: http://www.nspcc.org.uk/globalassets/documents/research-reports/baby-steps-perspectives-parents-minority-ethnic.pdf

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20150107-83*

A qualitative study on how Muslim women of Moroccan descent approach antenatal anomaly screening. Gitsels-van der Wal JT, Martin L, Mannien J, et al (2014), Midwifery 31 December 2014 Online version ahead of print

Objective
To extend the knowledge on Muslim women's approach of antenatal anomaly screening.
Design
Qualitative interview study with pregnant Muslim women from Moroccan origin.
Setting
One midwifery practice in a medium-sized city near Amsterdam participated in the study.
Participants
Twelve pregnant Muslim women who live in a high density immigrant area and who attended primary midwives for antenatal care were included in the study.
Data collection and data analyses
We conducted open interviews with pregnant Moroccan Muslim women for the purpose of studying how they made decisions about antenatal anomaly screening. We used a thematic analysis approach.
Findings
Women experienced the combined test as 'a test' that could identify potentially anomalous infants, and could result in being offered termination of the pregnancy; a fact that resulted in their extensive deliberations and hesitation about the test uptake. Only two women had the Combined Test. Conversely, women opted for the Fetal Anomaly Scan and saw it as 'only an ultrasound to see the baby'. Above all, women emphasized that whether or not to participate in antenatal anomaly tests was their own, individual decision as ultimately they were accountable for their choices. All women, including nulliparous women, viewed becoming pregnant as the point of becoming a mother - and considered prenatal screening through the lens of motherhood.
Key conclusions
Motherhood was the lens through which the decision to participate in antenatal anomaly screening was approached. Religious beliefs influenced values on termination and disability and were influential in the deliberations for prenatal testing. Combined Test but not Fetal Anomaly Scan was considered to be a prenatal screening test.

Implications for practice
Counsellors should have knowledge of the different Islamic beliefs about -the latest possible day for- termination and an awareness that Muslim women make their own conscious choices, also beyond Islamic rulings. (Author)

20150107-51

Health visitors' perceptions of barriers to health and wellbeing in European migrant families. Tesfaye HT, Day J (2015), Community Practitioner vol 88, no 1, January 2015, pp 22-25

Since 2004 the population of European migrant workers and their families living in the UK has increased. In 2012 a small qualitative pilot study was conducted involving interviews with eight health visiting professionals working in a Merseyside borough in the north west of England. Health visitors were asked about their perceptions of barriers to health and wellbeing faced by European migrant families and common challenges experienced in practice. Interviews were analysed thematically and interpreted using a constructivist approach. Multiple perceptions emerged regarding migrant families' barriers to health and wellbeing; housing; language; and health service access, knowledge and attitudes. Health visitors provided confirmation of their important role within the public health agenda, identifying vulnerability and challenging inequalities particularly among minority ethnic and lower socio-economic groups. This study highlights areas for future consideration by public health and other agencies, particularly wider determinants of health and barriers in accessing health, public and community services. However, further quantitative and qualitative research is needed to investigate the needs, inequalities, service use and barriers to health and wellbeing experienced by European migrants. (22 references) (Author)

20141210-86*

Pregnancy as an ideal time for intervention to address the complex needs of black and minority ethnic women: Views of British midwives. Aquino MRJV, Edge D, Smith DM (2015), Midwifery vol 31, no 3, March 2015, pp 373-379

INTRODUCTION:
maternal health inequalities exist across the world. In the United Kingdom, whilst there are variations within and between groups, Black and Minority Ethnic (BME) women tend to have worse maternal health outcomes than White British women. However, there is limited information about BME women's experience of maternity services. Midwives are central to the provision of safe maternity care but little is known about their perceptions of ethnically-based inequalities in maternal healthcare. Therefore, this study explored a cohort of midwives' experiences of providing care for BME women, focussing on their views on the relationship between maternal health inequalities and service delivery.
METHODS:
using a specifically-designed topic guide, 20 semi-structured interviews were conducted with qualified midwives in one National Health Service (NHS) Trust in the North West of England over a two-month period. Data were subsequently transcribed and thematically analysed.
RESULTS:
three main and seven sub-themes were identified. Firstly, 'language' summarised difficulties midwives experienced in engaging with women whose English was limited. Secondly, 'expectations of maternity care' outlined the mismatch between midwives and women's expectations of maternity care. Finally, 'complex needs extending beyond maternity care' highlighted the necessity of inter-agency working to address women's care holistically when their needs transcend the scope of maternity services.
DISCUSSION:
Midwives' accounts indicated that they strive to provide equitable care but encountered numerous barriers in doing so. Paradoxically, this might contribute to inequalities in service delivery. In midwives' view, unrestricted access to interpretation and translation services is essential for provision of effective, holistic maternity care. Participants also advocated education for both women and midwives. For the former, this would improve BME women's understanding of health and care systems, potentially leading to more realistic expectations. Improving midwives' cultural competence would better equip them to respond to the needs of an ethnically diverse population. Finally, midwives highlighted that many minority women's complex care needs were identified during pregnancy. Hence, they regarded pregnancy as an ideal time for interventions to improve the health of women and their families and, as such, antenatal care cannot be treated as an isolated event. According to midwives in this study, delivering safe, effective maternity services in the 21st century requires greater collaboration with the women they care for and other health and care agencies (including independent sector providers). (Author)

20141119-17*

Welcoming all families - supporting the Native American family. Harley M (2014), Science and Sensibility 18 November 2014

November is Native American Heritage Month and LCCE Melissa Harley shares some interesting facts about the rich culture included in some of the varied childbearing year traditions observed by some of the U.S. tribes. There are many different tribal nations, and each one has their own ceremonies and practices around pregnancy and birth. Beautiful and fascinating stories that are each unique in their own right. This post is part of Science & Sensibility's 'Welcoming All Families' series, which shares information on how your childbirth class can be inclusive and welcoming to all. (Author)

Full URL: http://www.scienceandsensibility.org/?p=8901

20141118-8

Mobile translators for non-English-speaking women accessing maternity services. Haith-Cooper M (2014), British Journal of Midwifery vol 22, no 11, November 2014, pp 795-803

It is becoming increasingly common for midwives to care for women who do not speak English, and UK interpreting services are often inadequate and underused. Persistent language barriers have been found to contribute to maternal and perinatal mortality thus it is essential that these barriers are overcome to provide safe maternity care. This article reports on a two-stage study undertaken to address this. The study aimed to: Identify difficulties midwives experience when communicating with non-English-speaking women. Through undertaking a group interview with 11 senior students, four themes emerged: accessing interpreters, working with interpreters, cultural barriers and strategies to address persistent language barriers Explore the feasibility of using mobile devices with a translation application to communicate in clinical practice. Google Translate was tested in a simulated clinical environment with multi-lingual service users. Google Translate was not adequately developed to be safely used in maternity services. However, a maternity-specific mobile application could be built to help midwives and women communicate in the presence of a persistent language barrier. (18 references) (Author)

20141027-52#

An ethnographic study of communication challenges in maternity care for immigrant women in rural Alberta. Higginbottom GMA, Safipour J, Yohani S, et al (2015), Midwifery vol 31, no 2, February 2015, pp 297-304

Background

many immigrant and ethno-cultural groups in Canada face substantial barriers to accessing health care including language barriers. The negative consequences of miscommunication in health care settings are well documented although there has been little research on communication barriers facing immigrant women seeking maternity care in Canada. This study identified the nature of communication difficulties in maternity services from the perspectives of immigrant women, health care providers and social service providers in a small city in southern Alberta, Canada.

Methods

a focused ethnography was undertaken incorporating interviews with 31 participants recruited using purposive and snowball sampling. A community liaison and several gatekeepers within the community assisted with recruitment and interpretation where needed (n=1). All interviews were recorded and audio files were transcribed verbatim by a professional transcriptionist. The data was analysed drawing upon principles expounded by Roper and Shapira (2000) for the analysis of ethnographic data, because of (1) the relevance to ethnographic data, (2) the clarity and transparency of the approach, (3) the systematic approach to analysis, and (4) the compatibility of the approach with computer-assisted qualitative analysis software programs such as Atlas.ti (ATLAS.ti Scientific Software Development GmbH, Germany). This process included (1) coding for descriptive labels, (2) sorting for patterns, (3) identification of outliers, (4) generation of themes, (5) generalising to generate constructs and theories, and (6) memoing including researcher reflections.

Findings

four main themes were identified including verbal communication, unshared meaning, non-verbal communication to build relationships, and trauma, culture and open communication. Communication difficulties extended beyond matters of language competency to those encompassing non-verbal communication and its relation to shared meaning as well as the interplay of underlying pre-migration history and cultural factors which affect open communication, accessible health care and perhaps also maternal outcomes.

Conclusion

this study provided insights regarding maternity health care communication. Communication challenges may be experienced by all parties, yet the onus remains for health care providers and for those within health care management and professional bodies to ensure that providers are equipped with the skills necessary to facilitate

culturally appropriate care. (58 references) (Author)

20141021-22*

Understanding gender roles in teen pregnancy prevention among American Indian youth. Hanson JD, McMahon TR, Griese ER, et al (2014), American Journal of Health Behavior vol 38, no 6, November 2014, pp 807-815

Objectives: To examine the impact of gender norms on American Indian (AI) adolescents' sexual health behavior. Methods: The project collected qualitative data at a reservation site and an urban site through 24 focus groups and 20 key informant interviews. Results: The reasons that AI youth choose to abstain or engage in sexual intercourse and utilize contraception vary based on gender ideologies defined by the adolescent's environment. These include social expectations from family and peers, defined roles within relationships, and gender empowerment gaps. Conclusions: Gender ideology plays a large role in decisions about contraception and sexual activity for AI adolescents, and it is vital to include redefinitions of gender norms within AI teen pregnancy prevention program. (Author)

20141002-32*

Experiences and outcomes of maternal Ramadan fasting during pregnancy: results from a sub-cohort of the Born in Bradford birth cohort study. Petherick ES, Tuffnell D, Wright J (2014), BMC Pregnancy and Childbirth vol 14, no 335, 26 September 2014

Background:
Observing the fast during the holy month of Ramadan is one of the five pillars of Islam. Although pregnant women and those with pre-existing illness are exempted from fasting many still choose to fast during this time. The fasting behaviours of pregnant Muslim women resident in Western countries remain largely unexplored and relationships between fasting behaviour and offspring health outcomes remain contentious. This study was undertaken to assess the prevalence, characteristics of fasting behaviours and offspring health outcomes in Asian and Asian British Muslim women within a UK birth cohort.
Methods:
Prospective cohort study conducted at the Bradford Royal Infirmary UK from October to December 2010 comprising 310 pregnant Muslim women of Asian or Asian British ethnicity that had a live singleton birth at the Bradford Royal Infirmary. The main outcome of the study was the decision to fast or not during Ramadan. Secondary outcomes were preterm births and mean birthweight. Logistic regression analyses were used to investigate the relationship between covariables of interest and women's decision to fast or not fast. Logistic regression was also used to investigate the relationship between covariables and preterm birth as well as low birth weight.
Results:
Mutually adjusted analysis showed that the odds of any fasting were higher for women with an obese BMI at booking compared to women with a normal BMI, (OR 2.78 (95% C.I. 1.29-5.97)), for multiparous compared to nulliparous women(OR 3.69 (95% C.I. 1.38-9.86)), and for Bangladeshi origin women compared to Pakistani origin women (OR 3.77 (95% C.I. 1.04-13.65)). Odds of fasting were lower in women with higher levels of education (OR 0.40 (95% C.I. 0.18-0.91)) and with increasing maternal age (OR 0.87 (95% C.I. 0.80-0.94). No associations were observed between fasting and health outcomes in the offspring.
Conclusions:
Pregnant Muslim women residing in the UK who fasted during Ramadan when pregnant differed by social, demographic and lifestyle characteristics compared to their non-fasting peers. Fasting was not found to be associated with adverse birth outcomes in this sample although these results require confirmation using reported fasting data in a larger sample before the safety of fasting during pregnancy can be established.
(Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20140924-2*

'To be taken seriously' women's reflections about experiences of migration and healthcare needs during childbearing in Sweden. Robertson EK (2014), Sexual & Reproductive Healthcare 15 September 2014. Online version ahead of print

Objective
To use an intersectional approach to analyze women's reflections on how their migration and resettlement experiences to Sweden influenced their health and healthcare needs during childbearing.
Methods

Focus-group discussions, pair interviews and individual interviews were conducted in southern Sweden between 2006 and 2009, with 25 women originating from 17 different countries with heterogeneous backgrounds that had experienced childbirth in Sweden. Qualitative content analysis was used with an intersectional approach, taking into consideration intersections of ethnicity, socio-economic status (SES) and gender.
Findings
The hardships of migration, resettlement, and constraints in the daily life made the women feel overstrained, tense, and disembodied. Being treated as a stranger and ignored or rejected in healthcare encounters was devaluing and discriminating. The women stressed that they felt stronger and had fewer complications during pregnancy and labor when they were 'taken seriously' and felt that they had a confident, caring relationship with caregivers/midwives. This, therefore, enabled the women to boost their sense of self, and to recognize their capabilities, as well as their 'embodied knowledge'.
Conclusion
Caregivers/midwives should be aware of the hardships the women face. Hardships stem from experiences of migration and resettlement as well as from structural constraints such as the 'triple jeopardy' of ethnicity, SES and gender, which increase women's needs of support in childbearing. Such awareness is necessary when promoting health and reducing the unnecessary suffering and victimization of women, their children, and their families. It is a matter of patient safety and equity. (Author)

20140826-77*

Prenatal care through the eyes of Canadian Aboriginal women. Di Lallo S (2014), Nursing for Women's Health vol 18, no 1, 1 February 2014, pp 38-46

The Aboriginal Prenatal Wellness Program (APWP) in Canada represents a culturally safe approach to prenatal care. By understanding the history of colonization and residential schools and how this history has contributed to health disparities, a multidisciplinary team provides culturally competent and integrated prenatal care to Aboriginal women and their families. This article describes the APWP and discusses how increased participation in health care by historically marginalized populations can lead to better maternal and neonatal health outcomes.
(Author)

20140805-84*

Closing the gap in maternal and child health: a qualitative study examining health needs of migrant mothers in Dandenong, Victoria, Australia. Renzaho AMN, Oldroyd JC (2014), Maternal and Child Health Journal vol 18, no 6, 1 July 2014, pp 1391-1402

We conducted a qualitative study that explored the views and perceptions of migrant women in, Dandenong, Victoria, Australia about sociocultural barriers and health needs during pregnancy and in the postnatal period. The study was informed by the Social Identity Theory and the Acculturation Theory. It involved five focus group discussions with 35 migrant mothers from Afghanistan, Africa, China, Palestine, Lebanon, Syria, Iran and Jordan. Five themes emerged from the analysis: (1) the need for family support and complex social environments; (2) dealing with two cultural identities; (3) the health of mother and offspring; (4) access to the health system; and (5) life-skills for better health. Pregnancy and motherhood are challenges that are made more difficult by migration. The findings point towards the need for policies and interventions: (1) to reduce the negative impact of social isolation and lack of support during pregnancy and postnatally; (2) to support greater fathers' involvement in childcare; and (3) to reconcile different practices and expectations between traditional cultures and Australian norms. They also suggest a need to test culturally competent interventions that address health and lifestyle needs in migrant women and education programs for mothers that effectively address their concerns about maternal and child health. (Author)

20140801-73*

Unintended births among adult immigrant and U.S.-born Mexican women in the Los Angeles Mommy and Baby (LAMB) survey. Coller KM, Chao SM, Lu MC, et al (2014), Women's Health Issues vol 24, no 4, July 2014, pp e365-72

BACKGROUND:
Unintended births are especially frequent among minority women. Predictors of unintended births among adult Mexican women living in the United States are poorly characterized.
METHODS:
Data are from vital statistics and the 2005 Los Angeles Mommy and Baby (LAMB) survey, a population-based study of

women delivering a live birth in Los Angeles County, California (n = 1,214). Multivariable logistic regression assessed the relation of unintended birth with acculturation variables adjusting for background and psychosocial characteristics. Multinomial models assessed these relations for women with an unintended birth who did and did not use contraception.
FINDINGS:
Forty-one percent of women reported an unintended birth. Being a long-term immigrant and U.S.-born were positively associated with unintended birth compared with shorter term immigrants, but the adjusted relation was significant only for U.S.-born women (odds ratio [OR], 2.01; 95% CI, 1.19-3.39). Women reporting an unintended birth were younger, unmarried, and higher parity. If using contraception, the odds of unintended birth were increased for cohabiting women, those with high education, and those with greater stress during pregnancy. When not using contraception and reporting an unintended birth, women also have no usual place for health care, have depressive symptoms during pregnancy, and are dissatisfied with partner support.
CONCLUSIONS:
Women's background and psychosocial characteristics were central to explaining unintended birth among immigrant women but less so for U.S.-born Mexican mothers. Interventions to improve birth intentions should not only target effective contraception, but also important social determinants. (Author)

20140715-4*

A survey of health behaviors in minority women in pregnancy: the influence. Kominiarek MA (2014), Women's Health Issues vol 24, no 3, May/June 2014, pp 291-295

Background:
An effective behavioral intervention for gestational weight gain in minority obese women needs to incorporate their baseline health behaviors and nutrition patterns. The objective of this study was to compare racial/ethnic differences in health behaviors and nutrition in pregnant obese and non-obese minorities.
Methods:
A face-to-face, 75-item survey was administered to 94 women (46% non-obese, 54% obese; 71% Black, 29% Hispanic) at a prenatal visit to an inner-city clinic. Television watching, exercise, and nutrition were compared between obese and non-obese women and racial/ethnic differences were compared within each body mass index (BMI) category using chi-square and Fisher's exact tests. Interactions between BMI category and race/ethnicity for each health behavior were examined.
Findings:
More obese women described their nutrition as 'fair' or 'poor' (36% vs. 15%; p = .02) and missed more meals per day (21% vs. 6%; p = .03) compared with non-obese women. Obese Blacks were less likely to improve their nutrition during pregnancy compared with obese Hispanics (28% vs. 58%; p = .08). Non-obese Blacks watched more television (p = .03) and exercised less during pregnancy (p = .04) than non-obese Hispanics. Except for dairy products, there were no differences in daily nutrition (fruit, soda, vegetables, chips) among the BMI categories and racial/ethnic groups; however, fewer than 50% of all participants consumed fruits and vegetables every day. There was an interaction between BMI category and race/ethnicity: Obese Hispanics exercised less before pregnancy (p = .02), but exercised more during pregnancy (p = .01) compared with non-obese Hispanics.
Conclusions:
Interventions for gestational weight gain in obese women may have greater success if they considered racial/ethnic differences in health behaviors, especially related to exercise. (Author)

20140704-3

Factors associated with lack of adherence to antenatal care in African immigrant women and Spanish women in northern Spain: The role of social risk factors in combination with language proficiency. Santibanez M, Paz-Zulueta M, Ruiz M, et al (2015), Midwifery vol 31, no 1, January 2015, pp 61-67

Objective: to examine the association and interaction between language proficiency, social risk factors and lack of adherence to antenatal care in African immigrant women (AIW). Methodology: retrospective cohort study. Two hundred and thirty-one AIW with delivery dates from 2007 to 2010 were identified, and data were collected on knowledge of Spanish, referral to a social worker because of social risk factors, and adequacy of antenatal care using the Kessner Index (KI) and the authors' own index (OI). The Spanish-born population sample was obtained by simple random sampling in a 1:3 ratio. Odds ratios (OR) were estimated by non-conditional logistic regression. The term 'language referral' to social worker' was included in the logistic models to study interaction. Findings: eighty-four per cent of AIW had insufficient knowledge of Spanish, and 47% had been referred to a social worker. Of the AIW who had not been referred to a social worker, the association between poor knowledge of Spanish and inadequate antenatal

care was weak and not significant (OR for KI 1.31). On the contrary, of the AIW who had been referred to a social worker, the association was stronger and significant (OR for KI 8.98; p interaction=0.026). Social risk factors were the main independent factors associated with inadequate antenatal care in Spanish women (adjusted OR 3.17; 95% confidence interval 1.42-7.06). Conclusions: this study found that the main factor associated with inadequate antenatal care in AIW is insufficient language proficiency, but only in the presence of social risk factors, which have also been associated with worse antenatal care in Spanish women. (Author)

20140625-75

Providing culturally sensitive care for pregnant Alaska native women and families. Dillard DM, Olrun-Volkheimer J (2014), International Journal of Childbirth Education vol 29, no 1, January 2014, pp 62-66

Healthcare disparities have been identified in many minority settings, yet little attention has been given to the pre and postnatal care experiences of Alaska Native women and families. Both Native and non-Native residents of Alaska face unique barriers to care, but these barriers are exacerbated in the Native populations where infant mortality rates have been much slower to decline. The purpose of this article is to raise awareness of pregnancy, prenatal, and postnatal care issues faced by Alaska Native families, to develop culturally competent care practices for pregnant Alaska Native women, and to open dialogue and promote building culturally sensitive care for minority participants in healthcare settings. (26 references) (Author)

20140611-52*

Improving Aboriginal maternal and infant health services in the 'Top End' ofAustralia; synthesis of the findings of a health services research program aimedat engaging stakeholders, developing research capacity and embedding change. Barclay L, Kruske S, Bar-Zeev S, et al (2014), BMC Health Services Research vol 14, no 241, 2 June 2014

Background
Health services research is a well-articulated research methodology and can be a powerful vehicle to implement sustainable health service reform. This paper summarises a five-year collaborative program between stakeholders and researchers that led to sustainable improvements in the maternity services for remote-dwelling Aboriginal women and their infants in the Top End (TE) of Australia.
Methods
A mixed-methods health services research program of work was designed, using a participatory approach. The study area consisted of two large remote Aboriginal communities in the Top End of Australia and the hospital in the regional centre (RC) that provided birth and tertiary care for these communities. The stakeholders included consumers, midwives, doctors, nurses, Aboriginal Health Workers (AHW), managers, policy makers and support staff. Data were sourced from: hospital and health centre records; perinatal data sets and costing data sets; observations of maternal and infant health service delivery and parenting styles; formal and informal interviews with providers and women and focus groups. Studies examined: indicators of care, the impact of quality of care and remoteness on health outcomes, discrepancies in the birth counts in different data sets and 'out of hospital' or health centre birth and parenting practices. A new model of maternity care was introduced by the health service aiming to improve care following the findings of our research. Some of these improvements introduced during the five-year research program were evaluated.
Results
Cost effective improvements were made to the acceptability, quality and outcomes of maternity care. However, our synthesis identified system-wide problems related to infant services, specifically, unacceptable standards of infant care and parent support, no apparent relationship between volume and acuity of presentations and staff numbers with the required skills for providing care for infants, and an 'outpatient' model of care. Services were characterised by absent Aboriginal leadership and inadequate coordination between remote and tertiary services that is essential to improve quality of care and reduce 'systemintroduced' risk. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20140610-10*

Korean Immigrant Women's Lived Experience of Childbirth in the United States. Seo JY, Kim W, Dickerson SS (2014), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 43, no 3, 1 May 2014, pp 305-317

OBJECTIVE:
To understand Korean immigrant women's common experiences and practices of utilizing health care services in the United States during childbirth.
DESIGN:
A qualitative interpretive phenomenological research design.
SETTING:
Recruitment was conducted through advertisement on the MissyUSA.com website, which is the largest online community for married Korean women who live in North America.
PARTICIPANTS:
A purposive sample of 15 Korean immigrant women who experienced childbirth in the United States within the past 5 years was recruited.
METHODS:
Data were collected using semistructured telephone interviews and were analyzed using the Heideggerian hermeneutical methodology.
RESULTS:
During childbirth in the United States, participants faced multifaceted barriers in unfamiliar sociocultural contexts yet maintained their own cultural heritages. They navigated the unfamiliar health care system and developed their own strategies to overcome barriers to health care access. Korean immigrant women actively sought health information on the Internet and through social networking during childbirth.
CONCLUSIONS:
Korean immigrant women selectively accepted new cultural beliefs with some modifications from their own cultural contexts and developed their own distinct birth cultures. Understanding a particular culture and respecting women's traditions, beliefs, and practices about their childbirth could help nurses to provide culturally sensitive care. (Author)

20140605-59*

Self-reported maternal parenting style and confidence and infant temperament in a multi-ethnic community. Results from the Born in Bradford cohort. Prady SL, Kiernan K, Fairley L, et al (2014), Journal of Child Health Care vol 18, no 1, March 2014, pp 31-46

Ethnic minority children in the United Kingdom often experience health disadvantage. Parenting influences children's current and future health, but little is known about whether parenting behaviours and mother's perception of her infant vary by ethnicity. Using the Born in Bradford (BiB) birth cohort, which is located in an ethnically diverse and economically deprived UK city, we conducted a cross-sectional analysis of mother's self-reported parenting confidence, self-efficacy, hostility and warmth, and infant temperament at six months of age. We examined responses from women of Pakistani (N = 554) and White British (N = 439) origin. Pakistani mothers reported feeling more confident about their abilities as a parent. Significantly fewer Pakistani women adopted a hostile approach to parenting, an effect that was attenuated after adjustment for socioeconomic status and mental health. Overall, women with more self-efficacious, warm and less hostile parenting styles reported significantly fewer problems with their infant's temperaments. Of women with higher self-efficacy parenting styles, Pakistani mothers were significantly more likely than White British mothers to report more problematic infant temperaments, although absolute differences were small. It is unlikely that the ethnic variation seen in children's cognitive and behavioural outcomes in childhood is attributable to differences in parenting or infant characteristics reported at six months. (Author)

20140604-76

Preferred spoken language mediates differences in neuraxial labor analgesia utilization among racial and ethnic groups. Caballero JA, Butwick AJ, Carvalho B, et al (2014), International Journal of Obstetric Anesthesia vol 23, no 2, May 2014, pp 161-167

INTRODUCTION:
The aims of this study were to assess racial/ethnic disparities for neuraxial labor analgesia utilization and to determine if preferred spoken language mediates the association between race/ethnicity and neuraxial labor analgesia utilization.
METHODS:
We performed a retrospective cohort study of 3129 obstetric patients who underwent vaginal delivery at a tertiary care obstetric center. Bivariate analyses and multivariate logistic regression models were used to assess the relationships between race/ethnicity, preferred spoken language and neuraxial labor analgesia.

RESULTS:
Hispanic ethnicity (adjusted OR 0.77, 95% CI 0.61-0.98) and multiparity (adjusted OR 0.59, 95% CI 0.51-0.69) were independently associated with a reduced likelihood of neuraxial labor analgesia utilization. When preferred spoken language was controlled for, the effect of Hispanic ethnicity was no longer significant (adjusted OR 0.84, 95% CI 0.66-1.08) and only non-English preferred spoken language (adjusted OR 0.82, 95% CI 0.67-0.99) and multiparity (adjusted OR 0.59, 95% CI 0.51-0.69) were associated with a reduced likelihood of neuraxial labor analgesia utilization.
CONCLUSIONS:
This study provides evidence that preferred spoken language mediates the relationship between Hispanic ethnicity and neuraxial labor analgesia utilization. (29 references) (Author)

20140508-28*

Immigrant and non-immigrant women's experiences of maternity care: a systematic and comparative review of studies in five countries. Small R, Roth C, Raval M, et al (2014), BMC Pregnancy and Childbirth vol 14, no 152, 29 April 2014

Background
Understanding immigrant women's experiences of maternity care is critical if receiving country care systems are to respond appropriately to increasing global migration. This systematic review aimed to compare what we know about immigrant and non-immigrant women's experiences of maternity care.
Methods
Medline, CINAHL, Health Star, Embase and PsychInfo were searched for the period 1989-2012. First, we retrieved population-based studies of women's experiences of maternity care (n = 12). For countries with identified population studies, studies focused specifically on immigrant women's experiences of care were also retrieved (n = 22). For all included studies, we extracted available data on experiences of care and undertook a descriptive comparison.
Results
What immigrant and non-immigrant women want from maternity care proved similar: safe, high quality, attentive and individualized care, with adequate information and support. Immigrant women were less positive about their care than non-immigrant women. Communication problems and lack of familiarity with care systems impacted negatively on immigrant women's experiences, as did perceptions of discrimination and care which was not kind or respectful.
Conclusion
Few differences were found in what immigrant and non-immigrant women want from maternity care. The challenge for health systems is to address the barriers immigrant women face by improving communication, increasing women's understanding of care provision and reducing discrimination.
(Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20140506-55

The impact of transnational migration on intergenerational transmission of knowledge and practice related to breast feeding. McFadden A, Atkin K, Renfrew MJ (2014), Midwifery vol 30, no 4, April 2014, pp 439-446

OBJECTIVES:
the aim of this study was to explore how migration from Bangladesh to the UK influenced the transmission of knowledge and practice related to breast feeding from one generation to the next.
METHODS:
this qualitative study used an ethnographic approach and comprised two focus group discussions with 14 grandmothers who had migrated from Bangladesh to the UK and in-depth interviews with 23 mothers of Bangladeshi origin who had breast fed in the UK within the previous five years. The focus group discussions and 10 of the interviews with mothers were conducted in Sylheti by a bilingual researcher. The study took place in four localities in northern England in 2008.
FINDINGS:
grandmothers and mothers of Bangladeshi origin emphasised the importance of intergenerational transmission of knowledge and practice related to breast feeding. However, migration disrupted this transmission through isolating women from their female kin, exposing them to a society in which breast feeding is mostly hidden and that privileges health professionals as an important source of information about breast feeding.
CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:
understanding how migration influences the knowledge and advice that grandmothers pass on to younger mothers could help health professionals facilitate family support for breast feeding. Health professionals could start by asking grandmothers about their experiences of breast feeding in their countries of origin and the host country. Where

relevant, previous poor professional support for breast feeding should be acknowledged. Health professionals should not underestimate their role in influencing breast feeding decisions of mothers of Bangladeshi origin. (75 references) (Author)

20140425-30*

Ethnic differences in infant feeding practices and their relationship with BMI at 3 years of age - results from the Born in Bradford birth cohort study. Santorelli G, Fairley L, Petherick ES, et al (2014), British Journal of Nutrition vol 111, no 10, 2014, pp 1891-1897

The present study aimed to explore previously unreported ethnic differences in infant feeding practices during the introduction of solid foods, accounting for maternal and birth factors, and to determine whether these feeding patterns are associated with BMI at 3 years of age. An observational study using Poisson regression was carried out to investigate the relationship between ethnicity and infant feeding practices and linear regression was used to investigate the relationship between feeding practices and BMI at 3 years of age in a subsample of 1327 infants in Bradford. It was found that compared with White British mothers, mothers of Other ethnicities were less likely to replace breast milk with formula milk before introducing solid foods (adjusted relative risk (RR) - Pakistani: 0·76 (95 % CI 0·64, 0·91), Other South Asian: 0·58 (95 % CI 0·39, 0·86), and Other ethnicities: 0·50 (95 % CI 0·34, 0·73)). Pakistani and Other South Asian mothers were less likely to introduce solid foods early (< 17 weeks) (adjusted RR - Pakistani: 0·92 (95 % CI 0·87, 0·96) and Other South Asian: 0·87 (95 % CI 0·81, 0·93)). Other South Asian mothers and mothers of Other ethnicities were more likely to continue breast-feeding after introducing solid foods (adjusted RR - 1·72 (95 % CI 1·29, 2·29) and 2·12 (95 % CI 1·60, 2·81), respectively). Pakistani and Other South Asian infants were more likely to be fed sweetened foods (adjusted RR - 1·18 (95 % CI 1·13, 1·23) and 1·19 (95 % CI 1·10, 1·28), respectively) and Pakistani infants were more likely to consume sweetened drinks (adjusted RR 1·72 (95 % CI 1·15, 2·57)). No association between infant feeding practices and BMI at 3 years was observed. Although ethnic differences in infant feeding practices were found, there was no association with BMI at 3 years of age. Interventions targeting infant feeding practices need to consider ethnicity to identify which populations are failing to follow recommendations. (Author)

20140424-93

The experience of postnatal depression in West African mothers living in the United Kingdom: a qualitative study. Gardner PL, Bunton P, Edge D, et al (2014), Midwifery Vol 30, no 6, June 2014, pp 756-763

OBJECTIVE:
to explore the lived experience of postnatal depression (PND) in West African mothers living in the United Kingdom (UK).
DESIGN:
using a qualitative design, semi-structured interviews were undertaken. Interpretative Phenomenological Analysis (IPA) was used to explore and analyse the data.
SETTING:
community health services within inner-city suburbs in Manchester, England.
PARTICIPANTS:
six West African mothers (Nigeria=3; Ghana=3), who were experiencing low mood in the postnatal period.
FINDINGS:
five overarching themes emerged: (1) conceptualising PND, (2) isolation, (3) loss of identity, (4) issues of trust and (5) relationships as a protective factor. Women exhibited symptoms of PND but did not regard it as an illness. In their view, postnatal depression and distress resulted from social stress. Participants stated that their cultural background made it difficult to disclose feelings of depression thus adversely influencing their help-seeking behaviour.
KEY CONCLUSIONS:
this is the first study to investigate the experiences of West African mothers with PND who live in the UK, and how they perceive and make sense of their experiences. The themes generated add to the body of existing research on PND in Black and ethnic minority populations and offer insight into the lived experience of West African women residing in England. Such insights are vital in order to deliver effective, culturally sensitive care.
IMPLICATIONS FOR PRACTICE:
these findings have implications on how services should be designed to increase their accessibility to African women, by using a community psychology approach alongside systemic and group interventions. Challenges to help seeking and language used to describe experiences are considered. (Author)

20140424-57

Pregnancy, childbirth and motherhood: a meta-synthesis of the lived experiences of immigrant women. Benza S, Liamputtong P (2014), Midwifery Vol 30, no 6, June 2014, pp 575-584

INTRODUCTION: pregnancy, childbirth and motherhood are natural processes that bring joy to individual women and families. However, for many migrant women, becoming a mother while attempting to settle in a new country where the culture is different, can be a challenge for them. AIM: to identify and synthesise qualitative research studies that explore the perceptions of pregnancy, childbirth and motherhood, and lived experiences of migrant women in their new home country. METHODS: the seven steps of Noblit and Hare's meta-ethnography was used to conduct the meta-synthesis. Searches for literature of qualitative studies were conducted in May and June 2013 using PubMed, CINAHL, Google Scholar and La Trobe University databases. Studies published in English addressing pregnancy, childbirth and motherhood experiences of women from immigrant backgrounds met the inclusion criteria. FINDINGS: 15 studies published between 2003 and 2013 related to the pregnancy, childbirth and motherhood experiences for women from migrant backgrounds were eligible for the meta-synthesis. Four major themes were identified as common in all the qualitative studies: expectations of pregnancy and childbirth; experiences of motherhood; encountering confusion and conflict with beliefs; and dealing with migration challenges. CONCLUSIONS: migrant women's pregnancy, childbirth and motherhood experiences are influenced by societal and cultural values, and they vary depending on the adjustment process in the new home country. The provision of culturally sensitive maternal health services enhances positive outcomes of a healthy mother and healthy infant. Supportive structures that address the issue of language and cultural barriers seem to promote antenatal clinic attendance, prevent pregnancy and childbirth complications, and enhance their positive motherhood experiences. IMPLICATIONS: women from immigrant backgrounds have the right to receive adequate and sensitive health care during the childbearing and childrearing times regardless of their migrant status. (Author)

20140416-49

Supporting Muslim families as midwives. Friedlander K, Staloch S (2014), Midwifery Today no 109, Spring 2014, pp 50-51

Two American Muslim birth workers describe attending different cpd events where they have heard generalisations about Islamic beliefs attributed to all Muslims that do not apply to their understanding of Islam. They warn of the dangers of making assumptions sbout women in care based on their religion. (JR)

20140408-69*

Family members' experiences of the use of interpreters in healthcare. Hadziabdic E, Albin B, Heikkila K, et al (2014), Primary Health Care Research and Development vol 15, no 2, 2014, pp 156-169

Aim The aim was to explore adults' experiences of their family members' use of interpreters in health-care encounters.
BACKGROUND:
Language barriers are a major hindrance for migrants to receive appropriate healthcare. In a foreign country, family members often need support in care of migrant patients. No previous studies focusing on adult family members' experiences of the use of interpreters in healthcare have been found.
METHOD:
A purposive sample of 10 adult family members with experiences of the use of interpreters in health-care encounters. Data were collected between May and September 2009 by focus-group interviews and analysed with qualitative analysis according to a method described for focus groups. Findings Three categories emerged from the analysis: (1) Experiences of the use of professional interpreters, (2) Experiences of being used as an interpreter and (3) Experiences of what needs to be improved when using interpreters. The main findings showed no agreement in family members' experiences; interpretation should be individually and situationally adapted. However, when family members acted as interpreters, their role was to give both practical and emotional support, and this led to both positive and negative emotions. Use of simple language, better collaboration in the health-care organization and developing the interpreters' professional attitude could improve the use of professional interpreters. The type of interpreter, mode of interpretation and patient's preferences should be considered in the interpretation situation. In order to achieve high-quality healthcare, health-care professionals need to organize a good interpretation situation case-by-case, choose the appropriate interpreters with the patient in focus and cooperate with members of the patient's social network. (Author)

20140404-99*

Ethnic variation in maternity care: a comparison of Polish and Scottish women delivering in Scotland 2004-2009.

OBJECTIVES:
Birth outcomes in migrants vary, but the relative explanatory influence of obstetric practice in origin and destination countries has been under-investigated. To explore this, birth outcomes of Scots and Polish migrants to Scotland were compared with Polish obstetric data. Poles are the largest group of migrants to Scotland, and Poland has significantly more medicalized maternity care than Scotland.
STUDY DESIGN:
A population-based epidemiological study of linked maternal country of birth, maternity and birth outcomes.
METHODS:
Scottish maternity and neonatal records linked to birth registrations were analysed for differences in modes of delivery and pregnancy outcomes between Polish migrants and Scots, and compared with Polish Health Fund and survey data.
RESULTS:
119,698 Scottish and 3105 Polish births to primiparous women in Scotland 2004-9 were analysed. Poles were less likely than Scots to have a Caesarean section and more likely to have a spontaneous vaginal or instrumental delivery. The Caesarean section rate in Poland is significantly higher and instrumental delivery rate lower than for either group of women in Scotland.
CONCLUSIONS:
Methodologically, comparing a large group of migrants from one country with the host population has advantages over grouping migrants from several countries into a single category, and allows more informed analysis of the effect of health services. Polish mothers' being slightly healthier explains some of their lower Caesarean section rate compared to Scots in Scotland. However, dominant models of obstetrics in the two countries seem likely to influence the differences between Poles delivering in Poland and Scotland. Further investigation of both is required. (Author)

20140403-63*

A descriptive phenomenology study of newcomers' experience of maternity care services: Chinese women's perspectives. Lee TY, Landy C, Wahoush O, et al (2014), BMC Health Services Research vol 14, no 114, 7 March 2014

BACKGROUND: Maternity health care available in Canada is based on the needs of women born in Canada and often lacks the flexibility to meet the needs of immigrant women. The purpose of this study was to explore immigrant Chinese women's experiences in accessing maternity care, the utilization of maternity health services, and the obstacles they perceived in Canada. METHODS: This descriptive phenomenology study used in-depth semi-structured interviews to examine immigrant Chinese women's experiences. Fifteen participants were recruited from the Chinese community in Toronto, Canada by using purposive sampling. The interviews were digitally recorded and transcribed verbatim into written Chinese. The transcripts were analyzed using Colaizzi's (1978) phenomenological method. RESULTS: Six themes were extracted from the interviews: (1) preference for linguistically and culturally competent healthcare providers, with obstetricians over midwives, (2) strategies to deal with the inconvenience of the Canadian healthcare system (3) multiple resources to obtain pregnancy information, (4) the merits of the Canadian healthcare system, (5) the need for culturally sensitive care, and (6) the emergence of alternative supports and the use of private services. CONCLUSIONS: The findings provide new knowledge and understanding of immigrant Chinese women's experiences in accessing maternity health services within a large metropolitan Canadian city. Participants described two unique experiences within the themes: preference for linguistically and culturally competent healthcare providers, with obstetricians over midwives, and the emergence of alternative supports and the use of private services. Few studies of immigrant maternity service access have identified these experiences which may be linked to cultural difference. Further investigation with women from different cultural backgrounds is needed to develop a comprehensive understanding of immigrant women's experiences with maternity care. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: http://www.biomedcentral.com/1472-6963/14/114

20140401-76*

Measuring African American Women's Trust in provider during pregnancy. Peters RM, Benkert R, Templin TN, et al (2014), Research in Nursing and Health vol 37, no 2, 2014, pp 144-154

Significant racial disparities exist in pregnancy outcomes, but few researchers have examined the relationship between trust in providers and pregnancy outcomes. The Trust in Physician Scale (TPS), the most widely used tool, has not been tested in pregnancy. We assessed the psychometric properties of the TPS and identified correlates of trust in

189 pregnant African American women. Evidence supports internal consistency reliability (>.85) and internal structure of the TPS (CFI = .97; RMSEA = .05; χ(2) (42) = 65.93, p = .001), but TPS scores did not predict pregnancy outcomes. African American women reported a high level of trust in obstetric providers. Trust did not differ by provider type (physician or midwife) but was related to the women's history of perceived racism and strength of ethnic identity. (Author)

20140310-6

Challenges and practices in infant feeding in Islam. Zaidi F (2014), British Journal of Midwifery vol 22, no 3, March 2014, pp 167-172

Breastfeeding is referenced in the Islamic religion with the Holy Qur'an and the Hadith recommending that the mother breastfeeds for 2 years, if possible, and provides guidance on its practice. This paper aims to introduce midwives to the infant feeding practices with a specific focus on breastfeeding by Muslim women. It is anticipated that this will stimulate midwives to further engage in discussions with Muslim women and their families around infant feeding to facilitate respectful and individualised care. (33 references) (Author)

20140219-42*

Influence of culture and community perceptions on birth and perinatal care of immigrant women: doulas' perspective. Kang HK (2014), The Journal of Perinatal Education vol 23, no 1, Winter 2014, pp 25-32

A qualitative study examined the perceptions of doulas practicing in Washington State regarding the influence of cultural and community beliefs on immigrant women's birth and perinatal care, as well as their own cultural beliefs and values that may affect their ability to work interculturally. The findings suggest that doulas can greatly aid immigrant mothers in gaining access to effective care by acting as advocates, cultural brokers, and emotional and social support. Also, doulas share a consistent set of professional values, including empowerment, informed choice, cultural relativism, and scientific/evidence-based practice, but do not always recognize these values as culturally based. More emphasis on cultural self-awareness in doula training, expanding community doula programs, and more integration of doula services in health-care settings are recommended. (Author)

20140210-45*

Social support for South Asian Muslim parents with life-limiting illness living in Scotland: a multiperspective qualitative study. Gaveras EM, Kristiansen M, Worth A, et al (2014), BMJ Open vol 4, no 2, 6 February 2014

Objective To explore experiences of social support needs among South Asian Muslim patients with life-limiting illness, living in Scotland, who are parents of young children.
Design Secondary analysis of data from a multiperspective, longitudinal Scottish study involving in-depth semistructured interviews with patients, their nominated carers and healthcare professionals. Data were analysed using interpretive phenomenological analysis.
Setting Edinburgh, Scotland.
Participants South-Asian Muslim patients with life-limiting illness with children under the age of 18 (n=8), their carer (n=6) and their healthcare professional.
Main outcome measures Access and provision of social support in palliative care.
Results Open-ended qualitative interviews identified four main themes: (1) parental sadness over being unable to provide tangible support; (2) parental desire to continue to provide emotional support; (3) limited availability of informal social support networks; and (4) differing perspectives between healthcare professionals and patients on patient access to social support sources, with a subtheme being the capacity of male carers to provide social support.
South-Asian parents at the end of life had limited access to extended-network support. Gender roles appeared as challenging for healthcare providers who at times overestimated the amount of support a female carer could provide and underestimated the amount of support male carers provided. Implications for practice include the need for greater awareness by healthcare providers of the social support needs of ethnic minority and migrant parents with life-limiting illnesses and especially an awareness of the importance of the role of male and female carers. Further research is needed to explore how the timing of migration impacts the need for and availability of tangible and emotional informal social support among ethnic minority parents with life-limiting illness. (Author) [The full text of this article is available free of charge online via http://bmjopen.bmj.com]

Full URL: bmjopen.bmj.com/content/4/2/e004252.short?rss=1

20140114-7*

Navigating maternity health care: a survey of the Canadian prairie newcomer experience. Mumtaz Z, O'Brien B, Higginbottom G (2014), BMC Pregnancy and Childbirth vol 14, no 4, 6 January 2014

BACKGROUND: Immigration to Canada has significantly increased in recent years, particularly in the Prairie Provinces. There is evidence that pregnant newcomer women often encounter challenges when attempting to navigate the health system. Our aim was to explore newcomer women's experiences in Canada regarding pregnancy, delivery and postpartum care and to assess the degree to which Canada provides equitable access to pregnancy and delivery services. METHODS: Data were obtained from the Canadian Maternity Experiences Survey. Women (N = 6,241) participated in structured computer-assisted telephone interviews. Women from Alberta, Saskatchewan and Manitoba were included in this analysis. A total of 140 newcomers (arriving in Canada after 1996) and 1137 Canadian-born women met inclusion criteria. RESULTS: Newcomers were more likely to be university graduates, but had lower incomes than Canadian-born women. No differences were found in newcomer ability to access acceptable prenatal care, although fewer received information regarding emotional and physical changes during pregnancy. Rates of C-sections were higher for newcomers than Canadian-born women (36.1% vs. 24.7%, p = 0.02). Newcomers were also more likely to be placed in stirrups for birth and have an assisted birth. CONCLUSION: Although newcomers residing in Prairie Provinces receive adequate maternity care, improvements are needed with respect to provision of information related to postpartum depression and informed choice around the need for C-sections. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: www.biomedcentral.com

20131205-140*

Communicating with Chinese American families in the NICU using the Giger and Davidhizar transcultural model. Merritt L (2013), Neonatal Network: the Journal of Neonatal Nursing vol 32, no 5, September/October 2013, pp 335-341

Having an infant admitted to the neonatal intensive care unit (NICU) can be a frightening experience for parents. However, it can be even more frightening for them when they are from a different culture and speak a different language than the health care team. Hence, a nurse needs to be culturally competent in order to provide proper care to a multicultural society. The purpose of this article is to describe how NICU nurses can communicate with one such culture, the Chinese American, the largest Asian group in the United States. A transcultural nursing model will be described to use as a guide to help the nurse. The culture, Chinese Americans, will be described to help nurses provide culturally competent care. Research studies will be presented so the reader can develop an understanding of how parents of Chinese descent perceive the care they receive. Interventions and recommendations will be presented on how to enhance communication between the nurses and this cultural group. (26 references) (Author)

20131114-6*

'A mixture of positive and negative feelings': A qualitative study of primary care midwives' experiences with non-western clients living in the Netherlands. Boerleider AW, Francke AL, Mannien J, et al (2013), International Journal of Nursing Studies vol 50, no 12, 2013, pp 1658-1666

BACKGROUND:
Non-western women living in the Netherlands are diverse in origin, which implies diversity in their needs and expectations for midwifery care. Furthermore, it has also been shown that non-western women make suboptimal use of prenatal care. Midwives may therefore face difficulties when caring for these clients.
OBJECTIVE:
The main objective of our study was to explore Dutch primary care midwives' experiences with non-western clients.
METHODS:
A qualitative design was used. Thirteen midwives were interviewed individually and 8 participated in a focus group. All interviews were transcribed and analysed by two researchers who compared and discussed their results. Analytical codes were organised into subthemes and main themes.
RESULTS:
Midwives perceived ethnic diversity as both difficult and interesting. Caring for these women was perceived as demanding, but also rewarding. They experienced a variety of difficulties when caring for these women: communication problems, suboptimal health literacy, socioeconomic problems, lack of knowledge of the maternity care system, pressure from the family and a strong preference for physicians. In spite of these difficulties, midwives aim for optimal care by being alert and proactive, taking these women by the hand and making use of alternative resources.
CONCLUSION:
Provision of care to non-western clients can be difficult and may require additional measures. These problems and

measures should be included in midwifery education programmes as well as training programmes for midwives. (Author)

20131108-5*

Prenatal group visit program for a population with limited English proficiency. Little SH, Motohara S, Miyazaki K, et al (2013), Journal of the American Board of Family Medicine: JABFM vol 26, no 6, November-December 2013, pp 728-737

Introduction: The declining number of family physicians providing pregnancy care is of concern because they are an important source of pregnancy care in underserved communities. Innovative approaches might reinforce family physician participation in pregnancy care for the underserved. Since group prenatal visits have been shown to improve patient education, support, and satisfaction, we implemented and evaluated a group prenatal visit program for Japanese women in Michigan, an underserved population because of their limited proficiency with English.
Methods: We conducted a convergent quantitative and qualitative mixed methods evaluation involving repeated survey administration (program evaluations, 4-item Patient Health Questionnaire, pregnancy distress questionnaire) to participants during 5 group visits and in-depth postpartum interviews in the University of Michigan Japanese Family Health Program setting. We conducted independent quantitative and qualitative analytics and then thematically integrated these data.
Results: Cultural adaptations to the Centering Pregnancy format involved changes in total visits, educational content, and participation format. Based on 5 groups attending 5 sessions each, 42 women evaluated the program through 158 surveys after the sessions. Participants evaluated multiple parameters positively: being with other pregnant women (98%), improving their understanding about prenatal care (96%), preparation for labor and delivery (96%), organization of visits (94%), and preparation for newborn care (85%). In final evaluations, 96% to 100% of participants rated 7 educational topics as 'covered' or 'covered well.' Qualitative interviews with 20 women revealed positive views of social support from prenatal group visits and group facilitation but mixed enthusiasm for clinical assessments in the prenatal group visit setting and partner and children attendance at the sessions.
Conclusions: This research demonstrates the feasibility and cultural acceptability of prenatal group visits for Japanese women. Prenatal group visits provided education and social support for Japanese women during the perinatal and postpartum periods that were not otherwise accessible in Japanese. This study confirms the feasibility of family physicians providing prenatal group visits and extends the literature of the applicability of prenatal group visits for patients with limited English skills. (Author)

20131024-4

Use of maternal health services by remote dwelling Aboriginal women in Northern Australia and their disease burden. Bar-Zeev S, Barclay L, Kruske S, et al (2013), Birth vol 40, no 3, September 2013, pp 172-181

Background:
Disparities exist in pregnancy and birth outcomes between Australian Aboriginal women and their non-Aboriginal counterparts. Understanding patterns of health service use by Aboriginal women is critical. This study describes the use of maternal health services by remote dwelling Aboriginal women in northern Australia during pregnancy, birth and the postpartum period and their burden of disease.
Methods:
A retrospective cohort study of maternity care for all 412 maternity cases from two remote Aboriginal communities in the Northern Territory of Australia, 2004-2006. Primary endpoints were the number and type of maternal health-related complications and service episodes at the health centers and regional hospital during pregnancy, birth, and the first 6 months postpartum.
Results:
Ninety-three percent of women attended antenatal care. This often commenced late in pregnancy. High levels of complications were identified and 23 percent of all women required antenatal hospitalization. Birth occurred within the regional hospital for 90 percent of women. By 6 months postpartum, 45 percent of women had documented postnatal morbidities and 8 percent required hospital admission. The majority of women accessed remote health services at least once; however, only one third had a record of a postnatal care within 2 months of giving birth.
Conclusion:
Maternal health outcomes were poor despite frequent service use throughout pregnancy, birth, and the first 6 months postpartum suggesting quality of care rather than access issues. These findings reflect outcomes that are more aligned with the developing rather than developed world and have significant implications for future planning of maternity services that must be urgently addressed. (48 references) (Author)

20130918-17*

Prenatal expectations in Mexican American women: development of a culturally sensitive measure. Gress-Smith JL, Roubinov DS, Tanaka R, et al (2013), Archives of Women's Mental Health vol 16, no 4, August 2013, pp 303-314

Prenatal expectations describe various domains a woman envisions in preparation for her role as a new mother and influence how women transition into the maternal role. Although the maternal role is strongly influenced by the prevailing familial and sociocultural context, research characterizing prenatal expectations in ethnic minority and low-income women is lacking. As part of the largest growing minority group in the USA, Latina mothers represent an important group to study. Two hundred and ten low-income Mexican American women were administered the Prenatal Experiences Scale for Mexican Americans (PESMA) that was adapted to capture specific cultural aspects of prenatal expectations. Measures of current support, prenatal depressive symptoms, and other sociodemographic characteristics were also completed to assess validity. Exploratory factor analysis identified three underlying factors of prenatal expectations: paternal support, family support, and maternal role fulfillment. Associations among these subscales and demographic and cultural variables were conducted to characterize women who reported higher and lower levels of expectations. The PESMA demonstrated good concurrent validity when compared to measures of social support, prenatal depressive symptoms, and other sociodemographic constructs. A culturally sensitive measure of prenatal expectations is an important step towards a better understanding of how Mexican American women transition to the maternal role and identify culturally specific targets for interventions to promote maternal health. (46 references) (Author)

20130905-59*

A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth. Balaam MC, Akerjordet K, Lyberg A, et al (2013), Journal of Advanced Nursing vol 69, no 9, 2013, pp 1919-1930

AIM:
A synthesis of the evidence of migrant women's perceptions of their needs and experiences in relation to pregnancy and childbirth.
BACKGROUND:
Despite the fact that all European Union member states have ratified human rights-based resolutions aimed at non-discrimination, there is a relationship between social inequality and access to pre-, intra-, and postpartum care.
DESIGN:
A qualitative systematic review of studies from European countries.
DATA SOURCES:
A search was made for relevant articles published between January 1996-June 2010.
REVIEW METHODS:
Data were analysed by means of thematic synthesis.
RESULTS:
Sixteen articles were selected, analysed, and synthesized. One overall theme; 'Preserving one's integrity in the new country' revealed two key aspects; 'Struggling to find meaning' and 'Caring relationships'. 'Struggling to find meaning' comprised four sub-themes; 'Communication and connection', 'Striving to cope and manage', 'Struggling to achieve a safe pregnancy and childbirth', and 'Maintaining bodily integrity'. 'Caring relationships' was based on the following three sub-themes: 'Sources of strength', 'Organizational barriers to maternity care', and 'The nature and quality of caring relationships'.
CONCLUSION:
The results of this review demonstrate that migrant women are in a vulnerable situation when pregnant and giving birth and that their access to health services must be improved to better meet their needs. Research is required to develop continuity of care and improve integrated maternal care. (Author)

20130805-42

Invesitgating access to and use of maternity health-care services in the UK by Palestinian women. Alshawish E, Marsden J, Yeowell G, et al (2013), British Journal of Midwifery vol 21, no 8, August 2013, pp 571-577

Objective: To investigate access to and use of health services, particularly maternal and child health care, in the UK by Palestinian women. Design: A qualitative study using a pragmatic approach for exploration and description. Data were transcribed ad verbatim and analysed using framework analysis and the NVivo 9 computer program. Setting: Interviews were conducted in participants' homes, the researcher's home and in Arabic schools. Participation: Twenty-two interviews were conducted. Participants were living in different geographic areas in Manchester, and were recruited through Arabic schools and the main mosque in the city. Findings: Four themes emerged from the qualitative interviews, which were: 'cultural variations'; 'knowledge of the NHS and the UK health-care system';

'health care services and their utilisation, focusing on maternal and child health-care services'; and 'communication, information provision and needs'. Conclusion: Culturally competent care is required to reduce the inequity of maternal and child health-care services; this study recommended the following points: In delivering the information for BME groups, it is inappropriate to implement a 'one-size-fits-all' programme; culturally appropriate care could be satisfactorily achieved through effective and continuous training programmes based on culture, ethnicity and religion for all health professionals; and effective interpretation services are vital so there is no need to rely on family members and friends as was clearly the case for the participants in this study. (40 references) (Author)

20130805-40

Perinatal mental health services for black and ethnic minority women in prison. Foley L, Papadopoulos I (2013), British Journal of Midwifery vol 21, no 8, August 2013, pp 553-562

Objective: To provide a synthesis of published research concerning the perinatal mental health needs of black and minority ethnic (BME) women in prison. Methods: This integrative review utilised a narrative overview design to explore available literature. Results: The search strategy identified 13 relevant papers. Out of these, six met the inclusion criteria. The results found that imprisoned women are more likely to be from a BME background. As a group, pregnant women in prison present a vulnerable obstetric risk. In addition to the universal obstacles, BME women face further challenges of overcoming ethno-cultural barriers when trying to access appropriate perinatal mental health care while in prison. Clinical implications: BME imprisoned pregnant women are clearly a high-risk obstetric group, and their numbers are increasing. Deciphering and meeting the unique perinatal mental health needs of this group of women presents a challenge to both the health-care and prison systems. Becoming aware and sensitive to these needs is the first step towards policy makers and service providers addressing them. This research will add to the limited academic field on the perinatal mental health needs of BME women in prison. These findings demonstrate that more research and attention needs to be paid to this highly vulnerable group of women. (47 references) (Author)

20130520-11*

Developing population interventions with migrant women for maternal-child health: a focused ethnography. Gagnon AJ, Carnevale F, Mehta P, et al (2013), BMC Public Health vol 13, no 471, 14 May 2013

Background

Literature describing effective population interventions related to the pregnancy, birth, and post-birth care of international migrants, as defined by them, is scant. Hence, we sought to determine: 1) what processes are used by migrant women to respond to maternal-child health and psychosocial concerns during the early months and years after birth; 2) which of these enhance or impede their resiliency; and 3) which population interventions they suggest best respond to these concerns.

Methods

Sixteen international migrant women living in Montreal or Toronto who had been identified in a previous study as having a high psychosocial-risk profile and subsequently classified as vulnerable or resilient based on indicators of mental health were recruited. Focused ethnography including in-depth interviews and participant observations were conducted. Data were analyzed thematically and as an integrated whole.

Results

Migrant women drew on a wide range of coping strategies and resources to respond to maternal-child health and psychosocial concerns. Resilient and vulnerable mothers differed in their use of certain coping strategies. Social inclusion was identified as an overarching factor for enhancing resiliency by all study participants. Social processes and corresponding facilitators relating to social inclusion were identified by participants, with more social processes identified by the 'vulnerable' group. Several interventions related to services were described which varied in type and quality; these were generally found to be effective. Participants identified several categories of interventions which they had used or would have liked to use and recommended improvements for and creation of some programs. The social determinants of health categories within which their suggestions fell included: income and social status, social support network, education, personal health practices and coping skills, healthy child development, and health services. Within each of these, the most common suggestions were related to creating supportive environments and building healthy public policy.

Conclusions

A wealth of data was provided by participants on factors and processes related to the maternal-child health care of international migrants and associated population interventions. Our results offer a challenge to key stakeholders to improve existing interventions and create new ones based on the experiences and views of international migrant women themselves. [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: http://www.biomedcentral.com/1471-2458/13/471/abstract

20130514-5*

Predictors of the timing of initiation of antenatal care in an ethnically diverse urban cohort in the UK. Cresswell JA, Yu G, Hatherall B, et al (2013), BMC Pregnancy and Childbirth vol 13, no 103, 3 May 2013

Background:
In the UK, women are recommended to engage with maternity services and establish a plan of care prior to the 12th completed week of pregnancy. The aim of this study was to identify predictors for late initiation of antenatal care within an ethnically diverse cohort in East London.
Methods:
Cross-sectional analysis of routinely collected electronic patient record data from Newham University Hospital NHS Trust (NUHT). All women who attended their antenatal booking appointment within NUHT between 1st January 2008 and 24th January 2011 were included in this study. The main outcome measure was late antenatal booking, defined as attendance at the antenatal booking appointment after 12 weeks (+6 days) gestation. Data were analysed using multivariable logistic regression with robust standard errors.
Results:
Late initiation of antenatal care was independently associated with non-British (White) ethnicity, inability to speak English, and non-UK maternal birthplace in the multivariable model. However, among those women who both spoke English and were born in the UK, the only ethnic group at increased risk of late booking were women who identified as African/Caribbean (aOR: 1.40: 95% CI: 1.11, 1.76) relative to British (White). Other predictors identified include maternal age younger than 20 years (aOR: 1.32; 95% CI: 1.13-1.54), high parity (aOR: 2.09; 95% CI: 1.77-2.46) and living in temporary accommodation (aOR: 1.71; 95% CI: 1.35-2.16).
Conclusions:
Socio-cultural factors in addition to poor English ability or assimilation may play an important role in determining early initiation of antenatal care. Future research should focus on effective interventions to encourage and enable these minority groups to engage with the maternity services. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20130502-17

Perceptions and experiences of parenthood and maternal health care among Latin American women living in Spain: A qualitative study. Barona-Vilar C, l Mas-Pons R, Fullana-Montoro A, et al (2013), Midwifery vol 29, no 4, April 2013, pp 332-337

Objective: to explore the experiences and perceptions of parenthood and maternal health care among Latin American women living in Spain. Design: an exploratory qualitative research using focus groups and thematic analysis of the discussion. Setting and participants: three focus groups with 26 women from Bolivia and Ecuador and three focus groups with 24 midwives were performed in three towns in the Valencian Community receiving a large influx of immigrants. Findings: the women interpreted motherhood as the role through which they achieve fulfilment and assumed that they were the ones who could best take care of their children. They perceived that men usually make decisions about sex and pregnancy and recognised a poor or inadequate use of contraceptive methods in planning their pregnancies. Women reported that it was not necessary to go as soon and as frequently for health examinations during pregnancy as the midwives suggested. The main barriers identified to health-care services were linked to insecure or illegal employment status, inflexible appointment timetables for prenatal checkups and sometimes to ignorance about how public services worked. Key conclusions and implications for practice: empowering immigrant women is essential to having a long-term positive effect on their reproductive health. Antenatal care providers should be trained to build maternity care that is culturally sensitive and responds better to the health needs of different pregnant women and their newborns. (40 references) (Author)

20130403-73

Culture counts and cultural competency matters!. Callister LC (2013), The Journal of Perinatal and Neonatal Nursing vol 27, no 1, January/March 2013, pp 3-4

Editorial commenting on the importance of awareness of cultural background when caring for women and their families. (9 references) (MB)

20130402-50*

Maternal health care utilization in Viet Nam: increasing ethnic inequity. Målqvist M, Lincetto O, Nguyen HD, et al (2013), Bulletin of the World Health Organization vol 91, no 4, April 2013, pp 254-261

Objective:
To investigate changes that took place between 2006 and 2010 in the inequity gap for antenatal care attendance and delivery at health facilities among women in Viet Nam.
Methods:
Demographic, socioeconomic and obstetric data for women aged 15-49 years were extracted from Viet Nam's Multiple Indicator Cluster Survey for 2006 (MICS3) and 2010-2011 (MICS4). Multivariate logistic regression was performed to determine if antenatal care attendance and place of delivery were significantly associated with maternal education, maternal ethnicity (Kinh/Hoa versus other), household wealth and place of residence (urban versus rural). These independent variables correspond to the analytical framework of the Commission on Social Determinants of Health.
Findings:
Large discrepancies between urban and rural populations were found in both MICS3 and MICS4. Although antenatal care attendance and health facility delivery rates improved substantially between surveys (from 86.3 to 92.1% and from 76.2 to 89.7%, respectively), inequities increased, especially along ethnic lines. The risk of not giving birth in a health facility increased significantly among ethnic minority women living in rural areas. In 2006 this risk was nearly five times higher than among women of Kinh/Hoa (majority) ethnicity (odds ratio, OR: 4.67; 95% confidence interval, CI: 2.94-7.43); in 2010-2011 it had become nearly 20 times higher (OR: 18.8; 95% CI: 8.96-39.2).
Conclusion:
Inequity in maternal health care utilization has increased progressively in Viet Nam, primarily along ethnic lines, and vulnerable groups in the country are at risk of being left behind. Health-care decision-makers should target these groups through affirmative action and culturally sensitive interventions. [A full text version of this article can be accessed online at: http://www.who.int/bulletin/volumes/91/3/12-107623/en/index.html] (37 references) (Author)

Full URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3629455/pdf/BLT.12.112425.pdf

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20130402-45*

Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review. Boerleider AW, Wiegers TA, Manniën J, et al (2013), BMC Pregnancy and Childbirth vol 13, no 81, 27 March 2013

Background:
Despite the potential of prenatal care for addressing many pregnancy complications and concurrent health problems, non-western women in industrialized western countries more often make inadequate use of prenatal care than women from the majority population do. This study aimed to give a systematic review of factors affecting non-western women's use of prenatal care (both medical care and prenatal classes) in industrialized western countries.
Methods:
Eleven databases (PubMed, Embase, PsycINFO, Cochrane, Sociological Abstracts, Web of Science, Women's Studies International, MIDIRS, CINAHL, Scopus and the NIVEL catalogue) were searched for relevant peer-reviewed articles from between 1995 and July 2012. Qualitative as well as quantitative studies were included. Quality was assessed using the Mixed Methods Appraisal Tool. Factors identified were classified as impeding or facilitating, and categorized according to a conceptual framework, an elaborated version of Andersen's healthcare utilization model.
Results:
Sixteen articles provided relevant factors that were all categorized. A number of factors (migration, culture, position in host country, social network, expertise of the care provider and personal treatment and communication) were found to include both facilitating and impeding factors for non-western women's utilization of prenatal care. The category demographic, genetic and pregnancy characteristics and the category accessibility of care only included impeding factors.
Lack of knowledge of the western healthcare system and poor language proficiency were the most frequently reported impeding factors. Provision of information and care in women's native languages was the most frequently reported facilitating factor.
Conclusion:
The factors found in this review provide specific indications for identifying non-western women who are at risk of not using prenatal care adequately and for developing interventions and appropriate policy aimed at improving their prenatal care utilization. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

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20130227-22*

'I have to do what I believe': Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada. Higginbottom GMA, Safipour J, Mumtaz Z, et al (2013), BMC Pregnancy and Childbirth vol 13, no 51, 25 February 2013

Background:
Evidence suggests that immigrant women having different ethnocultural backgrounds than those dominant in the host country have difficulty during their access to and reception of maternity care services, but little knowledge exists on how factors such as ethnic group and cultural beliefs intersect and influence health care access and outcomes. Amongst immigrant populations in Canada, refugee women are one of the most vulnerable groups and pregnant women with immediate needs for health care services may be at higher risk of health problems. This paper describes findings from the qualitative dimension of a mixed-methodological study.
Methods:
A focused ethnographic approach was conducted in 2010 with Sudanese women living in an urban Canadian city. Focus group interviews were conducted to map out the experiences of these women in maternity care, particularly with respect to the challenges faced when attempting to use health care services.
Results:
Twelve women (mean age 36.6 yrs) having experience using maternity services in Canada within the past two years participated. The findings revealed that there are many beliefs that impact upon behaviours and perceptions during the perinatal period. Traditionally, the women mostly avoid anything that they believe could harm themselves or their babies. Pregnancy and delivery were strongly believed to be natural events without need for special attention or intervention. Furthermore, the sub-Saharan culture supports the dominance of the family by males and the ideology of patriarchy. Pregnancy and birth are events reflecting a certain empowerment for women, and the women tend to exert control in ways that may or may not be respected by their husbands. Individual choices are often made to foster self and outward-perceptions of managing one's affairs with strength.
Conclusion:
In today's multicultural society there is a strong need to avert misunderstandings, and perhaps harm, through facilitating cultural awareness and competency of care rather than misinterpretations of resistance to care. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: www.biomedcentral.com

20130226-2*

Exploring Middle-Eastern mothers' perceptions and experiences of breastfeeding in Canada: an ethnographic study. Jessri M, Farmer AP, Olson K (2013), Maternal & Child Nutrition vol 9, no 1, January 2013, pp 41-56

The aim of this study was to explore from the Middle-Eastern mothers' perspective, the experience of breastfeeding and their perceptions of attributes of the health care system, community and society on their feeding decisions after migration to Canada.New immigrant mothers from the Middle East (n = 22) were recruited from community agencies in Edmonton, Canada. Qualitative data were collected through four focus groups using an ethnographic approach to guide concurrent data collection and analysis. Survey data were collected on sociodemographic characteristics via pre-tested questionnaires. All mothers, but one who was medically exempt, breastfed their infants from birth and intended to continue for at least 2 years.Through constant comparison of data, five layers of influence emerged which described mothers' process of decision making: culture/society, community, health care system, family/friends and mother-infant dyad. Religious belief was an umbrella theme that was woven throughout all discussions and it was the strongest determining factor for choosing to breastfeed. However, cultural practices promoted pre-lacteal feeding and hence, jeopardising breastfeeding exclusivity. Although contradicted in Islamic tradition, most mothers practised fasting during breastfeeding because of misbeliefs about interpretations regarding these rules. Despite high rates of breastfeeding, there is a concern of lack of breastfeeding exclusivity among Middle-Eastern settlers in Canada.To promote successful breastfeeding in Muslim migrant communities, interventions must occur at different levels of influence and should consider religious beliefs to ensure cultural acceptability. Practitioners may support exclusive breastfeeding through cultural competency, and respectfully acknowledging Islamic beliefs and cultural practices. (45 references) (Author)

20130220-28*

The role of the interpreter/doula in the maternity setting. Maher S, Crawford-Carr A, Neidigh K (2012), Nursing for Women's Health vol 16, no 6, 2012, pp 472-481

Health care organizations often struggle with issues related to communication with patients who have limited English

proficiency. Providing quality interpreter services is necessary to comply with regulatory mandates and to provide safe, effective health care. Maternity care presents a unique situation due to the intimate and unpredictable nature of birth. A unique interpreter/doula program in which trained medical interpreters received additional education in labor and postpartum doula skills was tested at a large urban hospital maternity center with a large population of Spanish-speaking patients. Results showed that interpreter/doulas can offer timely, competent care in a variety of maternity situations. They also were cost-effective and associated with increased patient and staff satisfaction. (30 references) (Author)

20130204-7*

Help bring back the celebration of life: a community-based participatory study of rural aboriginal women's maternity experiences and outcomes. Varcoe C, Brown H, Calam B, et al (2013), BMC Pregnancy and Childbirth vol 13, no 26, 29 January 2013

Background:
Despite clear evidence regarding how social determinants of health and structural inequities shape health, Aboriginal women's birth outcomes are not adequately understood as arising from the historical, economic and social circumstances of their lives. The purpose of this study was to understand rural Aboriginal women's experiences of maternity care and factors shaping those experiences.
Methods:
Aboriginal women from the Nuxalk, Haida and 'Namgis First Nations and academics from the University of British Columbia in nursing, medicine and counselling psychology used ethnographic methods within a participatory action research framework. We interviewed over 100 women, and involved additional community members through interviews and community meetings. Data were analyzed within each community and across communities.
Results:
Most participants described distressing experiences during pregnancy and birthing as they grappled with diminishing local maternity care choices, racism and challenging economic circumstances. Rural Aboriginal women's birthing experiences are shaped by the intersections among rural circumstances, the effects of historical and ongoing colonization, and concurrent efforts toward self-determination and more vibrant cultures and communities.
Conclusion:
Women's experiences and birth outcomes could be significantly improved if health care providers learned about and accounted for Aboriginal people's varied encounters with historical and ongoing colonization that unequivocally shapes health and health care. Practitioners who better understand Aboriginal women's birth outcomes in context can better care in every interaction, particularly by enhancing women's power, choice, and control over their experiences. Efforts to improve maternity care that account for the social and historical production of health inequities are crucial. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: www.biomedcentral.com

20130131-29

Immigrant women's perceptions of their maternity care: a review of the literature part 2. Fisher J, Hinchliff S (2013), The Practising Midwife vol 16, no 2, February 2013, pp 32-34

In the first of this two part article, the methods of the literature review looking at immigrant women's perceptions of their maternity were outlined along with the first two themes identified, including communication and impediments to access of maternity care. In this concluding part, the remaining three themes of the literature review will be discussed and conclusions will be drawn, with recommendations for practice. (9 references) (Author)

20130108-56*

The Murri clinic: a comparative retrospective study of an antenatal clinic developed for Aboriginal and Torres Strait Islander women. Kildea S, Stapleton H, Murphy R, et al (2012), BMC Pregnancy and Childbirth vol 12, no 159, 21 December 2012

BACKGROUND: Indigenous Australians are a small, widely dispersed population. Regarding childbearing women and infants, inequities in service delivery and culturally unsafe services contribute to significantly poorer outcomes, with a lack of high-level research to guide service redesign. This paper reports on an Evaluation of a specialist (Murri) antenatal clinic for Australian Aboriginal and Torres Strait Islander women.
METHODS:
A triangulated mixed method approach generated and analysed data from a range of sources: individual and focus group interviews; surveys; mother and infant audit data; and routinely collected data. A retrospective analysis

compared clinical outcomes of women who attended the Murri clinic (n=367) with Indigenous women attending standard care (n=414) provided by the same hospital over the same period. Both services see women of all risk status.
RESULTS:
The majority of women attending the Murri clinic reported high levels of satisfaction, specifically with continuity of carer antenatally. However, disappointment with the lack of continuity during labour/birth and postnatally left some women feeling abandoned and uncared for. Compared to Indigenous women attending standard care, those attending the Murri clinic were statistically less likely to be primiparous or partnered, to experience perineal trauma, to have an epidural and to have a baby admitted to the Neonatal Intensive Care Unit, and were more likely to have a non-instrumental vaginal birth. Multivariate analysis found higher normal birth (spontaneous onset of labour, no epidural, non-instrumental vaginal birth without episiotomy) rates amongst women attending the Murri clinic.
CONCLUSIONS:
Significant benefits were associated with attending the Murri clinic. Recommendations for improvement included ongoing cultural competency training for all hospital staff, reducing duplication of services, improving co-ordination and communication between community and tertiary services, and working in partnership with community-based providers. Combining multi-agency resources to increase continuity of carer, culturally responsive care, and capacity building, including creating opportunities for Indigenous employment, education, and training is desirable, but challenging. Empirical evidence from our Evaluation provided the leverage for a multi-agency agreement to progress this goal within our catchment area. (Author)
[Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: www.biomedcentral.com

20130107-22

Immigrant women's perceptions of their maternity care: a review of the literature part 1. Fisher J, Hinchliff S (2013), The Practising Midwife vol 16, no 1, January 2013, pp 20-22

Every year since 2004, the Office for National Statistics (ONS) has recorded increasing levels of immigration with nearly 600,000 immigrants entering the UK in 2011 (ONS 2012). More than 50 per cent of these immigrants were women. With this increasing immigration to the UK. a review of the literature was conducted to understand the experiences that immigrant women have when encountering the maternity services in the UK. Twelve quantitative studies were included in the review, each approach contributing uniquely to our understanding of the subject area. Five themes were identified when the articles in the review were analysed. They were: communication, impediments to accessing healthcare, relationships with healthcare providers, cultural standpoint and social circumstances. The first two of those themes will be considered in this article. (16 references) (Author)

20130103-20

The effects of group health education on childbearing knowledge, attitude, and behaviour among Southeast Asian immigrant women in Taiwan. Wang HH, Lin ML, Yang YM, et al (2012), Midwifery vol 28, no 6, December 2012, pp 754-759

OBJECTIVES: to explore the effects of a group health education programme on the childbearing knowledge, attitude, and behaviours among Southeast Asian immigrant women in Taiwan. DESIGN: a quasi-experimental design with convenience sampling was used. SETTING: participants living in Kaohsiung County, Taiwan, were randomly divided by districts into either the experimental group or the control group. PARTICIPANTS: one hundred Southeast Asian immigrant women were recruited as research participants. Among the 100 participants, 50 were in the experimental group and 50 were in the control group. A total of 99 participants completed the entire research procedure. METHODS: a structured interview was used to evaluate the effects of a group health education programme. MEASUREMENTS: the interview consisted of four measurements: the Demographic Inventory Scale, the Childbearing Knowledge Scale, the Childbearing Attitude Scale, and the Childbearing Planning Scale.
FINDINGS:
after employing the group health education intervention, statistically significant changes from the pre-test to the post-test were found in the experimental group's scores for the Childbearing Knowledge Scale (P<0.0001), the Childbearing Attitude Scale (P<0.01), and the Childbearing Planning Scale (P<0.0001). The study's results indicated that providing education through group learning with guidance and support in childbearing health significantly improved Southeast Asian immigrant women's childbearing health knowledge, attitudes, and behaviours. CONCLUSION: an appropriate, community-based group health education programme can create awareness for childbearing health among Southeast Asian immigrant women in Taiwan and improve their childbearing attitudes and behaviours. (28 references) (Author)

20121123-43

Disparities in pregnancy healthcare utilization between Hispanic and Non-Hispanic white women in Rhode Island. Bromley E, Nunes A, Phipps MG (2012), Maternal and Child Health Journal vol 16, no 8, November 2012, pp 1576-1582

Low healthcare utilization is a prime contributor to adverse health outcomes in both the general population and the Hispanic community. This study compares background characteristics and rates of prenatal and postpartum health care utilization between Hispanic and non-Hispanic white women. Using the Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS), 2002-2008, we assess rates of prenatal and postpartum healthcare utilization relevant to maternal and neonatal care. Associations between maternal ethnicity and adequacy of health care utilization were quantified using survey weighted multivariable logistic regression. Compared with non-Hispanic white women, Hispanic women were younger (less than 24 years, 43.8% vs. 25.2%), had less education (less than 12 years of education, 38.2% vs. 10.6%), lower annual income levels (incomes less than $19,999, 72.2% vs. 21.7%), and lower insurance rates before pregnancy (47.8% uninsured vs. 12.8%). Hispanic women had higher odds of having delayed prenatal care (AOR 1.84, 95% CI 1.27-2.65) or inadequate prenatal care (AOR 2.01, 95% CI 1.61-2.50), and their children had higher odds of not having a 1-week check-up (AOR 1.73, 95% CI 1.21-2.47) or any well-baby care (AOR 3.44, 95% CI 1.65-7.10). Disparities in inadequate prenatal care and not having any well-baby care remained significant after adjusting collectively for age, marital status, education, income, and insurance status of mother and newborn. Although many previously uninsured women became insured during pregnancy, disparities in healthcare utilization remained. Interventions focusing on reducing barriers to access prior to and during pregnancy should consider potential structural, informational, and educational barriers. (23 references) (Author)

20121109-42*

Intercultural Caring From the Perspectives of Immigrant New Mothers. Wikberg A, Eriksson K, Bondas T (2012), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 41, no 5, 2012, p 638

OBJECTIVE: To describe and interpret the perceptions and experiences of caring of immigrant new mothers from an intercultural perspective in maternity care in Finland. DESIGN: Descriptive interpretive ethnography using Eriksson's theory of caritative caring. SETTING: A maternity ward in a medium-sized hospital in western Finland. PARTICIPANTS: Seventeen mothers from 12 countries took part in the study. METHODS: Interviews, observations, and field notes were analyzed and interpreted. RESULTS: Most mothers were satisfied with the equal access to high-quality maternity care in Finland, although the stereotypes and the ethnocentric views of some nurses negatively influenced the experiences of maternity care for some mothers. The cultural background of the mother, as well as the Finnish maternity care culture, influenced the caring. Four patterns were found. There were differences between the expectations of the mothers and their Finnish maternity care experience of caring. Caring was related to the changing culture. Finnish maternity care traditions were sometimes imposed on the immigrant new mothers, which likewise influenced caring. However, the female nurse was seen as a professional friend, and the conflicts encountered were resolved, which in turn promoted caring. CONCLUSION: The influence of Finnish maternity care culture on caring is highlighted from the perspective of the mothers. Intercultural caring was described as universal, cultural, contextual, and unique. Women were not familiar with the Finnish health care system, and many immigrant mothers lacked support networks. The nurse/patient relationship could partly replace their support if the relationship was perceived as caring. The women had multiple vulnerabilities and were prone to isolation and discrimination if they experienced communication problems. (Author)

20121107-4

Prenatal psychosocial risk assessment using event history calendars with black women. Munro ML, Dahlem CHY, Lori JR, et al (2012), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 41, no 4, July/August 2012, pp 483-493

Objective: To explore the clinical acceptability and perceptions of use of a prenatal event history calendar (EHC) for prenatal psychosocial risk assessment in Black pregnant women.

Design: A qualitative descriptive study focused on interviews and prenatal EHCs completed by Black pregnant women. Setting: Inner city hospital prenatal care clinic in Southeastern Michigan. Participants: Thirty 18-35 year old pregnant Black women receiving prenatal care at the participating clinic. Methods: Women completed the prenatal EHCs and their perceptions of its use were obtained through face to face interviews. The constant comparative method of analysis (Glaser, 1978, 1992) revealed themes from participants' descriptions about use of a prenatal EHC for prenatal psychosocial risk assessment. Results: Three main themes emerged describing how the prenatal EHC enhanced communication. The prenatal EHC provided 'an opening' for disclosure, 'an understanding with you,' and a way for providers to 'know you, your life, and future plans.' The participants' completed prenatal EHCs included information regarding their pre-pregnancies, trimester histories, and future plans. These completed prenatal EHCs showed patterns of change in life events and behaviors that included worries, stressors, and risk behaviors. The participants perceived the prenatal EHC as an easy

to use tool that should be used to improve communication with health care providers.
Conclusions: The prenatal EHC allows the patient and provider to 'start on the same page' and provides an additional avenue for discussion of sensitive psychosocial issues with Black pregnant women. As a clinical tool, the prenatal EHC facilitated patient-provider communication for pregnant women often marked by health disparities. The prenatal EHC is a clinically acceptable tool to assess for psychosocial risk factors of Black women in a prenatal clinical setting. (29 references) (Author)

20121024-40

Attitudes towards prenatal testing and termination of pregnancy in British Pakistani parents and relatives of children with recessive conditions in the UK. Ahmed S, Ahmed M, Sharif SM, et al (2012), Prenatal Diagnosis vol 32, no 10, October 2012, pp 954-959

OBJECTIVE: To compare British Pakistani parents' and their relatives' attitudes to prenatal testing (PND) and termination of pregnancy (TOP) for a range of conditions. METHOD: A total of 222 British Pakistani participants: 117 parents of children with a child with a genetic condition (52 fathers and 65 mothers) and 103 of their relatives (51 males and 52 females) completed a structured questionnaire about their attitudes toward PND and TOP for 30 different conditions. RESULTS: Parents were more accepting of PND ($P < 0.001$) and TOP ($P < 0.001$) than their relatives for most of the conditions. Male relatives were consistently least interested in PND and TOP, except for conditions at the serious end of the continuum, where over 90% would opt for PND for quadriplegia and anencephaly, and over 60% would opt for TOP for these conditions. CONCLUSION: The lower level of interest in PND and TOP in relatives, particularly men, may be due to lack of information disseminated by parents about their child's recessive inheritance and its implications for relatives, resulting in poor understanding of genetic risk. These findings highlight the need for the provision of proactive genetic counselling to raise awareness of genetic risk and facilitate informed reproductive decision-making in at-risk relatives. (41 references) (Author)

20121017-10*

Health care providers' perspectives on the provision of prenatal care to immigrants. Ng C, Newbold KB (2011), Culture, Health & Sexuality vol 13, no 5, May 2011, pp 561-74

In addition to facing barriers to health care and experiencing poor health status, immigrants to Canada and Sweden tend to have more negative birth outcomes than the native-born population, including low birth weight and perinatal mortality rates. Explored through interviews with health care professionals, including midwives, nurse practitioners, social workers and obstetrician gynaecologists, this paper evaluates their experiences in providing prenatal care to immigrants in Hamilton, Ontario, Canada. Results reveal the complexity of delivering care to immigrants, particularly with respect to expectations surrounding language, culture and type and professionalism of care. The paper concludes by discussing future research options and implications for the delivery of prenatal care to this population.

20121015-20

Differences in quality of antenatal care provided by midwives to low-risk pregnant Dutch women in different ethnic groups. Chote A, de Groot C, Redekop K, et al (2012), Journal of Midwifery & Women's Health vol 57, no 5, September/October 2012, pp 461-468

Introduction: The objective of this study was to evaluate whether differences existed in the adherence to the Dutch national guidelines regarding basic antenatal care by Dutch midwives for low-risk women of different ethnic groups. Methods: This was an observational study using data from electronic antenatal charts of 7 midwife practices (23 midwives), participating in the Generation R Study. The Generation R Study is a multiethnic, population-based, prospective, cohort study that is investigating the growth, development, and health of urban children from fetal life until young adulthood. The study is conducted in Rotterdam, The Netherlands. The antenatal charts of 2093 low-risk pregnant women with an expected birthing date in 2002 through 2004 were used to determine the mean quality of antenatal care scores for 7 ethnic groups. These scores reflected the degree of adherence to the guidelines regarding 10 tests and examinations. Results: Few differences between ethnic groups were found in adherence to the guidelines that addressed the obstetric-technical quality of antenatal care. This finding applied more to nulliparous than to multiparous women. Adherence to guidelines was not always better in the antenatal care provided to native Dutch multiparous women when compared to other ethnic groups. Midwives adhered well to the guidelines regarding most tests. For all women, irrespective of ethnic background, hemoglobin was not measured as often as recommended, and this was especially the case for Moroccan, Surinamese-Creole, and Dutch-Antillean multiparous women. Discussion: The poorer adherence regarding screening for hemoglobin needs further investigation, as women with African or Mediterranean heritage are more at risk for hemoglobinopathies. However, in general, midwives

adhered well to the clinical guidelines regarding most tests irrespective of the ethnic background of the pregnant women. When differences were present, these were not systematically less favorable for non-Dutch pregnant women. (34 references) (Author)

20121009-33

Women's experience of discrimination in Australian perinatal care: the double disadvantage of social adversity and unequal care. Yelland JS, Sutherland GA, Brown SJ (2012), Birth vol 39, no 3, September 2012, pp 211-220

Background: Discrimination in women's health care, particularly perinatal care, has received minimal attention. The aim of this study is to describe women's experience of discrimination in different models of maternity care and to examine the relationship between maternal social characteristics and perceived discrimination in perinatal care. Methods: A population-based postal survey was mailed 6 months postpartum to all women who gave birth in two Australian states in September and October 2007. Perceived discrimination was assessed using a five-item measure designed to elicit information about experiences of unequal treatment by health professionals. Results: A total of 4,366 eligible women completed the survey. Women attending public models of maternity care were significantly more likely to report perceived discrimination compared with women attending a private obstetrician (30.7% vs 19.7%, OR 1.79, 95% CI 1.5-2.1). Compared with women reporting no stressful life events or social health issues in pregnancy, those reporting three or more stressful life events or social health issues had a twofold increase in adjusted odds of perceived discrimination (41.1% vs 20.4%, adj OR 2.27, 95% CI 1.8-2.8). Young women (< 25 yr) and women who were smoking in pregnancy were also at increased risk of experiencing perceived discrimination. Conclusions: Discrimination is an unexplored factor in how women experience perinatal care. Developing approaches to perinatal care that incorporate the capacity to respond to the needs of vulnerable women and families requires far-reaching changes to the organization and provision of care. (37 references) (Author)

20120828-9

Acculturation and Health Care Utilization among Mexican Heritage Women in the United States. Bermudez-Parsai M, Geiger JLM, Marsiglia FF, et al (2012), Maternal and Child Health Journal vol 16, no 6, August 2012, pp 1173-1179

With the increasing Latino population in the United States, it is critical to examine the influence of the process of acculturation on health care practices and utilization. The purpose of this study was to evaluate the relationship between acculturation level and post-partum visit (PPV) compliance among Latinas participating in a larger psycho-educational intervention aimed at encouraging women to engage in positive healthcare practices. Acculturation was measured with the Bicultural Involvement Questionnaire which assigned participants to five categories: Assimilated, Separated, Moderate, Bicultural and Alienation. Logistic Regression analyses were conducted to predict post-partum visit attendance. Odds ratios and relative risk of not attending the post-partum visit are presented. Results suggest women in the Separation and Assimilation groups were less likely than bicultural group members to attend the PPV. The only other variable that was significant in this analysis is the group condition, indicating that the intervention group was more likely to attend the PPV than the control group. Women identifying as bicultural seem to participate more actively in their own healthcare as they draw on the cultural assets that have a positive influence on informal health practices, such as healthy eating and refraining from drug use. Bicultural group members can also use formal skills related to language and knowledge of the dominant culture to help effectively navigate the healthcare system. Implications for research, intervention and practice are discussed to improve healthcare practices and increase utilization among Latinas. (32 references) (Author)

20120815-43

New baby in a new country: supporting local immigrant pregnant mothers through 'moms matter'. Coley SL (2012), International Journal of Childbirth Education vol 27, no 2, April 2012, pp 57-62

The 'Adopt-A-Mom' program of Guilford County, NC recently created the pilot 'Moms Matter' support group to supplement the prenatal education that pregnant immigrant women receive through the Adopt-A-Mom program. This report describes the preliminary outcomes of a formative evaluation of this trial program and future implications for childbirth educators to consider in the development of pregnancy support programs for immigrant populations. Implementing culturally competent support and prenatal education programs for pregnant immigrant women should take priority among childbirth educators and community health centres for the improvement of maternal and infant health of US immigrant populations. (18 references) (Author)

20120815-15

Parenting of female African American infants. Turnage BF, Dotson CL (2012), International Journal of Childbirth Education vol 27, no 1, January 2012, pp 54-57

In this paper, racial socialization was presented as the mechanism used to prepare African American females as bi-cultural citizens. Along with considering the larger United States culture, discussed were two important home environmental factors that have a direct bearing on the African American female infant: (1) how the African American mother feels about her African heritage, and (2) the African American mother's ability to establish a relationship with someone outside of herself. This article presented ways to help African American mothers prepare her daughter to enter the world around them. (11 references) (Author)

20120530-42

Befriending breastfeeding: a home-based antenatal pilot for South Asian families. Douglas N (2012), Community Practitioner vol 85, no 6, June 2012, pp 28-31

In the last decade recognition of the impact of social inequalities on health has resulted in a refocus of the public health agenda, with health visitors having a pivotal role. While this involvement is in the form of family-centred public health, it is also intended to involve work with the wider community and primarily focuses on beginning to address the injustice of inequality before a child is born, acknowledging that early intervention is key to breaking the cycle of deprivation. Such inequalities disproportionately affect those from black and minority ethnic (BME) groups who are more likely to report long-term ill health than their white counterparts. In one locality in Oxford there is a high concentration of families from Pakistan and Bangladesh who, despite concerted efforts, have remained hard to reach. This project attempted to redesign the current antenatal breastfeeding information service, and aimed to produce evidence to guide practice to better connect with this group. The review considers evidence provided by the literature base and uses a home visiting approach to investigate the topic. Results are correlated an compared, and recommendations for the future are presented. (16 references) (Author)

20120522-3

Language barriers: my interpretation. Cambridge J (2012), Midwives no 3, 2012, p 29

For those who have a limited grasp of English, the language barrier is more than just an inconvenience - it can be a case of life or death. (Author)

20120221-58

Midwives' experiences of doula support for immigrant women in Sweden-a qualitative study. Akhavan S, Lundgren I (2012), Midwifery vol 28, no 1, February 2012, pp 80-85

OBJECTIVE: to describe and analyse midwives' experiences of doula support for immigrant women in Sweden. DESIGN: qualitative study, analysed using content analysis. Data were collected via interviews. SETTING: interviews were conducted at the midwives' workplaces. One midwife was interviewed at a cafe. PARTICIPANTS: ten midwives, who participated voluntarily and worked in maternity health care in western Sweden. FINDINGS: the interview data generated three main categories. (1) 'A doula is a facilitator for the midwife' has two subcategories, 'In relation to the midwife' and 'In comparison with an interpreter', (2) 'Confident women giving support,' has two subcategories, 'Personal characteristics and attitudes' and 'Good support,' (3) 'Doulas cover shortcomings' has two subcategories, 'In relation to maternity care' and 'In relation to ethnicity'. KEY CONCLUSION AND IMPLICATIONS FOR PRACTICE: The findings of this study show that midwives experience that doulas are a facilitator for them. Doulas provide support by enhancing the degree of peace and security and improving communication with the women in childbirth. Doulas provide increased opportunities for transcultural care. They may increase childbearing women's confidence and satisfaction, help meet the diverse needs of childbearing women and improve care quality. (51 references) (Author)

20120117-14

African American women's preparation for childbirth from the perspective of African American health-care providers. Abbyad C, Robertson TR (2011), Journal of Perinatal Education vol 20, no 1, Winter 2011, pp 45-53

Preparation for birthing has focused primarily on Caucasian women. No studies have explored African American women's birth preparation. From the perceptions of 12 African American maternity health-care providers, this study elicited perceptions of the ways in which pregnant African American women prepare for childbirth. Focus group participants answered seven semistructured questions. Four themes emerged: connecting with nurturers, traversing an unresponsive system, the need to be strong, and childbirth classes not a priority. Recommendations for nurses and childbirth educators include: (a) self-awareness of attitudes toward African Americans, (b) empowering of clients for birthing, (c) recognition of the role that pregnant women's mothers play, (d) tailoring of childbirth classes for African

American women, and (e) research on how racism influences pregnant African American women's preparation for birthing. (56 references) (Author)

20111123-39

Care of the migrant obstetric population. Hayes I, Enohumah K, McCaul C (2011), International Journal of Obstetric Anesthesia vol 20, no 4, October 2011, pp 321-329

Care of pregnant migrants is a considerable challenge for all health care workers and health systems. Maternal mortality and serious morbidity are both greatly increased among migrants in western countries, particularly in Africans and asylum seekers. While in many instances, migrants are healthier than native populations and have better perinatal outcomes, this is inconsistent and poorer outcomes are described in many groups. The causes of suboptimal outcomes are numerous and are strongly influenced by the health-seeking behaviour of the parturients. Accordingly, improvement in outcome requires a multifaceted approach with a focus on early access to antenatal services and enhanced medical screening and surveillance for detection and optimisation of comorbid conditions. Provision and/or acceptance of analgesia in labour have not been well researched but existing data are sufficient to suggest that some migrant groups do not receive equivalent pain relief during labour. Provision of information and translation services are important components in improvement of standards of care. (103 references) (Author)

20111024-4*

Moves to help Asian mums with post-natal depression in Lancashire. Docking N (2011), Lancashire Telegraph 21 October 2011

Reports that a research trial, funded by the National Institute of Health Research and based on group based psychosocial intervention, is to be launched in Lancashire, with the intention of helping women of Pakastani origin to tackle postnatal depression. (CI)

Full URL: http://www.lancashiretelegraph.co.uk/news/burnleypendlerossendale/9320098.Moves_to_help_Asian_mums_with_post_natal_depression_in_Lancashire/

20111005-12

UK-born ethnic minority women and their experiences of feeding their newborn infant. Twamley K, Puthussery S, Harding S, et al (2011), Midwifery vol 27, no 5, October 2011, pp 595-602

OBJECTIVE: to explore the factors that impact on UK-born ethnic minority women's experiences of and decisions around feeding their infant. DESIGN: in-depth semi-structured interviews. PARTICIPANTS: 34 UK-born women of Black African, Black Caribbean, Pakistani, Bangladeshi, Indian and Irish parentage and 30 health-care professionals. SETTING: women and health-care professionals were recruited primarily from hospitals serving large numbers of ethnic minority women in London and Birmingham. FINDINGS AND CONCLUSIONS: despite being aware of the benefits of exclusive breast feeding, many women chose to feed their infant with formula. The main barriers to breast feeding were the perceived difficulties of breast feeding, a family preference for formula feed, and embarrassment about breast feeding in front of others. Reports from women of South Asian parentage, particularly those who lived with an extended family, suggested that their intentions to breast feed were compromised by the context of their family life. The lack of privacy in these households and grandparental pressure appeared to be key issues. Unlike other participants, Irish women reported an intention to feed their infant with formula before giving birth. The key facilitators to breast feeding were the self-confidence and determination of women and the supportive role of health-care professionals. IMPLICATIONS FOR PRACTICE: these findings point to common but also culturally specific mechanisms that may hinder both the initiation and maintenance of breast feeding in UK-born ethnic minority women. They signal potential benefits from the inclusion of family members in breast-feeding support programmes. (56 references) (Author)

20110901-22

Process evaluation of a multiple risk factor perinatal programme for a hard-to-reach minority group. Hesselink AE, Harting J (2011), Journal of Advanced Nursing vol 67, no 9, September 2011, pp 2026-2037

Aim. This article is a report of an evaluation of a multiple risk factor perinatal programme tailored to ethnic Turkish women in the Netherlands. Background. The programme was directed at multiple risk factors and aimed at improving maternal lifestyle, infant care practices and psychosocial health during pregnancy and after delivery. The programme was carried out by ethnic Turkish community health workers in collaboration with midwives and physiotherapists. Methods. Our multiple case study included three Parent-Child Centres providing integrated maternity and infant care. Participants (n = 119) were first and second generation pregnant ethnic Turkish women with relatively unfavourable

risk profiles. Data were collected between 2005 and 2008 using mixed methods, including field notes, observations and recordings of group classes, attendance logs, semi-structured individual interviews, a focus group interview, and structured questionnaires. Findings. Most participants (82%) were first generation ethnic Turkish; 47% had a low educational level; 43% were pregnant with their first child; and 34% had a minimal knowledge of the Dutch language. The community health workers' Turkish background was vital in overcoming cultural and language barriers and creating a confidential atmosphere. Participants, midwives and health workers were positive about the programme. Midwives also observed improvements of knowledge and self-confidence amongst the participants. The integration of the community health workers into midwifery practices was crucial for a successful programme implementation. Conclusions. A culturally sensitive perinatal programme is able to gain access to a hard-to-reach minority group at increased risk for poor perinatal health outcomes. Such a programme may be well received and potentially effective. (44 references) (Author)

20110808-6

Acquiring cultural competency in caring for black African women. Esegbona-Adeigbe S (2011), British Journal of Midwifery vol 19, no 8, August 2011, pp 489-492, 494-496

The recent findings of the Centre for Maternal and Child Enquiries (CMACE) (2011) report 'Savings Mothers' Lives' has highlighted the high mortality rates among women of black African ethnicity, particularly those who have newly arrived in the UK. Failure to engage with maternity services was found to be a common trend with this group of women, and this may be linked to cultural differences in expectations of healthcare services. Of the 28 black African mothers who died from direct or indirect causes related to pregnancy between 2006 and 2008, only 9 were UK citizens; significantly, the remaining 19 women were recently arrived immigrants, refugees or asylum seekers (CMACE, 2011). In recent years, a greater emphasis has been placed on health professionals recognizing and appreciating diversity in order to acquire cultural competency. Cultural knowledge is the most important construct of cultural competence for health professionals, being crucial for the accurate appreciation of a patient's worldview (Okrentowich, 2007). This review explores issues around immigrant black African women's health in the UK during pregnancy and stresses the benefits for midwives to acquire a level of knowledge and awareness of black African culture to enable the provision of culturally-appropriate maternity care. (42 references) (Author)

20110808-54

Maternity services in multi-cultural Britain: Using Q methodology to explore the views of first- and second-generation women of Pakistani origin. Cross-Sudworth F, Williams A, Herron-Marx S (2011), Midwifery vol 27, no 4, August 2011, pp 458-468

OBJECTIVE: to explore first- and second-generation Pakistani women's experiences of maternity services and the inter generational differences/comparisons. DESIGN: a retrospective Q methodology study of Pakistani women following childbirth. SETTING: two Children's Centres in an inner city in the West Midlands. PARTICIPANTS: women self-identified following distribution of information leaflets at Children's Centres. Fifteen women took part in interviews (Stage one) using a semi-structured design and 16 women participated in the completion of the Q grid sorting (Stage four). METHODS: a standard five-stage Q methodology process took place: (1) initial data were gathered using a combination of individual face-to-face and focus group semi-structured community-based interviews (developing the concourse); (2) transcribed interviews were analysed for 'themes'; (3) the themes were reduced to 'statements' that reflected the overall content of the concourse using an unstructured evolving approach (giving the Q set); (4) participants were asked to sort the statements (Q sorting) according to a pre-designed distribution grid providing individual participant response grids; and (5) the response grids were factor analysed using PQ Method (V2.11), which generates clusters of participants rather than clusters of variables. Factor loadings were calculated using factor analysis by principal components with varimax rotation. This produced a list of factors, each of which represents a 'story' of women's experiences of maternity services. Throughout the process, an Urdu interpreter was involved. FINDINGS: six factors were identified: (1) confidence and empowerment of women who had attended higher education and had family support; (2) isolation of some women from both family and maternity services; (3) women who had poor experiences of maternity services but good family support, and wanted opportunities to be involved in service development; (4) women with positive experiences of maternity care and influenced by traditional cultural practices; (5) importance of information and support from health-care professionals; and (6) importance of midwifery care to women. CONCLUSION: there were no clear inter generational differences identified, but a breadth of opinion and experience that seemed to be influenced by level of both education and social support was found. Whereas some women had few demands of maternity services, those who had less support and those with language barriers had additional needs. IMPLICATIONS FOR PRACTICE: care given should be based on individual need but given within a wider collaborative context in order to support women effectively. Increased maternity service user

involvement would also be welcomed for future planning of maternity services. (55 references) (Author)

20110621-96*

Ethnic differences in women's worries about labour and birth. Redshaw M, Heikkila K (2011), Ethnicity and Health vol 16, no 3, 2011, pp 213-223

Objective. To describe the worries experienced by pregnant Black and Minority Ethnic (BME) women about labour and birth and compare their experience to that of White women. Design. Data were collected in England in a survey of experience of maternity care. A random sample of 4800 women selected from birth registration records and questionnaires were mailed at three months postpartum. A total of 2960 (63%) completed a checklist of common worries about labour and birth. For 2765 there were complete data on ethnicity and all potential confounders. Chi(2) tests and logistic regression models were used to investigate the associations of ethnicity with worries about labour. Unadjusted and adjusted models were run for each worry outcome. Adjustment was made for age, education, parity, relationship status and area deprivation (Index of Multiple Deprivation, IMD). Results. Overall, the pattern of worries was similar, however, larger proportions of BME women worried about almost all the aspects of labour and birth investigated, including pain, uncertainty about labour onset and duration, possible medical interventions and embarrassment. After adjustment for age, education, relationship status, parity and socioeconomic position, the higher odds of worry in the BME group were most marked in relation to pain and discomfort, not knowing how long labour would take, embarrassment and having more worries overall. Further adjustment for factors likely to affect women's worries, namely depression, being admitted to hospital during the pregnancy, or having experienced medical problems in a previous pregnancy did not alter these findings. Conclusion. Compared with White women, twice as many ethnic minority women worried about pain and discomfort, not knowing how long labour would take and about embarrassment during labour and birth. Additional research is needed to understand these concerns and how they might be ameliorated by the health professionals working directly with women and any services changes needed to improve the quality of maternity care. Implications for practice include improved information-giving and support in providing the individualised care that women need. (Author)

20110531-2

Australian Aboriginal kinship: A means to enhance maternal well-being. Dietsch E, Martin T, Shackleton P, et al (2011), Women and Birth: Journal of the Australian College of Midwives vol 24, no 2, June 2011, pp 58-64

BACKGROUND: The relocation of women from their rural communities to birth in a centralised hospital is becoming increasingly common as maternity units close in rural areas of Australia. The significance for Aboriginal women when they are denied the support of kin around the time of birth but have that support re-established postnatally is explored. METHODS: This paper gathered data from multiple sources including in-depth interviews with three Aboriginal mothers and one partner; observational field notes; and during debriefing, the knowledge and experience of an Aboriginal midwife. Thematic analysis was utilised to both explore and critique the collected data. FINDINGS AND DISCUSSION: Aboriginal women are particularly disadvantaged by maternity unit closures in rural areas of the south eastern Australian state of New South Wales (NSW). However, contrary to the expectation that this would result in postnatal mental health problems, the support the Aboriginal participants in this study received from kin may have had a mediating effect which enhanced their well-being and possibly prevented mental ill health. RECOMMENDATIONS: Recommendations relate to strategies and policies that have the potential to increase community governance and feelings of cultural safety for Aboriginal childbearing women living in rural areas. CONCLUSION: While the practice of forcing Aboriginal women to relocate around the time of birth has a negative impact on perinatal health outcomes, kinship support may be a mediating factor. (25 references) (Author)

20110527-34*

Prenatal care among immigrant and racial-ethnic minority women in a new immigrant destination: exploring the impact of immigrant legal status. Korinek K, Smith KR (2011), Social Science and Medicine vol 72, no 10, 2011, pp 1695-1703

Despite the rising share of undocumented immigrants in the US population, research has been quite limited regarding immigrant legal status and how it may limit healthcare access, especially research involving direct identification of undocumented populations. Drawing upon the Utah Population Database, a unique, comprehensive linked system of vital, medical, and administrative records, we analyze the prenatal care utilization in a large and recent cohort of births to mothers residing in the pre-emerging immigrant gateway state of Utah. Our analyses focus on the racial-ethnic, nativity and legal status of mothers as factors that influence prenatal care utilization. State administrative records are used to assess legal status among foreign-born mothers, specifically driver privilege cards made available to undocumented migrants. Our results indicate the importance of disaggregating the expansive categories of Hispanics

and the foreign born to better understand health outcomes and healthcare utilization among immigrants. In particular, we find that the legal status of immigrant mothers is one of several important factors influencing prenatal care utilization. Undocumented women are among the least likely to obtain adequate levels of prenatal care. However, undocumented women's prenatal care utilization is enhanced among those using the state's integrative driver privilege program, and among those residing in neighborhoods with high concentrations of immigrants. Results are discussed in light of theory on immigrant integration and healthcare access, and in terms of public policies, such as those extending driver privileges to unauthorized immigrants, which aim to facilitate immigrants' access to institutions within destination communities. (Author)

20110504-3

Culture within culture. MorningStar (2011), Midwifery Today no 97, Spring 2011, pp 10-11

Explores the diversity and importance of cultural beliefs and practices in childbirth, and considers the role of the midwife in respecting and preserving these traditions. (JSM)

20110504-22

Cross cultural birth it's a human rights issue. Humphreys J (2011), Midwifery Today no 97, Spring 2011, pp 60-61

The author, an American doula, describes her professional experiences of cross-cultural birth in the Dominican Republic and notes the vast contrast between practices. Compares these experiences with those of working with Mexican-American families in California. Argues that many countries would benefit from looking at the midwifery model of care where the culture is one of mutual respect, open communication and trust. (JSM)

20110407-58*

Inequalities in immunisation and breast feeding in an ethnically diverse urban area: cross-sectional study in Manchester, UK. Baker D, Garrow A, Shiels C (2011), Journal of Epidemiology and Community Health vol 65, no 4, 2011, pp 346-352

Objectives To examine inequalities in immunisation and breast feeding by ethnic group and their relation to relative deprivation. Design Cross-sectional study. Setting Manchester, UK. Participants 20 203 children born in Manchester (2002-2007), who had been coded as of white, mixed, Indian, Pakistani, Bangladeshi and black or black British ethnicity in the Child Health System database. Main outcome measures Breast feeding at 2 weeks post partum; uptake of triple vaccine (diphtheria, pertussis and tetanus) at 16 weeks post partum; uptake of the measles, mumps and rubella vaccine (MMR) by the age of 2. Results Black or black British infants had the highest rates of breast feeding at 2 weeks post partum (89%), and South Asian infants had the highest triple and MMR vaccination rates (Indian, 95%, 96%; Pakistani 95%, 95%; Bangladeshi 96%, 95%) after area level of deprivation, parity, parenthood status and age had been controlled for. White infants were least likely to be breast fed at 2 weeks post partum (36%), and to be vaccinated with triple (92%) and MMR vaccines (88%). Within the white ethnic group, lower percentages of immunisation and breast feeding were significantly associated with living in a deprived area and with increasing parity. This was not found within black or black British and Pakistani ethnic groups. Discussion Practices that are protective of child health were consistently less likely to be adopted by white mothers living in deprived areas. Methods of health education and service delivery that are designed for the general population are unlikely to be successful in this context, and evidence of effective interventions needs to be established. (Author)

20110401-8*

Racial differences in the prevalence of antenatal depression. Gavin AR, Melville JL, Rue T (2011), General Hospital Psychiatry 31 January 2011. Online version ahead of print

Objective: This study examined whether there were racial/ethnic differences in the prevalence of antenatal depression based on Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, diagnostic criteria in a community-based sample of pregnant women. Method: Data were drawn from an ongoing registry of pregnant women receiving prenatal care at a university obstetric clinic from January 2004 through March 2010 (N =1997). Logistic regression models adjusting for sociodemographic, psychiatric, behavioral and clinical characteristics were used to examine racial/ethnic differences in antenatal depression as measured by the Patient Health Questionnaire. Results: Overall, 5.1% of the sample reported antenatal depression. Blacks and Asian/Pacific Islanders were at increased risk for antenatal depression compared to non-Hispanic White women. This increased risk of antenatal depression among Blacks and Asian/Pacific Islanders remained after adjustment for a variety of risk factors. Conclusion: Results suggest the importance of race/ethnicity as a risk factor for antenatal depression. Prevention and treatment strategies geared

toward the mental health needs of Black and Asian/Pacific Islander women are needed to reduce the racial/ethnic disparities in antenatal depression. (Author)

20110314-3*

National perinatal mental health project report. Perinatal mental health of black and minority ethnic women: a review of current provision in England, Scotland and Wales. Edge D (2011), London: National Mental Health Development Unit March 2011. 62 pages

Provides an overview of postnatal depression including consequences, risk factors and rates amongst black and minority women. Examines current provision of services in England, Scotland and Wales, makes recommendations and describes examples of good practice. [A full text version of this report can be accessed online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215718/dh_124880.pdf] (152 references) (JR)

Full URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215718/dh_124880.pdf

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20110217-27

Ethnic differences in antenatal care use in a large multi-ethnic urban population in the Netherlands. Chote AA, de Groot CJM, Bruijnzeels MA, et al (2011), Midwifery vol 27, no 1, February 2011, pp 36-41

OBJECTIVE: to determine differences in antenatal care use between the native population and different ethnic minority groups in the Netherlands. DESIGN: the Generation R Study is a multi-ethnic population-based prospective cohort study. SETTING: seven midwife practices participating in the Generation R Study conducted in the city of Rotterdam. PARTICIPANTS: in total 2093 pregnant women with a Dutch, Moroccan, Turkish, Cape Verdean, Antillean, Surinamese-Creole and Surinamese-Hindustani background were included in this study. MEASUREMENTS: to assess adequate antenatal care use, we constructed an index, including two indicators; gestational age at first visit and total number of antenatal care visits. Logistic regression analysis was used to assess differences in adequate antenatal care use between different ethnic groups and a Dutch reference group, taking into account differences in maternal age, gravidity and parity. FINDINGS: overall, the percentages of women making adequate use are higher in nulliparae than in multiparae, except in Dutch women where no differences are present. Except for the Surinamese-Hindustani, all women from ethnic minority groups make less adequate use as compared to the native Dutch women, especially because of late entry in antenatal care. When taking into account potential explanatory factors such as maternal age, gravidity and parity, differences remain significant, except for Cape-Verdian women. Dutch-Antillean, Moroccan and Surinamese-Creole women exhibit most inadequate use of antenatal care. KEY CONCLUSIONS: this study shows that there are ethnic differences in the frequency of adequate use of antenatal care, which cannot be attributed to differences in maternal age, gravidity and parity. Future research is necessary to investigate whether these differences can be explained by socio-economic and cultural factors. IMPLICATIONS FOR PRACTISE: clinicians should inform primiparous women, and especially those from ethnic minority groups, on the importance of timely antenatal care entry. (23 references) (Author)

20110208-43*

Maternity services [written answers]. House of Commons (2011), Hansard vol 523, no 113, 7 February 2011, col 108W

Anne Milton responds to a written question by Mr Lammy asking the Secretary of State for Health (1) what recent assessment he has made of the take-up of perinatal healthcare by (a) socio-economic group and (b) ethnicity; (2) what arrangements are in place to advertise the availability of perinatal care in (a) Haringey, (b) London and (c) England. (VDD)

Full URL: http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm110207/index/110207-x.htm

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20101118-53*

Socio-economic and ethnic group inequities in antenatal care quality in the public and private sector in Brazil. Victora C, Matijasevich A, Silveira M, et al (2010), Health Policy and Planning vol 25, no 4, 2010, pp 253-261

BACKGROUND: Socio-economic inequalities in maternal and child health are ubiquitous, but limited information is available on how much the quality of care varies according to wealth or ethnicity in low- and middle-income countries. Also, little information exists on quality differences between public and private providers. METHODS: Quality of care for women giving birth in 2004 in Pelotas, Brazil, was assessed by measuring how many of 11 procedures recommended by the Ministry of Health were performed. Information on family income, self-assessed skin colour, parity and type of provider were collected. RESULTS: Antenatal care was used by 98% of the 4244 women studied (mean number of visits 8.3), but the number of

consultations was higher among better-off and white women, who were also more likely to start antenatal care in the first trimester. The quality of antenatal care score ranged from 0 to 11, with an overall mean of 8.3 (SD 1.7). Mean scores were 8.9 (SD 1.5) in the wealthiest and 7.9 (SD 1.8) in the poorest quintiles (P < 0.001), 8.4 (SD 1.6) in white and 8.1 (SD 1.9) in black women (P < 0.001). Adjusted analyses showed that these differences seemed to be due to attendance patterns rather than discrimination. Mean quality scores were higher in the private 9.3 (SD 1.3) than in the public sector 8.1 (SD 1.6) (P < 0.001); these differences were not explained by maternal characteristics or by attendance patterns. CONCLUSIONS: Special efforts must be made to improve quality of care in the public sector. Poor and black women should be actively encouraged to start antenatal care early in pregnancy so that they can fully benefit from it. There is a need for regular monitoring of antenatal attendances and quality of care with an equity lens, in order to assess how different social groups are benefiting from progress in health care. (Author)

20100820-71

Disparities in initiation and adherence to prenatal care: impact of insurance, race-ethnicity and nativity. Bengiamin MI, Capitman JA, Ruwe MB (2010), Maternal and Child Health Journal vol 14, no 4, July 2010, pp 618-624

We used the intersectionality framework to examine impact of racial/ethnic, immigration, and insurance differences on the timing of initiation of prenatal care (PNC) and subsequent adherence. In this cross sectional study independent variables were women's race/ethnicity; nativity; age; education; and insurance. The dependent variables were late initiation and non-adherence to recommended number of PNC visits. We used multivariate analysis to evaluate the impact of the independent variables on late initiation and non-adherence. Analysis revealed that race/ethnicity/nativity (RE-N) was more consistently associated with late initiation and non-adherence for privately insured than publicly insured persons. While private insurance had a positive impact on initiation and adherence overall, its impact was greater for White women. Having private insurance coverage was most beneficial to White women. We contend that the intersectional approach provides promising avenues for expanding our knowledge of health disparities and of identifying new ways of going about eliminating the persistent and pervasive social inequalities and informing efforts to reduce them. (34 references) (Author)

20100714-87

Giving birth: the voices of Ecuadorian women. Callister LC, Corbett C, Reed S, et al (2010), Journal of Perinatal and Neonatal Nursing vol 24, no 2, April/June 2010, pp 146-154

PURPOSE: The purpose of this ethnographic study was to describe the perceptions of Ecuadorian childbearing women BACKGROUND: No studies published in English could be found documenting the perspectives of Ecuadorian childbearing women about their birth experiences. METHOD: Thirty-two women who had recently given birth in Guayaquil, Ecuador participated in audiotaped interviews, which were analyzed as appropriate for ethnographic inquiry. RESULTS: 'Enduring birth to obtain the gift' was the overarching theme. Supporting themes included caring for self and accessing prenatal care to have a healthy newborn; relying on God to ensure positive maternal/newborn outcomes; submission of self to healthcare providers because of fear, pain, and lack of education; and valuing motherhood. The focus was on the well-being of the child rather than the quality of the birth experience. IMPLICATIONS FOR CLINICAL PRACTICE: With a growing population of women of childbearing age immigrating into the United States from Central and South America, the need for culturally competent care is increasing. Sensitivity to the cultural beliefs and practices of Hispanic and other culturally diverse childbearing women is critical. Women's reliance on God to ensure positive outcomes should be respected. The provision of education and supportive care will help ensure positive outcomes in culturally diverse women. (53 references) (Author)

20100630-38

Antenatal depression and male gender preference in Asian women in the UK. Dhillon N, MacArthur C (2010), Midwifery vol 26, no 3, June 2010, pp 286-293

OBJECTIVE: to identify the prevalence of antenatal depression among Asian women living in the UK in one antenatal clinic, and to investigate the possible association with a desire for a male child and other risk factors. DESIGN: cross-sectional questionnaire-based study. SETTING: general antenatal clinic in a hospital in Birmingham. PARTICIPANTS: 300 Asian women, irrespective of place of birth. METHODS: consecutive Asian women attending routine antenatal appointments during the study period self-completed a questionnaire. The first part investigated socio-demographic, cultural and other possible risk factors, including gender preference. The second part comprised the Edinburgh Postnatal Depression Scale (EPDS). MEASUREMENTS: EPDS score greater than or equal to 12 indicating probable depression. FINDINGS: the prevalence of depression was 30.7% (92/300, 95% confidence interval

25.4-35.9%). Maternal male gender preference was not common and was not associated with antenatal depression. Family male gender preference, unplanned pregnancy, a history of depression and feeling anxious in pregnancy were independently associated with an increased likelihood of depression, whilst support from family and friends, being satisfied with pregnancy and being multiparous were associated with a reduced likelihood of depression. CONCLUSION: rates of antenatal depression were very high in Asian women with some associated risk factors. However, male gender preference was not associated with antenatal depression. IMPLICATIONS FOR PRACTICE: given the high prevalence, screening Asian women for depression may be indicated to allow treatment. (45 references) (Author)

20100623-36*

Facilitators and barriers in the humanization of childbirth practice in Japan. Behruzi R, Hatem M, Fraser W, et al (2010), BMC Pregnancy and Childbirth vol 10, no 25, 27 May 2010. 18 pages

Background: Humanizing birth means considering women's values, beliefs, and feelings and respecting their dignity and autonomy during the birthing process. Reducing over-medicalized childbirths, empowering women and the use of evidence-based maternity practice are strategies that promote humanized birth. Nevertheless, the territory of birth and its socio-cultural values and beliefs concerning child bearing can deeply affect birthing practices. The present study aims to explore the Japanese child birthing experience in different birth settings where the humanization of childbirth has been indentified among the priority goals of the institutions concerned, and also to explore the obstacles and facilitators encountered in the practice of humanized birth in those centres. Methods: A qualitative field research design was used in this study. Forty four individuals and nine institutions were recruited. Data was collected through observation, field notes, focus groups, informal and semi-structured interviews. A qualitative content analysis was performed. Results: All the settings had implemented strategies aimed at reducing caesarean sections, and keeping childbirth as natural as possible. The barriers and facilitators encountered in the practice of humanized birth were categorized into four main groups: rules and strategies, physical structure, contingency factors, and individual factors. The most important barriers identified in humanized birth care were the institutional rules and strategies that restricted the presence of a birth companion. The main facilitators were women's own cultural values and beliefs in a natural birth, and institutional strategies designed to prevent unnecessary medical interventions. Conclusions: The Japanese birthing institutions which have identified as part of their mission to instate humanized birth have, as a whole, been successful in improving care. However, barriers remain to achieving the ultimate goal. Importantly, the cultural values and beliefs of Japanese women regarding natural birth is an important factor promoting the humanization of childbirth in Japan.[The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1471-2393-10-25.pdf] (37 references) (Author)

Full URL: www.biomedcentral.com

20100526-20

Maternity care in the community: reaching out to the women of Newham. Whitwam V (2010), New Digest no 50, April 2010, p 10

At the Royal College of Midwives Annual Awards in January, the maternity services team in the London Borough of Newham won an NCT-sponsored award for the development of services addressing inequalities in health. Journalist Victoria Whitwam describes how the service was transformed through a programme that responded to women's needs. (2 references) (Author)

20100526-14

Reaching all parents: Muslim women in Edinburgh. Goodall N (2010), New Digest no 50, April 2010, p 7

Antenatal teacher Nicola Goodall describes a pilot scheme to offer antenatal information and peer support to Muslim women. (1 reference) (Author)

20100524-27*

Pregnancy planning by mothers of Pacific infants recently delivered at Middlemore Hospital. Paterson J, Cowley ET, Percival T, et al (2004), New Zealand Medical Journal vol 117, no 1188, January 2004, u744

Aim: To describe pregnancy planning by mothers of Pacific infants recently delivered at Middlemore Hospital. Methods: The data were gathered as part of the Pacific Islands Families: First Two Years of Life (PIF) Study in which 1365 birth mothers were interviewed six weeks after the birth about the planning of their pregnancy. Mothers were asked if the pregnancy was planned, if the pregnancy was unplanned, the form of contraception used, or, if not used, their main reasons for not using contraception. Results: Forty per cent of the mothers reported that they had planned

their pregnancy. Of the 60% of mothers who had not planned their pregnancies, 70.8% were not using contraception when they conceived. The main reasons given by mothers for not using contraception were that they never thought about contraception (46.8%), did not like using contraception (42.5%), decided to take a chance (39.4%), did not want to risk the associated weight gain (30.4%), and did not think they could have a baby (17.3%). Factors significantly associated ($p < 0.05$) with non-use of contraception by birth mothers who did not plan their pregnancy were lack of post-school qualifications and strong alignment with Pacific culture. Conclusions: The findings showed that many women in this cohort did not avail themselves of the various contraceptive services available to them. An investigation into the accessibility and acceptability of family planning services needs to be undertaken to ensure that services are delivered in a way that maximises choices regarding the use of contraceptives. [The full text of this article is available at: http://www.nzma.org.nz/journal/117-1188/744/] (17 references) (Author)

Full URL: http://www.nzma.org.nz/journal/117-1188/744/

20100520-17

Spiritual support for Native American Indian patients. Louwagie M (2008), International Journal of Childbirth Education vol 23, no 3, September 2008, pp 17-18

The purpose of this article is to share information on how Woodwinds Hospital in Woodbury, Minnesota supports the requests of Native American Indian families to incorporate their spiritual healing practices into their birth experience. (Author)

20100319-10

Infant feeding in the first 12 weeks following birth: a comparison of patterns seen in Asian and non-Asian women in Australia. Dahlen HG, Homer CSE (2010), Women and Birth: Journal of the Australian College of Midwives vol 23, no 1, March 2010, pp 22-28

BACKGROUND: There is a belief amongst midwives that Asian women are less likely to breastfeed compared to non-Asian women. The aim of this research was to compare the infant feeding decisions of Asian and non-Asian women on discharge from two Sydney hospitals, and at 6 and 12 weeks following birth. PARTICIPANTS: 235 Asian and 462 non-Asian first time mothers. METHODS: A secondary analysis was undertaken into data from a randomised clinical trial of a perineal management technique (perineal warm packs). Simple descriptive statistics were used for analysis and Chi-square and logistic regression was used to examine differences between women from Asian and non-Asian backgrounds. RESULTS: Compared with non-Asian women, Asian women were no less likely to exclusively breastfeed on discharge from hospital (83% vs. 87%, OR 0.7, 95% CI 0.4-1.2), at 6 weeks (60% vs. 61%, OR 1, 95% CI 0.7-1.4) or 12 weeks postpartum (51% vs. 56%, OR 0.8, 95% CI 0.6-1.2). They were, however, significantly more likely to be partially breastfeeding on discharge from hospital (10% vs. 2%, OR 5.3, 95% CI 2.3-12.4), at 6 weeks (22% vs. 11%, OR 1.9, 95% CI 1.2-3.2) and 12 weeks postpartum (17% vs. 8%, OR 2.2, 95% CI 1.2-3.9). DISCUSSION: Asian women were more likely than non-Asian women to be giving their baby some breast milk at 6 and 12 weeks postpartum when partial breastfeeding was taken into account. This contradicts popular beliefs amongst midwives regarding the infant feeding practices of Asian women. CONCLUSION: Further research into this important issue is needed in order to improve breastfeeding support for women from different cultural backgrounds. The issue of causes of, and variations in, the levels of partial breastfeeding between different ethnic groups needs more investigation. (49 references) (Author)

20100202-76

'Race', ethnicity, culture and childbirth. Sookhoo D (2009), In: Squire C ed. The social context of birth. Abingdon: Radcliffe Publishing 2009, pp 85-99

Pregnancy and childbirth are unique life events. They cannot be reduced to primarily biological events, since the social and cultural context is central to the subjective and collective experiences of women. Personal factors such as the woman's age, ethnicity, social class, religion and culture may influence her experiences of pregnancy and childbirth. This chapter explores the concepts of 'race' , ethnicity and culture in relation to pregnancy and childbirth. The issues of access to maternity services, stereotyping and racism are explored within the context of midwifery service provision and practice. The challenge of caring for someone whose cultural beliefs and practices are not similar to one's own raises questions about the cultural competence of health-care professionals, particularly the midwife. (87 references) (Author)

20100105-5

Two days on the Te Ha Ora antenatal programme. Fielder A (2009), Birthspirit Midwifery Journal no 4, November 2009, pp 17-19

A midwife and mother shares her experience of attending the Te Ha Ora - Kaupapa Maori antenatal programme in New Zealand, a pilot programme devised to provide culturally appropriate antenatal care for Maori women. Describes the content of the course and compares the learning experience to current antenatal education programmes in the UK. (4 references) (TC)

20091013-44

Perinatal care for South Asian immigrant women and women born in Canada: telephone survey of users. Brar S, Tang S, Drummond N, et al (2009), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 31, no 8, August 2009, pp 708-716

BACKGROUND: Previous research findings suggest that pregnant immigrant women receive less adequate perinatal care than pregnant non-immigrant women. This study was designed to assess the use of perinatal care services by newly immigrated South Asian women and Canadian-born women, and to determine any perceived barriers to receiving care. METHOD: We conducted a telephone survey of women who delivered at an academic community hospital in Calgary, Alberta. Two groups of women were interviewed at seven weeks postpartum: South Asian women who had immigrated within the last three years, and Canadian-born women of any ethnicity. Women who spoke Hindi, Punjabi, and/or English were eligible. Interviews consisted mainly of closed-ended questions. The main outcomes we sought were the proportion of women receiving perinatal care (such as attending prenatal classes or fetal monitoring), and any perceived barriers to care. RESULTS: Thirty South Asian and 30 Canadian-born women were interviewed. Most women in each group reported having pregnancy evaluations carried out. Fewer South Asian women than Canadian-born women understood the purpose of symphysis-fundal height measurement (60% vs. 90%, P = 0.015) and tests for Group B streptococcus (33% vs. 73%, P = 0.004). Thirteen percent of South Asian and 23% of Canadian-born women attended prenatal classes. Most women (87-97%) believed they had received all necessary medical care. Language barriers were most commonly reported by South Asian women (33-43% vs. 0 for Canadian-born women). CONCLUSION: South Asian women considered language to be the most common barrier to receiving perinatal care. Such barriers may be overcome by wider availability of multilingual staff and educational materials in a variety of formats including illustrated books and videos. (27 references) (Author)

20090714-20

Rates of rubella immunity among immigrant and non-immigrant pregnant women. McElroy R, Laskin M, Jiang D, et al (2009), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 31, no 5, May 2009, pp 409-413

Objective: Elimination of congenital rubella syndrome depends not only on effective childhood immunization but also on the identification and immunization of susceptible women of childbearing age. Since many countries do not immunize against rubella, it is possible that some immigrant women may not be immune. Moreover, contemporary estimates of rubella immunity among Canadian-born mothers are lacking. Accordingly, we sought to compare the immunity status in pregnancy of a large number of immigrant and Canadian born women in Toronto. Methods: We examined data among 5783 consecutive pregnant women who gave birth at an inner city hospital in downtown Toronto between 2002 and 2007. Antenatal maternal rubella immunity status was recorded at the time of delivery, and assessed according to the mother's birthplace. Odds ratios (OR) for rubella immunity were adjusted for maternal age, gravidity and duration of residency in Canada. Results: Relative to a rate of 93.2% among Canadian-born mothers, the adjusted risk of being rubella immune was lowest among women from Northern Africa and the middle $East (OR 0.54, 95% CI 0.31-0.94) and China and the South Pacific (OR 0.78, 95% CI 0.59-1.03). Conclusion: Rates of rubella immunity are lower than desired among Canadian-born and, especially, new immigrant pregnant women. Under-immunized populations might be identified at the time of the immigration medical examination, while consideration should be given to screening for rubella immunity among all young Canadian women before puberty. (15 references) (Author)

20090707-3

Antenatal services for ethnic minority women in South Tyneside. Mastrocola EL, Nwabineli NJ (2009), British Journal of Midwifery vol 17, no 7, July 2009, pp 418-423

Black and Minority Ethnic (BME) women are identified as being a disadvantaged group, often prevented from accessing adequate antenatal care due to various barriers. This audit aimed to assess provision of antenatal services for BME women at South Tyneside District Hospital (STDH) and identify potential areas of change, to improve quality and accessibility of care. The audit retrospectively reviewed 60 sets of case notes of BME women booked between January and June 2007. Results showed that only 23.5% of women who needed an interpreter received one. All English-speaking women were given written information about antenatal care but documentation was absent regarding whether or not non English-speaking women had received information in their native languages. 82.4% of women had booked their pregnancies by 12 weeks of gestation. It concluded that an adequate service is provided for

BME women at STDH, although amendments could be made, with regards to the provision of interpreters and documentation of individual needs. (19 references) (Author)

20090624-98

Maternity care for Orthodox Jewish couples. Implications for nursing in an obstetric setting. Zauderer C (2009), Nursing for Women's Health vol 13, no 2, April/May 2009, pp 112-120

Nurses who provide maternity care in the United States come into contact with couples from a vast array of religious and ethnic cultures. By becoming acquainted with some of their beliefs and cultural rituals, nurses can provide a more meaningful childbirth experience for these patients. This article will help familiarize nurses with Orthodox Jewish couples, who abide by many religious and cultural rituals surrounding childbirth and the puerperium. (16 references) (Author)

20090616-21

Talking about breastfeeding: emotion, context and `good' mothering. Elliott H, Gunaratnam Y (2009), Practising Midwife vol 12, no 6, June 2009, pp 40-46

By exploring the emotional, social and psychological contexts for breastfeeding, professionals can better support women. (16 references) (Author)

20090612-5*

Lithuanian speaker for hospital. BBC News (2009), BBC News 12 June 2009

States that an interpreter has been recruited by Queen Elizabeth Hospital in Kings Lynn to work with Lithuanian parents and children from the antenatal period onwards; Inga Kupkiniene will work in hospitals and community clinics across West Norfolk and Cambridgeshire with the aim of improving health services for pregnant women, and enabling midwives to work with more women at the same time. Explains that Lithuanians form one of the largest minority ethnic groups in West Norfolk. (JSM)

20090513-102*

Maternal care and birth outcomes among ethnic minority women in Finland. Malin M, Gissler M (2009), BMC Public Health vol 9, no 84, 20 March 2009. 14 pages

Background: Care during pregnancy and labour is of great importance in every culture. Studies show that people of migrant origin have barriers to obtaining accessible and good quality care compared to people in the host society. The aim of this study is to compare the access to and use of maternity services, and their outcomes among ethnic minority women having a singleton birth in Finland. Methods: The study is based on data from the Finnish Medical Birth Register in 1999-2001 linked with the information of Statistics Finland on woman's country of birth, citizenship and mother tongue. Our study data included 6,532 women of foreign origin (3.9% of all singletons) giving singleton birth in Finland during 1999-2001 (compared to 158,469 Finnish origin singletons). Results: Most women have migrated during the last fifteen years, mainly from Russia, Baltic countries, Somalia and East Europe. Migrant origin women participated substantially in prenatal care. Interventions performed or needed during pregnancy and childbirth varied between ethnic groups. Women of African and Somali origin had most health problems resulted in the highest perinatal mortality rates. Women from East Europe, the Middle East, North Africa and Somalia had a significant risk of low birth weight and small for gestational age newborns. Most premature newborns were found among women from the Middle East, North Africa and South Asia. Primiparous women from Africa, Somalia and Latin America and Caribbean had most caesarean sections while newborns of Latin American origin had more interventions after birth. Conclusion: Despite good general coverage of maternal care among migrant origin women, there were clear variations in the type of treatment given to them or needed by them. African origin women had the most health problems during pregnancy and childbirth and the worst perinatal outcomes indicating the urgent need of targeted preventive and special care. These study results do not confirm either healthy migrant effect or epidemiological paradox according to which migrant origin women have considerable good birth outcomes. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1471-2458-9-84.pdf] (71 references) (Author)

20090506-1

Transcultural considerations in obstetrics and gynaecology: what the clinician needs to know. Kotsapas C, Dixon C, Nauta M, et al (2009), Journal of Obstetrics and Gynaecology vol 29, no 3, April 2009, pp 175-180

Healthcare professionals working in the field of obstetrics and gynaecology may encounter patients from a variety of

cultural backgrounds, particularly in our inner cities. These women may have similar cultural beliefs and values about aspects of care they experience compared with native women, but they may also have differing beliefs and may present with preconceptions about the care they expect to receive. In our experience, traditional medical training has limited core teaching on the existence of such cultural variations, and professionals often only experience them through working in the clinical setting. This review was, therefore, undertaken with the aim of increasing awareness of such variations, in order to promote more holistic management, and ultimately to enhance patient care. (42 references) (Author)

20090422-16

Somali women's experience of childbirth in the UK: Perspectives from Somali health workers. Straus L, McEwen A, Hussein FM (2009), Midwifery vol 25, no 2, April 2009, pp 181-186

OBJECTIVE: to conduct a qualitative study of perceptions of experiences of childbirth from Somali health workers in the UK. DESIGN & SETTING: in depth narrative interviews at community centres and places of work in London. PARTICIPANTS: eight Somali women aged between 23 and 57 years. The interviewees worked within the health sector in the UK and/or as nurses or gynaecologists in Somalia. Six of the women had also given birth in the UK. KEY FINDINGS: mismanagement of care of female circumcision provided during pregnancy and labour leads to problems at birth for many Somali women. The importance of Somalia's oral culture is not recognised when addressing communication barriers and continuity of care is lacking but important. Somali women also felt that midwives held stereotyped and negative attitudes towards them. Existing pressures as a consequence of migration were compounded by these experiences of childbirth in the UK. KEY CONCLUSIONS: issues concerning female circumcision, verbal communication, cultural aspects of care and pressures that were a consequence of migration play a part in the experience of childbirth in the UK for Somali women. IMPLICATIONS FOR PRACTICE: midwives need to possess the necessary clinical knowledge and skills to deal with women who have been circumcised and the issue needs to be raised early in the pregnancy. Attention needs to be paid to ensure continuity of care, maximising verbal communications and challenging stereotypical views of Somali women. (28 references) (Author)

20090331-61*

Social and ethnic differences in folic acid use preconception and during early pregnancy in the UK: effect on maternal folate status. Brough L, Rees GA, Crawford MA, et al (2009), Journal of Human Nutrition and Dietetics vol 22, no 2, April 2009, pp 100-107

BACKGROUND: The role of folate supplementation in preventing neural tube defects is well known; however, preconception supplement use continues to be low, especially amongst the socially disadvantaged. The present study explored periconception folic acid supplement use in a socially deprived, ethnically diverse population. METHODS: Pregnant women (n = 402) in the first trimester of pregnancy were recruited in East London. Using a researcher led questionnaire, details were obtained regarding social class, ethnicity and folic acid use. Red cell folate levels were determined for 367 participants during the first trimester. RESULTS: Although 76% of participants reported using folic acid supplements during the first trimester, only 12% started preconception and a further 17% started before neural tube closure. Mothers from higher social groups or with higher levels of education were more likely to use folic acid and started taking it earlier. Ethnic differences were also seen in preconception usage (Africans, 5%; West Indians, 8%; Asians, 12%; Caucasians, 19%; P = 0.038). Participants who took folic acid supplements had significantly higher mean (SD) red cell folate concentrations than those who took none [936 (*\1.6) and 579 (*\1.6) nmol L(-1), respectively; P < 0.001]. CONCLUSIONS: Folic acid supplement use preconception and prior to neural tube closure continues to be low, exhibiting both social and ethnic disparities. (Author)

20090324-14

Do nurses play a role in perpetuating racial/ethnic disparities in outcomes in maternal/child health?. Lane SH, Jenkins JB (2009), MCN - American Journal of Maternal/Child Nursing vol 34, no 2, March/;April 2009, pp 78-79

Presents two conflicting opinions about whether disparities in maternal and child health outcomes are perpetuated by nurses. (6 references) (CR)

20090310-27

'Weighing up and balancing out': a meta-synthesis of barriers to antenatal care for marginalised women in high-income countries. Downe S, Finlayson K, Walsh D, et al (2009), BJOG: An International Journal of Obstetrics and Gynaecology vol 116, no 4, March 2009, pp 518-529

BACKGROUND: In high-resource settings around 20% of maternal deaths are attributed to women who fail to receive

adequate antenatal care. Epidemiological evidence suggests many of these women belong to marginalised groups often living in areas of relative deprivation. Reasons for inadequate antenatal attendance have yet to be fully evaluated. OBJECTIVES: To identify the factors affecting access to antenatal care for marginalised pregnant women living in developed countries. SEARCH STRATEGY: We included qualitative studies from developed countries published in English language journals (1980-2007). SELECTION CRITERIA: Qualitative studies exploring the views of marginalised women living in developed countries who either failed to attend for any antenatal care or did so late or irregularly. DATA COLLECTION AND ANALYSIS: Eight studies fulfilled the selection criteria and were synthesised in accord with the techniques derived from meta-ethnography. MAIN RESULTS: Initial access is influenced by late pregnancy recognition and subsequent denial or acceptance. Continuing access appears to depend on a strategy of weighing up and balancing out of the perceived gains and losses. Personal resources in terms of time, money and social support are considered alongside service provision issues including the perceived quality of care, the trustworthiness and cultural sensitivity of staff and feelings of mutual respect. CONCLUSIONS: A nonthreatening, nonjudgemental antenatal service run by culturally sensitive staff may increase access to antenatal care for marginalised women. Multiagency initiatives aimed at raising awareness of, and providing access to, antenatal care may also increase uptake. (53 references) (Author)

20090302-6*

Having a baby in the new land: a qualitative exploration of the experiences of Asian migrants in rural Tasmania, Australia. Hoang HT, Le Q, Kilpatrick S (2009), Rural and Remote Health vol 9 (online), 24 February 2009, p 1084

Introduction: Australia is a land of cultural diversity. Cultural differences in maternity care may result in conflict between migrants and healthcare providers, especially when migrants have minimal English language knowledge. The aim of the study was to investigate Asian migrant women's child-birth experiences in a rural Australian context. Method: The study consisted of semi-structured interviews conducted with 10 Asian migrant women living in rural Tasmania to explore their childbirth experiences and the barriers they faced in accessing maternal care in the new land. The data were analysed using grounded theory and three main categories were identified: 'migrants with traditional practices in the new land', 'support and postnatal experiences' and 'barriers to accessing maternal care'. Results:The findings revealed that Asian migrants in Tasmania faced language and cultural barriers when dealing with the new healthcare system. Because some Asian migrants retain traditional views and practices for maternity care, confusion and conflicting expectations may occur. Family and community play an important role in supporting migrant women through their maternity care. Conclusions: Providing interpreting services, social support for migrant women and improving the cross-cultural training for healthcare providers were recommended to improve available maternal care services. (31 references) (Author)

20090216-30

Racial disparities in perinatal outcomes and pregnancy spacing among women delaying initiation of childbearing. Nabukera SK, Wingate MS, Owen J, et al (2009), Maternal and Child Health Journal vol 13, no 1, January 2009, pp 81-89

Introduction Reducing racial/ethnic disparities is a key objective of the Healthy People 2010 initiative. Unfortunately, racial disparities among women delaying initiation of childbearing have received limited attention. As more women in the US are delaying initiation of childbearing, it is important to examine racial disparities in reproductive health outcomes for this subgroup of women. Objective To examine racial disparities in perinatal outcomes, interpregnancy interval, and to assess the risk for adverse outcomes in subsequent pregnancy for women delaying initiation of childbearing until age 30 or older compared to those initiating childbearing at age 20-29. Methods We conducted a retrospective cohort study using the Missouri maternally linked cohort files 1978-1997. Final study sample included 239,930 singleton sibling pairs (Whites and African Americans). Outcome variables included first and second pregnancy outcomes (fetal death, low birth weight, preterm delivery and small-for-gestational age) and interpregnancy interval between first and second pregnancy. Independent variables included maternal age at first pregnancy and race. Analysis strategies used involved stratified analyses and multivariable unconditional logistic regression; interactions between maternal race, age and interpregnancy interval were examined in the regression models. Results Compared to Whites, African American mothers initiating childbearing at age 30 or older had significantly higher rates of adverse outcomes in the first and second pregnancy ($P < 0.0001$). Generally, African Americans had significantly higher rates of second pregnancy following intervals <6 months compared to Whites; however, no significant racial differences were noted in interpregnancy interval distribution pattern after controlling for maternal age at first pregnancy. African Americans delaying initiation of childbearing had significantly higher risk for adverse perinatal outcomes in the second pregnancy compared to Whites after controlling for potential confounders, however there were no significant interactions between maternal age at first pregnancy, race and short interpregnancy interval. Conclusion Although African Americans were less likely to delay initiation of childbearing

than were White women, their risk for adverse perinatal outcomes was much greater. As health care providers strive to address racial disparities in birth outcomes, there is need to pay attention to this unique group of women as their population continues to increase. (40 references) (Author)

20081203-15

'We don't see Black women here': an exploration of the absence of Black Caribbean women from clinical and epidemiological data on perinatal depression in the UK. Edge D (2008), Midwifery vol 24, no 4, December 2008, pp 379-389

OBJECTIVE: to explore the factors that might account for low levels of consultation for perinatal depression among Black Caribbean women and their absence from perinatal research in the UK. DESIGN: qualitative study using in-depth interviews. SETTING: antenatal clinics in a large teaching hospital and community health centres in the northwest of England. PARTICIPANTS: a purposive sample of 12 Black Caribbean women was selected from a larger mixed-method study involving both Black Caribbean (n=101) and White British (n=200) women. FINDINGS: thematic analysis of women's narratives suggested that, despite attendance at antenatal classes, Black Caribbean women experienced difficulty conceptualising perinatal depression and expressed reservations about the nature and treatability of the condition. Personal and social imperatives to minimise distress, reluctance to discuss problems, and stoicism in the face of adversity were barriers to help-seeking. Black Caribbean women were willing to counter personal barriers and fears of engaging with mental health services to seek help. When they did so, however, health professionals appeared to be unable/unwilling to diagnose perinatal depression. KEY CONCLUSIONS: the absence of Black Caribbean women with perinatal depression from clinical practice and research may be because social, structural and personal barriers prevent these women from accessing the care and support they need. IMPLICATIONS FOR PRACTICE: in order to address the needs of child bearing women in a multi-cultural context, service providers need to ensure that culturally sensitive practice is a reality and not rhetoric. Education and training (both that given to women via antenatal classes and to health professionals) may need to be reviewed in order to improve cultural sensitivity and efficacy. (52 references) (Author)

20080829-12*

The design, implementation and acceptability of an integrated intervention to address multiple behavioral and psychosocial risk factors among pregnant African American women. Katz KS, Blake SM, Milligan RA, et al (2008), BMC Pregnancy and Childbirth vol 8, no 22, 25 June 2008. 22 pages

Background: African American women are at increased risk for poor pregnancy outcomes compared to other racial-ethnic groups. Single or multiple psychosocial and behavioral factors may contribute to this risk. Most interventions focus on singular risks. This paper describes the design, implementation, challenges faced, and acceptability of a behavioral counseling intervention for low income, pregnant African American women which integrated multiple targeted risks into a multi-component format. Methods: Six academic institutions in Washington, DC collaborated in the development of a community-wide, primary care research study, DC-HOPE, to improve pregnancy outcomes. Cigarette smoking, environmental tobacco smoke exposure, depression and intimate partner violence were the four risks targeted because of their adverse impact on pregnancy. Evidence-based models for addressing each risk were adapted and integrated into a multiple risk behavior intervention format. Pregnant women attending six urban prenatal clinics were screened for eligibility and risks and randomized to intervention or usual care. The 10-session intervention was delivered in conjunction with prenatal and postpartum care visits. Descriptive statistics on risk factor distributions, intervention attendance and length (i.e., with < 4 sessions considered minimal adherence) for all enrolled women (n = 1,044), and perceptions of study participation from a sub-sample of those enrolled (n = 152) are reported. Results: Forty-eight percent of women screened were eligible based on presence of targeted risks, 76% of those eligible were enrolled, and 79% of those enrolled were retained postpartum. Most women reported a single risk factor (61%); 39% had multiple risks. Eighty-four percent of intervention women attended at least one session (60% attended ≥ 4 sessions) without disruption of clinic scheduling. Specific risk factor content was delivered as prescribed in 80% or more of the sessions; 78% of sessions were fully completed (where all required risk content was covered). Ninety-three percent of the subsample of intervention women had a positive view of their relationship with their counselor. Most intervention women found the session content helpful. Implementation challenges of addressing multiple risk behaviors are discussed. Conclusion: While implementation adjustments and flexibility are necessary, multiple risk behavioral interventions can be implemented in a prenatal care setting without significant disruption of services, and with a majority of referred African American women participating in and expressing satisfaction with treatment sessions. [The full text of this article can be accessed at: http://www.biomedcentral.com/content/pdf/1471-2393-8-22.pdf] (121 references) (Author)

Full URL: www.biomedcentral.com

20080805-46

Are we good at managing pregnancy in ethnic minority?. Premkumar G (2008), Journal of Obstetrics and Gynaecology vol 28, no 4, May 2008, pp 373-376

Reviews the literature relating to ethnic diversity practices and requirements with regard to maternity health care and aims to create awareness and improve understanding of ethnic minorities among staff. (25 references) (MB)

20080731-27*

Cultural diversity in the Dublin maternity services: the experiences of maternity service providers when caring for ethnic minority women. Lyons SM, O'Keeffe FM, Clarke AT, et al (2008), Ethnicity and Health vol 13, no 3, June 2008, pp 261-276

BACKGROUND: Ireland has seen an expansion of new migrant communities over the past decade and the country has struggled to cope with this new multi-culturalism, especially within the health services. The maternity services in particular have seen an increase in deliveries from ethnic minority women. Little research has been done exploring this issue with maternity service providers. METHODS: Using a grounded theory approach, this study sought to explore the experiences, understanding and perspectives of maternity service providers when working with ethnic minority women in the Dublin maternity services during 2002 and 2003. RESULTS: Four themes emerged from the study: Communication difficulties, knowledge and use of services, cultural differences and 'Them and Us'. These encompassed a variety of issues including inadequacy of interpretation services, childcare issues, coping with labour, identification as different and racism. Ethnic minority women are expected to adapt to the system rather than the maternity services being responsive or adapting to the new multi-cultural population. DISCUSSION: These issues were relevant a decade ago internationally and are still pertinent today for not only Irish services but also for other European countries. There is an opportunity to improve the services for all women by learning from the experience of Dublin maternity service providers. (Author)

20080716-68*

Acculturation and changes in the likelihood of pregnancy and feelings about pregnancy among women of Mexican origin. Wilson EK (2008), Women and Health vol 47, no 1, 2008, pp 45-64

This study explored the changes that occur with acculturation in the likelihood that women of Mexican origin in the United States get pregnant, that they considered their pregnancies intended, and that they were happy about their pregnancies. Data were from 924 women of Mexican origin in the 1995 National Survey of Family Growth. Results showed that, controlling for underlying differences in age and parity, Mexican-origin women born in the United States were less likely to conceive a pregnancy than first-generation immigrants (O.R. = 0.69, C.I. 0.56-0.83), but the pregnancies they conceived were less likely to be intended (O.R. = 0.53, C.I. 0.35-0.79), and they were less likely to be happy about them (O.R. = 0.76, C.I. 0.57-1.01). These changes were associated with the decreases in marriage, poverty, and Catholic religiosity that occurred between first-generation immigrants and women of later generations. Findings highlight the unmet need for effective family planning among women of all generations of migration, but particularly those born in the United States. (Author)

20080709-87

Safety in maternity services: women's perspectives. Homeyard C, Gaudion A (2008), Practising Midwife vol 11, no 7, July/August 2008, pp 20-23

Negative perceptions of maternity care are shared within communities and may affect uptake and access to services, especially for minority groups. (15 references) (Author)

20080501-24

Midwives: all things to all women?. Blake D (2008), British Journal of Midwifery vol 16, no 5, May 2008, pp 292-294

Teenage pregnancies, ethnic minorities, asylum seekers have all been recognized as requiring intense support during pregnancy. The need for such support is extremely likely because of the poor economical and psychosocial status of these categories, which can lead to potentially severe medical conditions affecting maternal and fetal outcomes. Midwives are expected to tailor their support and care for these women, ensuring they are able to make appropriate choices about the services they require. This article discusses the challenges midwives face in meeting the needs of vulnerable women and delivering holistic, women-centred care. (17 references) (Author)

20080411-7*

UK move worsens maternal habits. BBC News (2008), BBC News 11 April 2008

News item reporting on a study that looked at how the life style of women from ethnic minority groups living in Britain changes, has concluded that they are more likely to drink or smoke during their pregnancy and more likely to give up breastfeeding sooner, the longer they have lived in this country. (JSM)

20080325-25

Voices from the battlefield: reports of the daily experiences of urban Black mothers. Cricco-Lizza R (2008), Health Care for Women International vol 29, no 2, February 2008, pp 115-134

There are persistent disparities in maternal child health in the United States. In this study I used an ethnographic design to portray the everyday lives of 130 Black, low-income, urban mothers. The women described daily battles related to a lack of material and human resources. To deal with these challenges, they assumed the role of soldiers, developed new tactical maneuvers, trusted in God for justice, shared their resources with their comrades, took short-lived breaks when they were wounded in action, and used escape mechanisms. Public health interventions are needed to deal with infrastructural deficits and support the women's defenses. (52 references) (Author)

20071212-12*

Lost without translation. Cacciottolo M (2007), BBC News 11 December 2007. 3 pages

States that part of the UK's growing population can be accounted for by the number of women from other countries having their babies here. Raises awareness of the cultural and language differences, and possible communication problems that midwives now have to take into consideration in their working lives. (JSM)

20071122-33

New generation of perinatal care. White C (2007), Health Service Journal vol 117, no 6083, 22 November 2007, pp 28-29

Reports that, in light of disproportionately high perinatal mortality rates among black and ethnic minority people, pregnancy outreach workers are being employed by some primary care trusts to bridge cultural gaps and help more women to access maternity services. (CR)

20071101-9*

Evidence-based midwifery practice in Australian rural and remote settings: an unknown entity. Hancock H (2006), Evidence Based Midwifery vol 4, no 1, July 2006, pp 31-34

Background. Providing midwifery services in rural and remote areas of Australia presents many challenges. Distances from regional centres and other resources can be excessive and the precious commodities of water and power can be unreliable. The unpredictability of what can happen and when, the isolation, and the intensity of weather all make for extreme experiences. This is compounded by the distress of/for transferring women (Indigenous and non-Indigenous) to larger regional centres to give birth, resulting in loneliness and estrangement for their families. All pregnant women should receive sensitive, woman-centred, evidence-based midwifery care, yet maternity care and experiences for women in rural and remote settings in Australia continue to be imbued with unsubstantiated medicalisation and institutionalisation, unsound evidence. Aim. To highlight the limited information available on implementation of evidence-based midwifery practice in Australian rural and remote health settings and the need to find an accord between evidence and Indigenous women's birthing cultures and traditions. Method. A review of the related literature was conducted with the specific purpose of determining the extent of published knowledge of the implementation of evidence-based practice in midwifery in Australia, particularly in rural and remote settings and identifying any possible consequences. Findings. A structured search revealed little published evidence regarding the implementation of evidence-based midwifery practice in Australia, and even less in rural and remote settings. The relationship between Indigenous women's cultural and traditional beliefs and practices with evidence-based midwifery does not appear to have been considered. Conclusions. Research into the status of evidence-based midwifery practice in Australia is essential, and is imperative in rural and remote settings. Exploration of relationships that may co-exist with Indigenous women's business and evidence to underpin practice is needed. Being remote in location in Australia should not mean being remote in knowledge of evidence for the practice of midwifery. (Author)

20071003-1

The community as provider: collaboration and community ownership in northern maternity care. Gold ST, O'Neil J, Wagner VV (2007), Canadian Journal of Midwifery Research and Practice vol 6, no 2, Summer 2007, pp 5-17

Across Canada, researchers and maternity care leaders have identified a crisis in maternity care due to a shortage of

skilled providers (obstetricians, family physicians, midwives). For the remote Inuit communities of Nunavut this crisis is about a lack of local maternity care and childbirth brought about by the erosion of local capacity and participation in planning and provision. These communities face difficulties recruiting, training and retaining skilled providers. They also experience a lack of consistency in providers and services within and across Aboriginal communities in Canada, and system dependence on the evacuation of women in remote communities for childbirth. System dependence on evacuation for childbirth has effectively removed childbirth from Nunavut families and communities. Across Nunavut, efforts to return childbirth to communities have been challenged by a lack of mobilization of providers and communities, concerns about safety, and relationships between communities, providers, decision-makers, and various levels of government. From November 2002 to December 2004, through a qualitative consultative methodology we examined current maternity care across ten Nunavut communities and their visions for change. We found that a return of childbirth to communities is thus, not simply about hiring more providers and developing local training. This return will require a rethinking of relationships between and collaboration among communities, providers, and levels of government to determine, plan and implement sustainable maternity care for remote, Inuit communities. While collaboration is crucial to providing sustainable maternity care in remote, Inuit settings, we argue that multidisciplinary collaboration needs to be reframed to include the community. Moreover, we find that collaboration becomes all the more complex in the context of community ownership and historical relationships between traditional and non-traditional providers. (38 references) (Author)

20071001-45

Late start of antenatal care among ethnic minorities in a large cohort of pregnant women. Alderliesten ME, Vrijkotte TGM, van der Wal MF, et al (2007), BJOG: An International Journal of Obstetrics and Gynaecology vol 114, no 10, October 2007, pp 1232-1239

OBJECTIVES: The objectives of this study were to investigate the difference in timing of the first antenatal visit between ethnic groups and to explore the contribution of several noneconomic risk factors. DESIGN: Prospective cohort study. SETTING: All independent midwifery practices in the city of Amsterdam and all six Amsterdam hospitals. POPULATION: Consecutive cohort of pregnant women (n = 12 381). Ethnic groups were distinguished by country of birth. METHODS: Questionnaire data showed possible risk factors for late start. A Cox-proportional hazards model was created with (1) only ethnic group and (2) the addition of all significant risk factors, both time fixed and time dependent. MAIN OUTCOME MEASURES: Gestational age at first visit. RESULTS: The questionnaire was returned by 8267 pregnant women (response rate 67%). All non-Dutch ethnic groups were significantly later in starting antenatal care during the whole duration of pregnancy compared with the ethnic Dutch group (hazard ratio [95% CI]: other Western, 0.83 [0.76-0.90]; Surinamese, 0.62 [0.56-0.68]; Antillean, 0.56 [0.45-0.70]; Turkish, 0.62 [0.55-0.69]; Moroccan, 0.56 [0.52-0.62]; Ghanaians, 0.50 [0.43-0.58] and other non-Western, 0.61 [0.56-0.67]). The range at which 90% were in care varied between 16 weeks and 3 days for Dutch and 24 weeks and 4 days for Ghanaians. These differences disappeared almost totally in the non-Dutch-speaking ethnic groups when the following risk factors were added to the model: poor language proficiency, low maternal education, teenage pregnancy, multiparity and unplanned pregnancy. The differences remained in the Dutch-speaking ethnic groups. CONCLUSIONS: We observed a disturbing delay by all ethnic groups in the timing of their first antenatal visit. In women born in non-Dutch-speaking, non-Western countries, these differences were explained by a higher prevalence of the risk factors: poor language proficiency in Dutch, lower maternal education and more teenage pregnancies. In women born in Dutch-speaking, non-Western countries, the disparities cannot be explained by higher prevalence of these risk factors, indicating that cultural factors play a role. (29 references) (Author)

20070820-45

Low birth weight in Aboriginal babies -- a need for rethinking Aboriginal women's pregnancies and birthing. Hancock H (2007), Women and Birth: Journal of the Australian College of Midwives vol 20, no 2, June 2007, pp 77-80

Low birth weight in Aboriginal babies has become a persistent quandary as their average birth weight continues to be lower than that of non-Aboriginal babies. Arguments, reviews and research abound to explain this difference which is deemed unacceptable and needing resolution. A précis review of current theories and findings around low birth weight in Aboriginal babies is presented as a background for much needed alternative considerations of this issue. The low birth weight dilemma requires urgent rethinking of Aboriginal women's experiences and feelings of their pregnancies and possible effects on their unborn babies. There is a critical need for empowerment of Aboriginal women that goes beyond rhetoric and dominant ideologies about what is best for them and their babies, and genuinely enables them to assume control and self-determinism in ways that might make a significant difference, including importantly to their babies' birth weights. (21 references) (Author)

20070807-7*

Healthcare worker's perceptions of barriers to care by immigrant women with postpartum depression: an exploratory qualitative study. Teng L, Robertson Blackmore E, Stewart DE (2007), Archives of Women's Mental Health vol 10, no 3, June 2007, pp 93-101

Objective: We interviewed healthcare workers working in Toronto, Canada, regarding their experience of providing care to recent immigrant women suffering from postpartum depression. The objective was two-fold: 1) to identify potential barriers to care that recent immigrant women may encounter as perceived by healthcare workers; and 2) to identify challenges healthcare workers felt that they faced as providers of care to this population. Methods: Qualitative semi-structured interviews were conducted with 16 key informants from various disciplines employed by healthcare agencies providing care to postpartum immigrant women in Toronto. Constant comparative analysis was used to analyze the data. Results: Two main categories of barriers to care for recent immigrant women were identified: 'practical barriers' and 'culturally determined barriers'. Practical barriers included knowing where and how to access services, and language difficulties. Cultural barriers included fear of stigma and lack of validation of depressive symptoms by family and society. The challenges experienced by healthcare providers working with this population were organized into two other categories: 'professional limitations', and 'social/cultural barriers'. 'Professional limitations' included fear of incompetence, language barriers, and inadequate assessment tools. 'Social/cultural barriers' included the experience of cultural uncertainty. Conclusions: The results suggest that not only are there important barriers to accessing postpartum care for recent immigrant women, but it can also be challenging for healthcare workers to deliver such needed care. Understanding some of these barriers and challenges from the perspective of healthcare providers is an important step to remedying gaps and obstacles in the service system. (Author)

20070724-53

Utilisation of antenatal care by country of birth in a multi-ethnic population: a four-year community-based study in Malmö, Sweden. Ny P, Dykes AK, Molin J, et al (2007), Acta Obstetricia et Gynecologica Scandinavica vol 86, no 7, 2007, pp 805-813

Background. The aim of this study was to investigate differences in use of antenatal care in a multi-ethnic population in Malmö, Sweden, over a 4-year period. Age, parity, cohabiting status, use of an interpreter, and tobacco-use were examined to assess the potential effects of confounding factors. Methods. A 4-year (2000-2003) retrospective community-based register study was performed. Low-risk singleton pregnancies (n=5,373) registered for antenatal care at 5 municipal clinics and at the delivery ward at Malmö University Hospital were included, and divided into 6 subgroups by country of origin. The odds for utilisation of antenatal care were analysed by means of logistic regression. Results. Significantly increased odds of lower utilisation of planned antenatal care were found among some groups of foreign-born women. Women born in Eastern and Southern Europe, Iraq and Lebanon, and Asia had fewer antenatal visits than recommended, and all foreign-born women (except for women born in Iraq and Lebanon, and South and Central America) had a late first visit compared to Swedish-born women. Foreign-born women had, in general, fewer unplanned visits to a physician at the delivery ward, but women originating from Asia, Iraq and Lebanon, and Africa had higher utilisation visits to midwives at the delivery ward compared to Swedish-born women. Conclusions. Foreign-born women had lower utilisation of planned antenatal care. Approximately 50% of women had higher utilisation of care, by making unplanned visits to the delivery ward. This puts strain on both economical as well as staff resources. The delivery clinic at the hospital level is not intended to handle routine visits, and, moreover, some of these women do not receive the full benefits of planned routine antenatal care. (31 references) (Author)

20070723-30

Nurses key in BME family care. Tweddell L (2007), Nursing Times vol 103, no 29, 17 July 2007, p 4

News item reporting that health visitors are playing an important role in working with minority ethnic families in deprived areas of the UK. (MB)

20070706-16

Pakistani women: feeding decisions. Meddings F, Porter J (2007), RCM Midwives vol 10, no 7, July/August 2007, pp 328-331

Lecturers Fiona Meddings and Jan Porter of the division of midwifery and women's health at the School of Health Studies at the University of Bradford detail the difficulties faced by UK Pakistani women in making informed choices on breastfeeding. (38 references) (Author)

20070706-15

Maternity linkworkers: a Cinderella service?. Cross-Sudworth F (2007), RCM Midwives vol 10, no 7, July/August 2007, pp 325-327

Fiona Cross-Sudworth, research midwife at the Perinatal Institute in Birmingham who is currently on secondment from the Heart of England NHS Foundation Trust looks at the varied aspects of the role of maternity linkworkers and the direct impact that they have on care of mothers and their families. (26 references) (Author)

20070611-22*

The effect of age at immigration and generational status of the mother on infant mortality in ethnic minority populations in The Netherlands. Troe EJ, Kunst AE, Bos V, et al (2007), European Journal of Public Health vol 17, no 2, April 2007, pp 134-138

BACKGROUND: Migrant populations consist of migrants with differences in generational status and length of residence. Several studies suggest that health outcomes differ by generational status and duration of residence. We examined the association of generational status and age at immigration of the mother with infant mortality in migrant populations in The Netherlands. METHODS: Data from Statistics Netherlands were obtained from 1995 through 2000 for infants of mothers with Dutch, Turkish and Surinamese ethnicity. Mothers were categorized by generational status (Dutch-born and foreign-born) and by age at immigration (0-16 and >16 years). The associations of generational status and age at immigration of the mother with total and cause-specific infant mortality were examined. RESULTS: The infant mortality rate in Turkish mothers rose with lower age at immigration (from 5.5 to 6.4 per 1000) and was highest for Dutch-born Turkish mothers (6.8 per 1000). Infant death from perinatal and congenital causes increased with lower age at immigration and was highest in the Dutch-born Turkish women. In contrast, in Surinamese mothers infant mortality declined with lower age at immigration (from 8.0 to 6.3 per 1000) and was lowest for Dutch-born Surinamese mothers (5.5 per 1000). Generational status and lower age at immigration of Surinamese women were associated with declining mortality of congenital causes. CONCLUSIONS: Total and cause-specific infant mortality seem to differ according to generational status and age at immigration of the mother. The direction of these trends however differs between ethnic populations. This may be related to acculturation and selective migration. (Author)

20070608-25

Racism and discrimination in maternity services. Cross-Sudworth F (2007), British Journal of Midwifery vol 15, no 6, June 2007, pp 327-331

In spite of a legal and professional framework designed to stamp out racism, racism is still an ongoing challenge to the NHS. It can be in services not offered, services badly given or in services provided that are inappropriate for the client group. Midwives and their managers need to actively and openly tackle racism if they see racism or practices that discriminate, whether that is to the client group or within the workforce. Midwives need to be better educated in cultural practices and religion. It is important however to also examine personal attitudes and possible prejudices and tackle these. To stop racism a real `heart and minds' campaign is required, not just lip service and a policing of worlds. (28 references) (Author)

20070604-130

NES launches multi faith resource. Levison C (2007), NES Focus Spring 2007, pp 14-15

Discusses the development of a resource that provides guidance on the needs of different faith and religious groups for health professionals in Scotland. (SB)

20070517-27

Midwifery basics: women's health needs (8). Women from disadvantaged communities. Price S (2007), Practising Midwife vol 10, no 5, May 2007, pp 43-46

Sally Price looks at the health needs of women from disadvantaged communities and the way in which they relate to pregnancy, birth and midwifery. (17 references) (Author)

20070411-25

Screening tools for depressed mood after childbirth in UK-based South Asian women: a systematic review. Downe SM, Butler E, Hinder S (2007), Journal of Advanced Nursing vol 57, no 6, March 2007, pp 565-583

AIM: This paper is a report of a systematic review to answer the question: what is the relevance, acceptability, validity and effectiveness of tools designed to screen for postnatal depressed mood for South Asian women living in the UK?

BACKGROUND: Standard methods to screen women for postnatal depressed mood were developed with Caucasian populations. This study reviews postnatal screening tools adapted or developed for United Kingdom-based South Asian women. METHOD: A structured systematic review of English language studies initially was completed between 1980 and May 2003, and later updated to January 2005. The review was based on an a priori search strategy with inclusion and exclusion criteria and analysis included a quality assessment tool. Findings were tabulated against criteria for acceptability and effectiveness of diagnostic tools. RESULTS: Seven papers were included in the review. None addressed all preset quality criteria. Four papers among them reported on translations of two existing tools (Edinburgh Postnatal Depression Scale and General Household Questionnaire). Two new tools were reported between the remaining three papers (Punjabi Postnatal Depression Scale and 'Doop Chaon'. Doop Chaon is a visual tool. The other tools used either Bengali or Punjabi, based on written scales. The General Household Questionnaire did not appear to be appropriate for this population. None of the studies were rigorous enough to demonstrate generalizable sensitivity or specificity. Qualitative data indicated that women preferred face-to-face interviews to self-complete questionnaires. CONCLUSIONS: None of the tools are currently sufficiently evaluated for clinical practice. Questions are raised specifically about use of language-based tools to measure postnatal depressed mood in this population and about the extent to which focused interviews could be used as an alternative for specific sub-sections of population groups. (42 references) (Author).

20070403-12

Disparity in prenatal care among women of colour in the USA. Park J-H, Vincent D, Hastings-Tolsma M (2007), Midwifery vol 23, no 1, March 2007, pp 28-37

OBJECTIVE: To describe the disparity in prenatal care among women of colour in timing of initiation of prenatal care and total number of prenatal visits. DESIGN: A retrospective, descriptive design. SETTING: A large, urban university midwifery faculty practice. PARTICIPANTS: 439 healthy women at term (37-42 weeks gestation) with a vertex singleton pregnancy, and an essentially uncomplicated prenatal course. One clinic, the university facility, provided full-scope services. The other four community clinics, all outside the university in the larger metropolitan area, were designed to provide care to low-, under-, and uninsured pregnant women. MEASUREMENTS: Timing of initiation of prenatal care and total number of prenatal visits were examined in relation to demographic variables, including race, education, age, marital status, method of payment and clinic sites. FINDINGS: Significant differences in initiation of prenatal care and total number of prenatal visits were documented. The non-Hispanic white women at the university hospital clinic, with high school or college degrees and insurance or Medicaid, were more likely to visit prenatal clinics. Examination of association between timing of initiation of prenatal care and demographic variables showed significant differences in race and education. KEY CONCLUSIONS: This study reflects the difficulty in access to care faced by women of colour. When comparing 1997 national survey findings with those of a 2001 study, about 40% of the 50 States and the District of Columbia showed an increase in the frequency of women receiving late care or no care; additionally, a disparity in access to prenatal care between non-Hispanic white and non-white women was noted in most of these areas. IMPLICATIONS FOR PRACTICE: The number of births to women of colour delivered by midwives has rapidly increased in recent years. Also, the numbers of babies born to women of colour is anticipated to surpass 50% in the next few decades. Considering the increased proportion of births to women of colour, special attention to promote early prenatal care for these populations is needed. Recruitment and retention efforts for non-white midwives, regular education for cultural competence of midwives, and provision of culturally and linguistically appropriate care for women of colour should be considered. (53 references) (Author)

20070111-71

Breastfeeding - a time for caution for Gujarati families. Spiro A (2007), In: Kirkham M ed. Exploring the dirty side of women's health. Abingdon: Routledge 2007, pp 133-143

Examines the experiences and cultural beliefs regarding breastfeeding of Gujarati women in the United Kingdom and in India. Discusses the issue of the 'impurity' of a woman's body after birth and the potentially 'polluting' effect of breastfeeding. Explores perceptions of the flow of positive and negative energies when body fluids are exchanged. (14 references) (MB)

20070111-66

Pollution: midwives defiling South Asian women. Bharj K (2007), In: Kirkham M ed. Exploring the dirty side of women's health. Abingdon: Routledge 2007, pp 60-71

Discusses the notion of 'childbirth pollution' and it's relationship to midwifery care in the United Kingdom, with particular reference to South Asian women. Examines the issues affecting provision of maternity services for these

women. Explores the similarities and dissimilarities between midwifery practices in India and the UK. (19 references) (MB)

20070109-73

Spiritual care for sick children of five world faiths. Campbell A (2006), Paediatric Nursing vol 18, no 10, December 2006, pp 22-25

The holistic care of those with a specific religious faith and those with a spiritual belief is important for good family-centred care. Within a busy clinical setting an important aspect of spiritual care is enabling participation in religious observance, where desired. Children's nurses, midwives and hospital chaplains are instrumental in striving to ensure that both a suitable environment and appropriate spiritual support are offered. According to data from the 2001 census for England, Wales and Scotland, the most common religious affiliations after Christianity are Muslim, Hindu, Sikh, Jewish and Buddhist. This article considers the rites, rituals or ceremonies for each of these religions which are deemed both necessary and helpful after birth or when a child is sick or dying. (10 references) (Author)

20061221-47

The interpreter as cultural educator of residents: improving communication for Latino parents. Wu AC, Leventhal JM, Ortiz J, et al (2006), Archives of Pediatrics and Adolescent Medicine vol 160, no 11, November 2006, pp 1145-1150

OBJECTIVE: To determine whether augmentation of the Spanish interpreter's role to include cultural education of residents can improve the satisfaction of Latino patients. DESIGN: We assessed parent satisfaction during 4 sequential 2-month periods between June 1, 2004, and February 11, 2005, using different interpretation methods: telephone interpretation (n = 91 patient encounters), trained in-person interpretation (n = 49), in-person interpretation with cultural education of residents (n = 65), and postprogram telephone interpretation (n = 45). SETTING: General pediatric practice at a large teaching hospital. PARTICIPANTS: A total of 250 Spanish-speaking parents who were limited in English proficiency. INTERVENTIONS: The cultural education program included 3 brief preclinic conferences taught by an interpreter and one-on-one teaching of residents about language and cultural issues after each clinical encounter. MAIN OUTCOME MEASURES: Parent satisfaction was assessed using 8 questions that have previously been validated in Spanish. Lower scores indicated more satisfaction. RESULTS: Because they were limited in English proficiency, our Spanish-speaking patients were significantly more satisfied when an in-person interpreter was used compared with a telephone interpreter (mean total satisfaction score of 14.5 [in-person] vs 17.4 [telephone]; P = .006) but were even more satisfied when the interpreter educated residents in cultural and language issues (mean, 11.5 [in-person with education] vs 17.4 [telephone]; P<.001). CONCLUSION: Although use of an in-person interpreter can increase Latino parents' satisfaction, a program using an interpreter to educate residents in cultural and language issues can increase satisfaction further. (21 references) (Author)

20061219-8

Professional ethics and charging for care. Gaudion A, Bragg R, Homeyard C (2006), Practising Midwife vol 9, no 11, December 2006, pp 16-17

Women who are not ordinarily resident in the UK must pay for maternity services, but care cannot be withheld if there is an inability to pay. (11 references) (Author)

20061219-7

Bridging the inequality gap. Trotter S (2006), Practising Midwife vol 9, no 11, December 2006, pp 12-15

Good communication within an atmosphere free from discrimination is key to providing sensitive care for minority ethnic groups. (20 references) (Author)

20061212-92

Postpartum health, service needs, and access to care experiences of immigrant and Canadian-born women. Sword W, Watt S, Krueger P (2006), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 35, no 6, November/December 2006, pp 717-727

Objective: To describe immigrant women's postpartum health, service needs, access to services, and service use during the first 4 weeks following hospital discharge compared to women born in Canada. Design: Data were collected as part of a larger cross-sectional study. Setting: Women were recruited from 5 hospitals purposefully selected to provide a diverse sample. Participants: A sample of 1,250 women following vaginal delivery of a healthy infant;

approximately 31% were born outside of Canada. Main Outcome Measures: Self-reported health status, postpartum depression, postpartum needs, access to services, service use. Results: Immigrant women were significantly more likely than Canadian-born women to have low family incomes, low social support, poorer health, possible postpartum depression, learning needs that were unmet in hospital, and a need for financial assistance. However, they were less likely to be able to get financial aid, household help, and reassurance/support. There were no differences between groups in ability to get care for health concerns. Conclusions: Health care professionals should attend not only to the basic postpartum health needs of immigrant women but also to their income and support needs by ensuring effective interventions and referral mechanisms. (43 references) (Author)

20061117-20*

Racial/ethnic differences in breastfeeding initiation and continuation in the United Kingdom and comparison with findings in the United States. Kelly YJ, Watt RG, Nazroo JY (2006), Pediatrics vol 118, no 5, November 2006, pp 2207-2208

OBJECTIVE: Patterns of breastfeeding vary considerably across different racial/ethnic groups; however, little is known about factors that might explain differences across and within different racial/ethnic groups. Here we examine patterns of breastfeeding initiation and continuation among a racially/ethnically diverse sample of new mothers and compare this with patterns seen in the United States. The effects of demographic, social, economic, and cultural factors on racial/ethnic differences in breastfeeding practices are assessed. METHODS: The sample includes all singleton infants whose mothers participated in the first survey of the United Kingdom Millennium Cohort Study. Missing data reduced the sample to 17,474 (96%) infants with complete data. RESULTS: After adjustment for demographic, economic, and psychosocial factors, logistic regression models showed that Indian, Pakistani, Bangladeshi, black Caribbean, and black African mothers were more likely to initiate breastfeeding compared with white mothers. Further adjustment for a marker of cultural tradition attenuated these relationships, but all remained statistically significant, suggesting that some of the difference was a consequence of cultural factors. After adjustment for demographic, economic, and psychosocial factors, Indian, Pakistani, Bangladeshi, black Caribbean, and black African mothers were more likely to continue breastfeeding at 3 months compared with white mothers. Additional adjustment for a marker of cultural tradition attenuated the relationship for Indian, Pakistani, Bangladeshi, and black African mothers, but all remained statistically significant. Models run for breastfeeding continuation at 4 and 6 months were consistent with these results. CONCLUSIONS: We have shown that in the United Kingdom the highest breastfeeding rates are among black and Asian mothers, which is in stark contrast to patterns in the United States, where the lowest rate is seen among non-Hispanic black mothers. The contrasting racial/ethnic patterns of breastfeeding in the United Kingdom and United States necessitate very different public health approaches to reach national targets on breastfeeding and reduce health disparities. Those who implement future policies aimed at increasing breastfeeding rates need to pay attention to different social, economic, and cultural profiles of all racial/ethnic groups. (Only the abstract is published in the print journal. Full article available online at http://www.pediatrics.org/cgi/doi/10.1542/peds.2006-0714) (Author)

20061116-52*

No Travellers: a report on Gypsy and Traveller women's experiences of maternity care. Jenkins M (2006), Bristol: MIDIRS 2006. 16 pages

Presents the findings of a research study conducted to assess the problems Gypsy and Traveller women face in accessing and receiving maternity care. The research highlighted a severe lack of even basic information about pregnancy and labour that is specifically geared towards Gypsy and Traveller women. The report aims to increase awareness of the these difficulties, to encourage the employment of more specialist health workers and to highlight the importance of training on cultural and ethnic issues for all staff in the NHS. (10 references) (MB)

20061115-41*

Initial breastfeeding attitudes and practices of women born in Turkey, Vietnam and Australia after giving birth in Australia. McLachlan HL, Forster DA (2006), International Breastfeeding Journal vol 1, no 7, 7 April 2006. 10 pages

Background: Cultural variations exist in the proportion of women who breastfeed. For some cultural groups, migration to a new country is associated with a reduction in the initiation and duration of breastfeeding. This paper describes the initial breastfeeding attitudes and practices of women born in Vietnam, Turkey and Australia who gave birth in Australia. Methods: The study included 300 women: 100 hundred Turkish-born, 100 Vietnamese-born and 100 Australian-born women who had given birth in a large public, tertiary referral maternity hospital between January 1998 and May 1999 in Melbourne, Australia. Women were interviewed in hospital, between 24 hours after the birth and discharge from hospital. Data were collected using a structured questionnaire with some open-ended questions.

Only women who had a normal vaginal birth and who gave birth to a healthy baby were included in the study. Results: Almost all Turkish women initiated breastfeeding (98%) compared with 84% of Australian women. Vietnamese women had the lowest rate of breastfeeding initiation (75%), perceived their partners to be more negative about breastfeeding and did not value the health benefits of colostrum to the same extent as the other two groups. Forty percent of Vietnamese women gave their baby formula in hospital. The results of this study add to the previously reported finding that immigrant Vietnamese women have low breastfeeding rates compared with other groups. Conclusion: Despite the Baby Friendly status of the hospital where the study was conducted, major differences were found in breastfeeding initiation. Future research should develop and test interventions aimed at increasing breastfeeding initiation in Vietnamese women where initiation is low. (The full text of this article is available at: http://www.internationalbreastfeedingjournal.com/content/1/1/7) (45 references) (Author)

20061024-94

Working within an Orthodox Jewish community. Parry D (2006), Midwifery Matters no 109, Summer 2006, pp 7-8

The author shares her experiences of working as a midwife within an Orthodox Jewish community. She explains the importance of the Jewish Shabbos (Sabbath) and the niddah law, which includes the prevention of physical contact between a woman and her husband during labour. (MB)

20060920-54

Ten years of bush O and G in the 'Top End'. O'Brien M (2006), O & G vol 8, no 2, Winter 2006, pp 20-21

The author shares her experiences of working with indigenous women in Australia's bush. (MB)

20060912-61

Inter-faith gown. Anon (2006), Nursing Times vol 102, no 37, 12 September 2006, p 2

Briefly describes a patient gown being piloted by Lancashire Teaching Hospitals NHS Foundation that is suitable for women who wish to cover their face and body. (SB)

20060905-48

Notions of motherhood and the maternity needs of Arab Muslim women. Davies MM, Papadopoulos I (2006), In: Papadopoulos I ed. Transcultural Health and Social Care: development of culturally competent practitioners. Edinburgh: Elsevier 2006, pp 145-161

Reviews the cultural beliefs and norms that shape women's experiences of pregnancy and birth. Provides an overview of the use of narrative when studying culture. Discusses some of the factors that may influence the identities of Arab Muslim women who use NHS services. Encourages readers to question the foundations for their own views of women's needs and institutional practices. (31 references) (MB)

20060717-9*

Weaning your baby onto Asian family foods is easy. Walsall Teaching Primary Care Trust (2006), Walsall: National Health Service 2006. 8 pages

Leaflet providing guidance on how to wean babies onto everyday Asian foods. (CR)

20060713-13

The Link Clinic: promoting innovative practice through partnership. Akeju D (2006), British Journal of Midwifery vol 14, no 7, July 2006, pp 412-414

Women from ethnic minority groups have particular needs and requirements which historically have not been met by NHS patterns of routine antenatal care. For cultural or religious reasons, for example, this group of women would not like a male obstetrician to examine them. This paper will highlight how a special antenatal clinic was set up to fulfil the needs of this group, and to provide a holistic approach to health care. The paper will also show that by working in partnership with the communities, users and other providers a service could be developed. (7 references) (Author)

20060626-21*

Perinatal education needs of Spanish-speaking parents in a family services program in the United States. Hotelling BA, Visoso-Rangel T (2006), Journal of Perinatal Education vol 15, no 2, Spring 2006, pp 46-51

Techniques for teaching Spanish-speaking parents are of great interest in the United States and around the world. This

journal issue's 'Tools for Teaching' column is written with the intent of bringing greater understanding to the teaching of Spanish-speaking parents and includes some techniques used by Teresa Visoso-Rangel in her work with this population through the Healthy Start/Healthy Families Oakland program in Pontiac, Michigan. (1 reference) (Author)

20060626-19*

Perceived learning needs of minority expectant women and barriers to prenatal education. Berman RO (2006), Journal of Perinatal Education vol 15, no 2, Spring 2006, pp 36-42

This study explored the prenatal education needs of foreign-born, Hispanic, and minority expectant mothers in the United States who received their obstetric care at a hospital-based clinic. Their perceptions also helped identify barriers to attending childbirth education classes. Fifty-nine pregnant women in their first, second, and third trimesters of pregnancy participated in the study, which consisted of two separate surveys. Participants rated the importance of attending classes, as well as various topics to be covered. The cultural environment of the class, as well as the teaching strategies used for presentation of class content, needs to be considered by childbirth educators. Transportation issues and childcare were identified as being the most frequent barriers for women and families participating in prenatal education. (19 references) (Author)

20060622-33

Oklahoma medical center's Spanish-speaking childbirth program. Waters VL (2006), International Journal of Childbirth Education vol 21, no 2, June 2006, pp 31-34

High birth rates and continuing immigration make the Hispanic population the fastest growing and greatest minority in the United States. Since 1980, the number of Hispanics has grown five times faster than the rest of the population, which makes the United States the third-largest Spanish-speaking country in the world. Women who participate in childbirth classes benefit from the education interaction, and from the relationships they build with other expectant women. Lack of such vital information and interaction potentially prevents women from receiving the information needed concerning pregnancy and delivery. Ultimately, this lack of information, choice, and education can lead to poor outcomes for both mother and infant, increasing the potential for mortality and morbidity. It is imperative to provide childbirth education in a language that is understood by the client, and that is sensitive to her cultural perspective. Spanish speaking classes are very important to ensure that the families we serve have the information they need. (10 references) (Author)

20060622-32

Cultural expectations of Muslims and Orthodox Jews in regard to pregnancy and the postpartum period: a study in comparison and contrast. Cassar L (2006), International Journal of Childbirth Education vol 21, no 2, June 2006, pp 27-30

As providers of perinatal care in the United States, we come in contact with women from a wide variety of ethnic and religious groups. How rewarding for us and gratifying for our clients when we can incorporate their values and beliefs into the care that we provide for them. This article deals with the religious and cultural beliefs of Orthodox Jewish and Muslim as they relate to pregnancy, labor and delivery, and the postpartum period. Even though these groups are at times at odds with each other, their belief systems regarding this special time in their lives have many similarities. By familiarising ourselves with some of the beliefs and practices of this group of women, we can give them the most rewarding childbirth experience possible. (10 references) (Author)

20060621-29

Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. Stephens C, Porter J, Nettleton C, et al (2006), The Lancet vol 367, no 9527, 17 June 2006, pp 2019-2028

'What sets worlds in motion is the interplay of differences, their attractions and repulsions. Life is plurality, death is uniformity. By suppressing differences and peculiarities, by eliminating different civilisations and cultures, progress weakens life and favours death. The ideal of a single civilisation for everyone implicit in the cult of progress and technique, impoverishes and mutilates us. Every view of the world that becomes extinct, every culture that disappears, diminishes a possibility of life!' (101 references) (Author)

20060613-53

Establishment of a Somali doula program at a large metropolitan hospital. Dundek LH (2006), Journal of Perinatal and Neonatal Nursing vol 20, no 2, April/June 2006, pp 128-137

To meet the unique cultural needs of Somali childbearing women in the United States, a doula support program was

implemented at a major midwestern teaching hospital in the spring of 2002. To date, 123 Somali women who have been served by a Somali doula have given birth to live infants at this hospital. Cesarean birth rates in Somali women who had a doula present at birth were lower than the cesarean birth rate for Somali women not attended by a doula. Surveys with the nursing staff indicate that the nurses who have worked with a doula 3 or more times felt more confident caring for Somali women than nurses who have not worked with a doula at least 3 times. Patient feedback indicates positive attitudes about the doula service. Further research needs and suggestions for establishing such a program in other institutions are included. (31 references) (Author)

20060606-46*

Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. Harley K, Eskenazi B (2006), Social Science and Medicine vol 62, no 12, June 2006, pp 3048-3061

Among women of Mexican descent, increased acculturation in the US has been associated with poorer health behaviors during pregnancy. This study examined a population of low-income women of Mexican descent in an agricultural community to determine: whether social support patterns were associated with age at arrival in the US; whether social support was associated with pregnancy behaviors; and whether increased social support could prevent some of the negative pregnancy behaviors that accompany acculturation. Participants were 568 pregnant women enrolled in prenatal care in the Salinas Valley, California. Participants were predominantly Spanish speaking, born in Mexico, and from farmworker families. Information on social networks, social support, age at arrival in the US, and pregnancy health behaviors was gathered during interviews conducted during pregnancy and immediately after delivery. Poorer health behaviors were observed among women who had come to the US at a younger age. Social support during pregnancy was lowest among women who had come to the US at an older age. High parity, low education, and low income were also associated with low social support. Higher social support was associated with better quality of diet, increased likelihood of using prenatal vitamins, and decreased likelihood of smoking during pregnancy. High social support also appeared to prevent the negative impact of life in the US on diet quality. Women with intermediate or low levels of social support who had spent their childhoods in the US had significantly poorer diet quality than women who had spent their childhoods in Mexico. However, among women with high social support, there was no difference in diet quality according to country of childhood. Thus, in the case of diet quality, increased social support appears to prevent some of the negative pregnancy behaviors that accompany time in the US among women of Mexican descent. (Author)

20060601-25

Carrier screening for genetic disorders in individuals of Ashkenazi Jewish descent. Langlois S, Wilson RD (2006), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 28, no 4, April 2006, pp 324-332

Objective: To give recommendations to physicians and midwives providing pre-conception or prenatal care about carrier screening for genetic disorders in individuals of Ashkenazi Jewish descent. Options: To offer carrier screening for Tay-Sachs disease (TSD) only or to expand the screening to include other disorders known to occur with increased frequency in the Ashkenazi Jewish population. Outcomes: To offer carrier screening to the Ashkenazi Jewish population for conditions in which the benefits to the couple outweigh the risks, which include psychological distress from screening and diagnostic interventions; to minimize practice variation across Canada with respect to carrier screening in individuals of Ashkenazi Jewish descent. Evidence: The MEDLINE database was searched for relevant articles published from January 1966 to December 2004 related to carrier screening and genetic disorders in individuals of Ashkenazi Jewish descent. In addition, Canadian maternal-fetal medicine specialists and medical geneticists were surveyed to determine current practices and opinions. Values: The results of the survey and evidence collected from the MEDLINE search were reviewed by the Prenatal Diagnosis Committee of the Canadian College of Medical Geneticists (CCMG) and the Genetics Committee of the Society of Obstetricians and Gynaecologists of Canada (SOGC). Recommendations were quantified using the Evaluation of Evidence guidelines developed by the Canadian Task Force on the Periodic Health Examination. Benefits, harms, and costs: Screening of couples of Ashkenazi Jewish descent will identify couples who have a 25% risk of having a child with a significant genetic disorder. However, the sensitivity of the tests being offered is not 100% in individuals of Ashkenazi Jewish descent and is significantly less or unknown in non-Ashkenazi Jewish individuals. Screening might identify couples where one member is a carrier and the other member is negative. Given that such a couple would be at low risk but not zero risk of having an affected child, screening might result in psychological distress, unnecessary prenatal diagnostic procedures, and possibly termination of normal pregnancies. This guideline does not include a cost analysis. (44 references) (Author)

20060424-17

Antenatal screening: choices for ethnic minority women. Permalloo N (2006), British Journal of Midwifery vol 14, no 4, April 2006, pp 199-203

This article looks at the complex antenatal screening needs of women from ethnic minority groups which include higher rates of perinatal mortality and congenital malformations. Assumptions are often made about the choices ethnic minority women may make based on stereotypical myths which can be reflected in low uptake rates of screening. Midwives have a key role to play in ensuring the information needs of women from ethnic minority groups are met in order to enable informed decision making regarding screening and its sequelae. (33 references) (Author)

20060411-13

Koorie women's business at Mildura. Wynne L (2003), Birth Matters vol 7.2, June 2003, pp 13-14

Provides an overview of the work of midwife Leanne Wynne, who is the Aboriginal identified midwife at the Mildura Aboriginal Health Service, Australia. (SB)

20060322-1*

Access to maternity services research report. Dartnall L, Ganguly N, Batterham J (2005), London: Department of Health 16 November 2005. 77 pages

This report gives the results of a qualitative research into access to maternity services. The overall aim of the research was to identify how the Department of Health could encourage 'hard to reach' groups to take advantage of maternity services by providing suggestions for improving access to, and quality of, maternity service provision. (Publisher)

20060207-4

How can we improve the rate of autopsies among Muslims?. Al-Adnani M, Scheimberg I (2006), BMJ vol 332, no 7536, 4 February 2006, p 310

Discusses reasons why uptake of autopsies are low among Muslims in the United Kingdom, and outlines ways in which doctors can allays Muslims' concerns. (SB)

20060131-6

Remote mental health: indigenous women of the Top End. Nagel T (2005), O & G vol 7, no 4, Summer 2005, pp 23-25

One in five Australians will experience a mental illness some time in their lives, most commonly depression. Unfortunately, only about half of those affected by mental illness receive treatment. Shame and stigma and just not knowing still get in the way of help-seeking and help-offering behaviour. In the end, those with the most training have the easiest task. By the time specialist help is sought through mental health services the problem is already identified. It is the general practitioners, the nurses, and other specialists dealing with depressed mothers, or with people with chronic physical illnesses, who may have more trouble reaching behind the masks. In the Top End of the northern Territory (NT) it is the primary care practitioners who face the challenge - in a setting of geographic isolation and cultural diversity. More than one third of the population of the NT is Indigenous and most live in remote communities. The NT Australian Integrated Mental Health Initiative (AIMHI) is a five-year project targeting remote Indigenous people and aiming to improve outcomes for those with chronic mental illness. The project has developed an evidence base, best practice guidelines and a range of cross-cultural health promotion resources since 2003. (10 references) (Author)

20060120-4

Use of prenatal care by Hispanic women after welfare reform. Fuentes-Afflick E, Hessol NA, Bauer T, et al (2006), Obstetrics & Gynecology vol 107, no 1, January 2006, pp 151-160

OBJECTIVE: The 1996 Personal Responsibility Work Opportunity Reconciliation Act (PRWORA, 'welfare reform') changed immigrants' eligibility for publicly funded services such as Medicaid. However, implementation of the PRWORA varied by state. Florida implemented the eligibility restrictions, while California and New York preserved eligibility. Our objective was to compare the effect of state of residence and immigration status on use of prenatal care among Hispanic women in the period following the enactment of PRWORA. METHODS: In 1999-2001, we interviewed 3,242 postpartum Hispanic women in California, Florida, and New York. The dependent variable was use of prenatal care, dichotomized as adequate (initiated during the first trimester and >/= 6 visits, referent) or inadequate (initiated during the first trimester and < 6 prenatal visits or initiated after the first trimester). The primary independent variables were state of residence and maternal immigration status (U.S.-born citizens in New York, reference group). RESULTS: Thirteen percent of women were U.S.-born citizens, 8% were foreign-born citizens, 15%

were documented immigrants, and 64% were undocumented immigrants. In Florida, women in all immigration subgroups were 2-4 times more likely to make inadequate use of prenatal care than U.S.-born citizens in New York. Documented immigrant women in New York were 90% more likely to make inadequate use of prenatal care than U.S.-born citizens in New York. CONCLUSION: Among Hispanic women in California, Florida, and New York, the state of residence, a measure of PRWORA policy changes, was associated with use of prenatal care. (18 references) (Author)

20060105-24

Breastfeeding: different ethnic background, different perceptions?. Simmie E (2006), British Journal of Midwifery vol 14, no 1, January 2006, pp 20-21, 24-26

The objective of this quantitative study was to compare attitudes to breastfeeding of Asian and Caucasian mothers using a quantitative questionnaire including the 17 item Iowa Infant Feeding Attitude Scale (IIFAS). It is important in health promotion initiatives to emphasise the benefits of breastfeeding and to identify and address misconceptions within individual ethnic backgrounds as well as promoting breastfeeding to the population as a whole in order to increase rates of breastfeeding. (8 references) (Author)

20051206-2

Social support in Mexican American childbearing women. Martinez-Schallmoser L, MacMullen NJ, Telleen S (2005), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 34, no 6, November/December 2005, pp 755-760

Because the Mexican American population in the United States is increasing, nurses will inevitably come into contact with members of this cultural group. Social support is essential for women to adapt to the demands of the perinatal period, and Mexican American childbearing women face particular challenges in obtaining social support. In this article, traditional roles and social support in Mexican American families are described, the challenges of delivering prenatal care within these traditions are discussed, and strategies for nursing intervention are offered. (28 references) (Author)

20051205-22

Coming to the cultural 'in-between': nursing insights from Hmong birth case study. Sperstad RA, Werner JS (2005), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 34, no 6, November/December 2005, pp 682-688

This article discusses the historical background and traditional beliefs of the Hmong. Cultural conflict occurs when traditional Hmong beliefs and Western health care ideologies are misunderstood. A specific case study focuses on care of a Hmong woman and her husband after a precipitous birth, hemorrhage, and surgical intervention. Nursing insights are identified from 'in-between' the cultures. Establishing cultural awareness is an essential first step toward cultural competence. (30 references) (Author)

20051122-61

Muslim women's perception of parentcraft classes: a summary. Thorpe-Raghdo B (2005), MIDIRS Midwifery Digest vol 15, no 4, December 2005, pp 485-491

This study explores the perceptions of Muslim women regarding parentcraft classes. The approach will be retrospective, allowing women to reflect on their past experiences and will attempt to evaluate why Muslim women do not fully access parentcraft classes. At the end of the study, it is hoped that there will be greater insight into the needs of Muslim women as related to parentcraft classes. This research will look into one section of a Muslim community and does not intend to be representative of all Muslim women; however, the religious orientation of these women will give an indication of the needs of other Muslim women. While the main objective of this study is to explore the perceptions of Muslim women, it is hoped that it will act as a stimulus for debate and inspire further research into the needs of these women, thus adding to the limited research already carried out. The research was undertaken as part of the postgraduate requirement to obtain a Masters of Science degree in counselling in health care and rehabilitation. (22 references) (Author)

20051114-2

Opening cultural doors: providing culturally sensitive healthcare to Arab American and American Muslim patients. Hammond MM, White CB, Fetters MD, et al (2005), American Journal of Obstetrics & Gynecology (AJOG) vol 193, no 4, October 2005, pp 1307-1311

Differences in the social and religious cultures of Arab Americans and American Muslims raise challenges to healthcare access and delivery. These challenges go far beyond language to encompass entire world views, concepts

of health, illness, and recovery and even death. Medical professionals need a more informed understanding and consideration of the rich and diverse array of beliefs, expectations, preferences, and behavioral make up of the social cultures of these patients to ensure that they are providing the best and most comprehensive care possible. Improved understanding will enhance a provider's ability to offer quality healthcare and to build trusting relationships with patients. Here, we provide a broad overview of Arab culture and Islamic religious beliefs that will assist providers in delivering culturally sensitive healthcare to these groups. We offer insight into the behaviors, requirements, and preferences of Arab American and American Muslim patients, especially as they apply to women's health. (12 references) (Author)

20051030-21

Racial and ethnic disparities in women's health. American College of Obstetricians and Gynecologists (2005), Obstetrics & Gynecology vol 106, no 4, October 2005, pp 889-892

Significant racial and ethnic disparities exist in women's health. These health disparities largely result from differences in socioeconomic status and insurance status. Although many disparities diminish after taking these factors into account, some remain because of health care system-level, patient-level and provider-level factors. The American College of Obstetricians and Gynecologists strongly supports the elimination of racial and ethnic disparities in the health and the health care of women. Health professionals are encouraged to engage in activities to help achieve this goal. (21 references) (Author)

20051028-6*

Making maternity services work for black and minority ethnic women: a resource guide for midwives. Royal College of Midwives (2004), London: Royal College of Midwives 2004. 29 pages

This resource guide, published by the RCM was made possible with a grant from the Department at Health aims to help midwifery managers develop a more accessible, equitable and appropriate service for black and minority ethnic women and women from newly arrived communities. The sections in this resource include, getting started, some core tasks, service standards, some useful contacts, and support from statutory agencies. (Publisher)

20051028-13

The meaning of race in healthcare and research -- part 2. Current controversies and emerging research. Tashiro CJ (2005), Pediatric Nursing vol 31, no 4, July-August 2005, pp 305-308

The state of race today is complex and challenging. An article published in the preceding issue of this journal examined the history of race and its impact on health care. This article further examines the issue of race and health care as concerns arise regarding the relevance of genetics to health disparities. Pediatric nurses must examine the literature on race, as well as our own assumptions, and be clear about when and why we use racial categories and what they really mean. (44 references) (Author)

20051028-10

Interpreter services in pediatric nursing. Lehna C (2005), Pediatric Nursing vol 31, no 4, July-August 2005, pp 292-296

A critical part of every encounter between a pediatric nurse and a patient is obtaining accurate patient information. Unique obstacles are encountered when patients and their families have little or no understanding of the English language. Federal and state laws require health care systems that receive governmental funds to provide full language access to services. Both legal and ethical issues can arise when caring for non-English-speaking patients. Often, obtaining accurate patient information and a fully informed consent cannot be done without the use of an interpreter. The interpreter informs the family of all the risks and benefits of a specific avenue of care. When inappropriate interpreter services are used, such as when children in the family or other family members act as interpreters, concerns about accuracy, confidentiality, cultural congruency, and other issues may arise. The purpose of this article is to: (a) explore principles related to the use of medical interpreters, (b) examine different models of interpreter services, and (c) identify available resources to assist providers in accessing interpreter services (e.g., books, online resources, articles, and videos). The case study format will be used to illustrate key points. (35 references) (Author)

20050822-9

Addressing limited English proficiency and disparities for Hispanic postpartum women. Pope C (2005), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 34, no 4, July/August 2005, pp 512-520

The National Institutes of Health Office of Minority Health challenges health providers to eliminate health disparities for Hispanic women, especially those women with limited English proficiency. This article addresses this challenge by identifying areas of health disparities for low-risk postpartum Hispanic women with limited English proficiency, by describing the legal basis for improving language access, and by proposing implementation of Office of Minority Health national guidelines. Health providers can use a social equity framework to support improvements in communication practices when language differs. (74 references) (Author)

20050627-71*

A critique of multiculturalism in heath care: the challenge for nurse education. Culley L (1996), Journal of Advanced Nursing vol 23, no 3, March 1996, pp 564-570

This paper is concerned with the way in which discussions of the health status of people from minority ethnic groups and the delivery of health care to such groups has been constructed, in the nursing literature in particular, within a culturalist framework which has many serious drawbacks. The paper reviews the argument for a inverted question markmulticultural' approach to health care and also discusses some of the main implications of this analysis for the education of health professionals. It suggests that health workers and those responsible for the education of such workers, need to reassess learning needs in the light of a critique of the effects of an analysis based on inverted question markcultural pluralism' and inverted question markethnic sensitivity'. The paper suggests ways in which the nursing curriculum must be broadened to take into account the limitations of a culturalist approach and to debate the interplay of racism and other structures of inequality and their influence on health and on a service delivery. (Author)

20050623-14

Best practice in antenatal education. Nolan M, Foster J, Byrom S, et al (2005), In: Nolan ML Foster J eds. Birth and parenting skills: new directions in antenatal education. Edinburgh: Elsevier Churchill Livingstone 2005. pp 103-123

Presents seven examples of excellent practice in antenatal education that provide models of educational and support services for women in a variety of often difficult circumstances. (Author, edited)

20050613-39

Research strategies for optimizing pregnancy outcomes in minority populations. Patrick TE, Bryan Y (2005), American Journal of Obstetrics & Gynecology (AJOG) vol 192, no 5, suppl, pp S64-S70

The elimination of disparities in pregnancy outcomes is a common goal of clinicians and scientists and requires the collaboration of many disciplines to address the complexities of this still-increasing perinatal health concern. This commentary synthesizes the presentations and dialogue from a multidisciplinary workgroup meeting that was sponsored by the National Institute of Nursing Research in 2003. Concepts that are central to our understanding of the development and expression of such disparities are summarized, and approaches that are recognized as important in multiple disciplines that include basic, clinical, and social sciences are presented. Research strategies to foster a multidisciplinary research agenda are presented as a basis for future endeavors to improve pregnancy outcomes. (17 references) (Author)

20050613-34

Neighborhood context and reproductive health. Culhane JF, Elo IT (2005), American Journal of Obstetrics & Gynecology (AJOG) vol 192, no 5, suppl, pp S22-S29

Racial and social class differences in rates of preterm birth and other adverse outcomes are among the most widely recognized and least well-understood phenomena in the study of reproductive health. Individual-level characteristics have failed to account for such gradients. Recently, researchers have begun to argue that health in general and reproductive outcomes specifically are rooted in social inequalities. One area of such inequality may be residential segregation and the associated race/ethnic differences in exposure to adverse neighborhood conditions. We review the empiric data that examine the association between neighborhood conditions and reproductive health. We also review the major challenges that researchers face when trying to incorporate neighborhood-level variables into studies of health outcomes. Our goal is to stimulate further research that simultaneously considers social, economic, and biologic determinants of reproductive health. (79 references) (Author)

20050613-32

Overview of current state of research on pregnancy outcomes in minority populations. Gennaro S (2005), American Journal of Obstetrics & Gynecology (AJOG) vol 192, no 5, suppl, pp S3-S10

Pregnancy outcomes improved significantly over the 20th century in the United States but currently vary widely between women of different ethnic and racial backgrounds. The current health disparities that exist are based, in part, only on differences in socioeconomic status or education. There is wide variability in pregnancy outcomes within specific subgroups of women. Disparities may be due to underlying differences in health before pregnancy, differences in community norms, and individual lifestyle choices and to differences in health care delivery systems. Areas for needed research and promising new models of care are reviewed. (80 references) (Author)

20050505-42

Of disparities and diversity: where are we?. Sarto G (2005), American Journal of Obstetrics & Gynecology (AJOG) vol 192, no 4, April 2005, pp 1188-1195

There has been remarkable improvement in the health of women over the past century; however, disparities among minority populations persist. While the reasons for the disparities, usually poorer health, are many and complex, such disparities are unacceptable. Because the reasons for disparities are multiple and complex, eliminating health disparities will require a multifaceted approach. Increasing research into health disparities, biologic, sociologic, and health services research, transforming the health care system into a culturally sensitive system, eliminating unequal treatment provided to minority populations, increasing diversity in the health care workforce, and assuring that health care providers provide culturally competent health care are needed. (56 references) (Author)

20050412-11

Views on cultural barriers to caring for South Asian women. Reynolds F, Shams M (2005), British Journal of Midwifery vol 13, no 4, April 2005, pp 236-242

The study examined whether UK midwives perceived any difficulties in providing effective prenatal care to women from South Asian ethnic backgrounds; explored whether perceptions were associated with their length of midwifery experience and degree of contact with patients from South Asian cultural backgrounds; and collated suggestions for improving the cultural appropriateness of prenatal care. Questionnaires were returned by 30 qualified and student midwives. Respondents reported a number of communication difficulties during the prenatal care of women from South Asian backgrounds, and perceived certain cultural barriers as having at least a moderately important limiting influence on prenatal care. Midwives with higher proportions of South Asian mothers in their caseload were significantly more positive about their communications during prenatal care, and saw cultural barriers as less detrimental. Many respondents recommended closer liaison with the South Asian community to find out about pregnant women's needs, and thought it helpful to have more midwives from South Asian backgrounds in their profession. (18 references) (Author)

20050411-42

Specialist posts for specialist needs. Herve J (2005), Practising Midwife vol 8, no 4, April 2005, pp 30-31

Jane Herve introduces a series looking at the innovative midwifery practices adopted at a large hospital in the north-east of England. (Author)

20050408-11

Immigration and geographic access to prenatal clinics in Brooklyn, NY: a geographic information systems analysis. McLafferty S, Grady S (2005), American Journal of Public Health vol 95, no 4, April 2005, pp 638-640

We compared levels of geographic access to prenatal clinics in Brooklyn, NY, between immigrant and US-born mothers and among immigrant groups by country of birth. We used birth data to characterize the spatial distribution of mothers and kernel estimation to measure clinic density within a 2-mile radius of each mother. Results showed that geographic access to clinics differs substantially by country of birth. Certain groups (e.g., Pakistani, Bangladeshi) have relatively poor geographic access despite a high need for prenatal care. (29 references) (Author)

20050406-24*

The effects of racial density and income incongruity on pregnancy outcomes. Pickett KE, Collins JW, Masi CM, et al (2005), Social Science and Medicine vol 60, no 10, May 2005, pp 2229-2238

This study shows that living in a better area reduces the risk of adverse pregnancy outcomes but, among African-American women, living in an area in which they are in a racial minority may increase the risk. Using the 1991 cohort of single infants born to African-American women in Chicago, we measured census tract socioeconomic status and defined women as having 'positive income incongruity' if they lived in wealthier tracts than the average

African-American woman of comparable education and marital status. We examined whether or not the effect of positive income incongruity differed according to whether or not African-American women lived in predominantly black, or mixed tracts. Among the women living in predominantly black census tracts, positive income incongruity was associated with a lower risk of low birth weight (odds ratio (OR)=0.91) and preterm delivery (OR=0.83). These effects were modest, but statistically significant for gestation (p-value=0.01). In contrast, among the women living in mixed tracts positive income incongruity was not associated with low birth weight (OR=1.04) or preterm delivery (OR=1.11). In mixed areas the expected benefits of positive income incongruity are completely offset by the racial density effect, suggesting that the positive effects of a better socioeconomic context may be countered for minority women by the adverse effects of racism or racial stigma. (Author)

20050317-41

A local study of childbearing Bangladeshi women in the UK. Jayaweera H, D'Souza L, Garcia J (2005), Midwifery vol 21, no 1, March 2005, pp 84-95

OBJECTIVE: to examine the circumstances, experiences and needs of a local sample of low-income, childbearing women of Bangladeshi origin in the UK. DESIGN: qualitative interviews using a semi-structured questionnaire to obtain the interviewees' own accounts of the period around the birth of a baby. SETTING: a deprived area in the City of Leeds in the North of England. PARTICIPANTS: nine women of Bangladeshi origin who were pregnant or had a baby under 1 year of age were interviewed as part of a larger study of the needs and experiences of 52 low-income, childbearing women. The nine women were recruited from a neighbourhood project set up to respond to the needs of Sylheti-speaking women with limited English fluency in the area. FINDINGS: the women's constrained material circumstances limit their access to resources, services and good health. This is related to their limited education, qualifications and English fluency. The lack of an adequate income particularly affects families with new babies. However, their relatively positive experiences of maternity care and benefit claim, compared with women with similar characteristics in other studies, may be related to access to advice, support and concrete help offered by the neighbourhood project. IMPLICATIONS FOR PRACTICE: social and health research, policy and practice might address information and support needs of low-income Bangladeshi women around the birth of a baby, and systematically take forward the idea of providing and evaluating integrated services, language support and advocacy between voluntary and state agencies. (30 references) (Author)

20050307-17

Sheila Kitzinger's letter from Europe: Moslem values and childbirth. Kitzinger S (2005), Birth vol 32, no 1, March 2005, pp 69-71

Discusses beliefs held by Muslim women in relation to childbirth, examining research carried out by Maternity Alliance on their experience of childbirth in the United Kingdom (1), and highlights the need for all women to be treated as individuals. 1. Sivagnanam R. Muslim women's experiences in maternity care. London: Maternity Alliance, 2004. (6 references) (SB)

20050107-46

Choice: fact or fiction?. Robinson J (2005), British Journal of Midwifery vol 13, no 1, January 2005, p 24

Reviews two recently published books, one on informed choice [1], the other on the birth experiences of Asian Muslim women [2]. 1. Kirkham M ed. Informed choice in maternity care. New York: Palgrave Macmillan. 2. Ali N et al. Experiences of maternity services: Muslim women's perspectives. London: The Maternity Alliance. (2 references) (MB)

20050107-13

Ethnicity and birth outcome: New Zealand trends 1980-2001. Part 1. Introduction, Methods, Results and Overview. Craig ED, Mantell CD, Ekeroma AJ, et al (2004), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 44, no 6, December 2004, pp 530-536

Background: New Zealand Government policy during the past decade has placed a high priority on closing socioeconomic and ethnic gaps in health outcome. Aim: To analyse New Zealand's trends in preterm and small for gestational age (SGA) births and late fetal deaths during 1980-2001 and to undertake ethnic specific analyses, resulting in risk factor profiles, for each ethnic group. Methods: De-identified birth registration data from 1 189 120 singleton live births and 5775 stillbirths were analysed for the period 1980-2001. Outcomes of interest included preterm birth, SGA and late fetal death while explanatory variables included maternal ethnicity, age and New Zealand Deprivation Index decile. Trend analysis was undertaken for 1980-1994 while multivariate logistic regression was used to explore risk factors for 1996-2001. Results: During 1980-1994, preterm birth rates were highest amongst Maori women. Preterm

rates increased by 30% for European/other women, in contrast to non-significant declines of 7% for Maori women and 4% for Pacific women during this period. During the same period, rates of SGA were highest amongst Maori women. Rates of SGA declined by 30% for Pacific women, 25% for Maori women and 19% for European/other women during this period. Rates of late fetal death were highest amongst Pacific women during 1980-1994, but declined by 49% during this period, the rate of decline being similar for all ethnic groups. Conclusions: The marked differences in both trend data and risk factor profiles for women in New Zealand's largest ethnic groups would suggest that unless ethnicity is specifically taken into account in future policy and planning initiatives, the disparities seen in this analysis might well persist into future generations. (15 references) (Author)

20041224-2*

Experiences of maternity services: Muslim women's perspectives. Ali N, Burchett H (2004), London: Maternity Alliance November 2004. 27 pages

Reports on a study that examined Muslim women's experiences of maternity services in the United Kingdom. (SB)

20041220-4

The Latina paradox: an opportunity for restructuring prenatal care delivery. McGlade MS, Saha S, Dahlstrom ME (2004), American Journal of Public Health vol 94, no 12, December 2004, pp 2062-2065

Latina mothers in the United States enjoy surprisingly favorable birth outcomes despite their social disadvantages. This 'Latina paradox' is particularly evident among Mexican-born women.The social and cultural factors that contribute to this paradox are maintained by community networks-informal systems of prenatal care that are composed of family, friends, community members, and lay health workers. This informal system confers protective factors that provide a behavioral context for healthy births. US-born Latinas are losing this protection, although it could be maintained with the support of community-based informal care systems. We recommend steps to harness the benefits of informal systems of prenatal care in Latino communities to meet the increasing needs of pregnant Latina women. (32 references) (Author)

20041118-31

Making a difference for families. Parker L, Jackson S (2004), In: National Childbirth Trust Sure Start. Making breastfeeding a reality: sharing good practice and strategies that work 30th March 2004. London: NCT 30 March 2004, pp 21-24

Synopsis of a paper given at the Making Breastfeeding a Reality conference, held by The National Childbirth Trust and Sure Start at The Royal College of Physicians, London, on 30th March 2004. Provides an overview of the breastfeeding support group, Breastfeeding Babes, at the Princess Anne Hospital in Southampton, and a Sure Start initiative in Southampton to promote breastfeeding to a number of minority ethnic groups. (2 reference) (SB)

20041007-9

Gaps and disparities in neonatal nursing care. McCain G (2004), Neonatal Network: the Journal of Neonatal Nursing vol 23, no 5, September/October 2004, pp 7-8

Discusses the gap between existing evidence-based research and its actual implementation in neonatal nursing in the United States. Also examines disparities in the quality of care given to ethnic minorities, which could be attributed to language barriers, 'unconscious discrimination', uncertainty and stereotyping. (6 references) (MB)

20040928-41

Caring for women from culturally diverse backgrounds: midwives' experiences. Cioffi J (2004), Journal of Midwifery & Women's Health vol 49, no 5, September/October 2004, pp 437-442

The aim of this study was to show how midwives cared for women from culturally diverse backgrounds. In-depth interviews were used to collect data from 12 experienced midwives who volunteered to participate in the study from a midwifery unit with a culturally diverse population. Study findings revealed that midwives preserved and accommodated the cultural preferences of women from a Chinese background by incorporating the forces of yin-yang into care, heeding the maternal hierarchy and women's stoicism; and for women from an Islamic background by heeding modesty and gender preferences (Hejab), the place of prayer in daily life (Salat), and the imperative of visiting by others (Hadith). Hence, midwives negotiated care that was culturally comfortable for women and their families. Furthermore, triangulated studies addressing the partnership between the midwife and the diverse client are needed, as well as the development of aspects of the health service that are more culturally sensitive. (23 references) (Author)

20040923-11

Meeting the needs of minority ethnic patients.. Cortis JD (2004), Journal of Advanced Nursing vol 48, no 1, October 2004, pp 51-58

Background. Certain aspects of nursing care related to minority ethnic patients are being highlighted in the literature, but there is little exploration of nurses' experiences of caring for people from specific minority ethnic groups. Aim. This paper reports an investigation into the experiences of Registered Nurses caring for hospitalized Pakistani patients in the United Kingdom. Method. A qualitative study, with a sample of 30 Registered Nurses using semi-structured interviews. The sample was self-selecting from a large health care organization in the north of England, covering adult acute, critical and rehabilitation care settings. Results. Interviewees had difficulty in explaining the meaning of culture and spirituality and their relationship to nursing practice. They also had limited understanding of the Pakistani community, and deficits were identified in meeting the challenges offered by this community. Inadequate implementation of 'holism', poor preparation to meet the needs of an ethnically diverse society and the presence of racism in practice settings emerged as explanations for the deficits participants identified between their expectations and the reality in care settings. Conclusion. Although 'holism' is a relevant concept for enhancing nursing practice, its meaning needs to be further debated in order to avoid a tokenistic approach to its implementation in the care of patients from minority ethnic communities. (36 references) (Author)

20040910-4

Obstetric performance of ethnic Kosovo Albanian asylum seekers in London: a case-control study. Yoong W, Wagley A, Fong C, et al (2004), Journal of Obstetrics and Gynaecology vol 24, no 5, August 2004, pp 510-512

The most recent Confidential Enquiry into Maternal Deaths expressed concern that mortality in women from non-English-speaking ethnic groups was twice that of native-born women. There are very few published data on the obstetric performance of Kosovo Albanian refugees who have relocated to the United Kingdom and the aim of this study was to compare the obstetric performances of Kosovo Albanian women currently residing in the United Kingdom with their British-born Caucasian counterparts. Sixty-one index and 61 control cases were analysed; 63% of the Kosovo Albanian women spoke little or no English and 50% were on income support. Of the study group, 9.8% had caesarean sections, 8.2% had instrumental vaginal deliveries and 82% achieved normal deliveries. The Kosovo Albanian women were statistically younger and had shorter duration of labour compared to controls (P < 0.05, unpaired t -test). Epidural use was significantly lower in Kosovan women (P < 0.05, ? 2 test). The rates of induction of labour (IOL), caesarean section, instrumental deliveries, premature delivery and low birth weight < 2.5 kg were not statistically different (P > 0.05 in all cases, ? 2 test) between the two groups. This is the first study to examine the obstetric outcomes of Kosovo Albanian women who have resettled in a western European country. Most Kosovo Albanian refugees living in the United Kingdom are not socio-economic migrants but displaced due to civil unrest and many had reasonable socio-economic status prior to resettlement. The similarity in obstetric and fetal outcomes between the study and control groups could be attributed to the 'healthy immigrant effect', where immigrant groups appear to have better outcomes due to family support and relatively lower intake of alcohol and nicotine. It also suggests that obstetricians may be heeding the recommendations from recent Confidential Enquiry into Maternal Deaths, which highlight the need for increased vigilance in women from ethnic minorities. (17 references) (Author)

20040826-30

Meeting the needs of Muslim service users. Salas S, Jadhav S (2004), Professional Nurse vol 20, no 1, September 2004, pp 22-24

The spiritual care of patients is rarely seen as a priority and, where health-care services address the issue, it is usually from a Christian perspective. Sue Salas and Sushrut Jadhav report on work to involve religious leaders from the Muslim community, illustrating the importance of recognising and accommodating patients' religious beliefs. (11 references) (Author)

20040813-21

Extending the role of the linkworker in weaning support. Smith S, Randhawa G (2004), Community Practitioner vol 77, no 4, April 2004, pp 146-149

Extending the role of the linkworker is an approach worthy of further exploration, particularly, as health visiting teams consider the appropriate use of skill mix. The UK government has unequivocally placed the reduction of health inequalities experienced by minority ethnic groups as a key priority for development within the NHS Plan. Studies repeatedly conclude that the weaning diet of some South Asian children living in the UK may be inadequate for their

needs, resulting in high levels of iron deficiency anaemia (IDA) and a negative effect on health and development. The implication is that current ways of offering weaning advice and support to South Asian families are largely unsuccessful and that more appropriate ways of offering weaning advice should be sought. This paper focuses on a pilot study which utilises an innovative approach to the role of the linkworker in delivering a weaning intervention to British Pakistani families living in Luton. An evaluation of this pilot intervention was undertaken through a semi-structured client questionnaire. Our findings suggest that specially trained linkworkers can be effective in helping families to establish healthy weaning patterns. The intensive support and training required to enable them to undertake this work however, does not necessarily lessen the health visitor's work but requires a change in the way she undertakes her/his role. (18 references) (Author)

20040812-3

Pregnancy loss - the Islamic perspective. Arshad M, Horsfall A, Yasin R (2004), British Journal of Midwifery vol 12, no 8, August 2004, pp 481-484

Supporting parents who are bereaved following pregnancy loss is challenging for all staff. When religions and cultures are different to our own, a lack of knowledge and understanding of specific spiritual needs may leave professionals feeling even more helpless, and families dissatisfied. The purpose of this article is to help provide an awareness and information for health professionals when supporting bereaved Muslim families. Islamic requirements may appear complex to non-Muslims, however an understanding of specific rituals will assist both professionals and families alike in providing client-centred care. (10 references) (Author)

20040729-19

Somali refugee women speak out about their needs for care during pregnancy and delivery. Herrel N, Olevitch L, DuBois DK, et al (2004), Journal of Midwifery & Women's Health vol 49, no 4, July/August 2004, pp 345-349

More than half of all Somali refugees in the United States live in Minnesota. To obtain information to develop culturally sensitive health education materials, we conducted two focus groups with 14 Somali women who had each given birth to one child in Minnesota. Overall, women thought that their childbirth experience was positive. They also reported racial stereotyping, apprehension of cesarean births, and concern about the competence of medical interpreters. Women wanted more information about events in the delivery room, pain medications, prenatal visits, interpreters, and roles of hospital staff. The most desirable educational formats were a videotape, audiotapes, printed materials, and birth center tours. To increase their attendance at prenatal appointments, participants said they needed reminder telephone calls, transportation, and childcare. (15 references) (Author)

20040714-30

Muslim birth practices. Sheikh A, Gatrad AR (2004), In: Wickham S ed. Midwifery: best practice 2. Edinburgh: Books for Midwives 2004. pp 78-81

Presents an overview of Muslim birth practices, including the factors affecting Muslim women's attendance at antenatal appointments; fasting during Ramadan; the custom that the first words a newborn infant should hear are the Testimony of Faith; male circumcision; and beliefs concerning breastfeeding, postnatal care, and neonatal death. (17 references) (RM)

20040707-37

O & G practice challenges in the Pacific Island context. Mola G (2004), O & G vol 6, no 2, May 2004, pp 128-130

This article is based on a presentation given by Prof Glen Mola to the 'At Home' at College House, held on Friday 26th of March 2004. (Author)

20040707-36

Merepeka Raukawa-Tait: a champion for change in Maori women's health. Humble C, Christie D (2004), O & G vol 6, no 2, May 2004, pp 118-122

Merepeka Raukawa-Tait is an outspoken and courageous leader in women's health in New Zealand. She has spent the better part of 20 years working to ensure that women, children and other disadvantaged communities have the opportunity to have input into decisions that will affect their lives directly. (Author)

20040707-35

Advocating Aboriginal community controlled health services. Longmore P (2004), O & G vol 6, no 2, May 2004, pp 114-117

The very poor state of Aboriginal health was widely known by the beginning of the 1970s. High infant mortality rates, low life expectancy and excessive morbidity were documented for Aboriginal people throughout Australia, with little distinction between remote, rural or urban dwellers. It was at this time that the first concerted attempts were made to provide health services to Aboriginals that would begin to address these gross inequalities. Prior to this, official interventions into Aboriginal health were usually limited and prompted by some perceived threat to the health of the non-Aboriginal population, such as the spread of venereal diseases and leprosy. (10 references) (Author)

20040707-34

Working with indigenous women in the Top End: a trainee's account. Walker A (2004), O & G vol 6, no 2, May 2004, pp 112-113

I hadn't realised that I experienced a degree of culture shock working in the Top End until after I left and worked in the United Kingdom for a year, which I found in many ways less foreign than the Northern Territory. I had trained for four years in the Monash Medical Centre Integrated Training Program in Victoria and had cared for only three Indigenous patients during that time. I then headed up to the Royal Darwin Hospital (RDH) in 2002 to work for 12 months. In Darwin, the majority of my workload involved looking after Indigenous women and their babies. (Author)

20040707-32

Alison Bush - determined in her vision for a better future. Humble C (2004), O & G vol 6, no 2, May 2004, pp 104-107

Sister Alison Bush is a Clinical Nurse Consultant Midwife employed at the Royal Prince Alfred Hospital (RPAH), Camperdown, Sydney. Her current work is predominantly focused on providing antenatal care to Aboriginal or Torres Strait Islander women who use the services of RPAH. Even though the primary focus is service provision in antenatal care, there is a window of opportunity to access the women's broader social needs that often go beyond the clinical dimensions associated with caring. In some instances, the broader social needs of Aboriginal women are enormous and this often means having close working relationships with other multidisciplinary team members such as social workers and Aboriginal Health Workers. It is also an opportunity to share cultural knowledge and provide education to work colleagues. (Author)

20040707-31

Sue Jacobs: lending a sympathetic ear to Aboriginal women in urban communities. Humble C (2004), O & G vol 6, no 2, May 2004, pp 101-103

Sue Jacobs, an obstetrician and gynaecologist at the Royal Prince Alfred Hospital (RPAH), Sydney has had a strong interest in Aboriginal women's health since undertaking an elective term in Pitjantjara land in the north of South Australia during her medical training. She has regularly conducted a clinic at the Redfern Aboriginal Medical Service (AMS) since 1996. Currently, she does the clinic fortnightly and reserves two appointments at her rooms every fortnight for Aboriginal women. (Author, edited)

20040707-30

Aboriginal women's health: the perspectives of a trainee and a fellow. Christie D (2004), O & G vol 6, no 2, May 2004, pp 93, 95, 97-100

In April 2004, Marilyn Kong and Hamish McGlashan, Membership Trainee and retired Fellow respectively, were invited to discuss issues in Aboriginal women's health by teleconference. The aim of this interview was not only to encourage both doctors to talk about their experiences of working with Indigenous women, but to encourage free discussion and comment about practice issues and dilemmas in Indigenous obstetrics and gynaecology. It also enabled Trainee to question Fellow and facilitated a comparison of practice from coast to coast. (Author)

20040706-49

Surveillance for disparities in maternal health-related behaviors - selected states, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000-2001. Phares TM, Morrow B, Lansky A, et al (2004), Morbidity and Mortality Weekly Report (MMWR) vol 53, No SS-4, 2 July 2004, pp 1-13

PROBLEM/CONDITION: Disparities in maternal and infant health have been observed among members of different racial and ethnic populations and persons of differing socioeconomic status. For the Healthy People 2010 objectives for maternal and child health to be achieved (US Department of Health and Human Services. Healthy People 2010. 2nd ed. With understanding and improving health and objectives for improving health [2 vols.]. Washington DC: US

Department of Health and Human Services, 2000), the nature and extent of disparities in maternal behaviors that affect maternal or infant health should be understood. Identifying these disparities can assist public health authorities in developing policies and programs targeting persons at greatest risk for adverse health outcomes. REPORTING PERIOD COVERED: 2000-2001. DESCRIPTION OF THE SYSTEM: The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing state- and population-based surveillance system designed to monitor selected maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live-born infants. PRAMS employs a mixed mode data-collection methodology; up to three self-administered surveys are mailed to a sample of mothers, and nonresponders are followed up with telephone interviews. Self-reported survey data are linked to selected birth certificate data and weighted for sample design, nonresponse, and noncoverage to create annual PRAMS analysis data sets that can be used to produce statewide estimates of different perinatal health behaviors and experiences among women delivering live infants in 31 states and New York City. This report summarizes data for 2000-2001 from eight states (Alabama, Colorado, Florida, Hawaii, Illinois, Maine, Nebraska, and North Carolina) on four behaviors (smoking during pregnancy, alcohol use during pregnancy, breastfeeding initiation, and use of the infant back sleep position) for which substantial health disparities have been identified previously. RESULTS: Although the prevalence of each behavior varied by state, consistent patterns were observed among the eight states by age, race, ethnicity, education, and income level. Overall, the prevalence of smoking during pregnancy ranged from 9.0% to 17.4%. Younger (aged <25 years) women, white women, American Indian women, non-Hispanic women (except in Hawaii), women with a high school education or less, and women with low incomes consistently reported the highest rates of smoking. Overall, the prevalence of alcohol use during pregnancy ranged from 3.4% to 9.9%. In seven states, women aged >35 years, non-Hispanic women, women with more than a high school education, and women with higher incomes reported the highest prevalence of alcohol use during pregnancy. Overall, the prevalence of breastfeeding initiation ranged from 54.8% to 89.6%. Younger women, black women, women with a high school education or less, and women with low incomes reported the lowest rates of breastfeeding initiation. The size of the black-white disparity in breastfeeding varied among states. Overall, use of the back sleep position for infants ranged from 49.7% to 74.8%. Use of the back sleep position was lowest among younger women, black women, women with lower levels of education, and women with low incomes. Ethnic differences in sleep position varied substantially by state. INTERPRETATION: PRAMS data can be used to identify racial, ethnic, and socioeconomic disparities in critical maternal health-related behaviors. Although similar general patterns by age, education, and income were observed in at least seven states, certain racial and ethnic disparities varied by state. Prevalence of the four behaviors among each population often varied by state, indicating the potential impact of state-specific policies and programs. PUBLIC HEALTH ACTION: States can use PRAMS data to identify populations at greatest risk for maternal behaviors that have negative consequences for maternal and infant health and to develop policies and plan programs that target populations at high risk. Although prevalence data cannot be used to identify causes or interventions to improve health outcomes, they do indicate the magnitude of disparities and identify populations that should be targeted for intervention. This report indicates a need for wider targeting than is often done. The results from this report can aid state and national agencies in creating more effective public health policies and programs. The data described in this report should serve as a baseline that states can use to measure the impact of policies and programs on eliminating these health disparities. (42 references) (Author)

20040622-4

Issues in educating health professionals to meet the diverse needs of patients and other service users from ethnic minority groups. Chevannes M (2002), Journal of Advanced Nursing vol 39, no 3, August 2002, pp 290-298

AIM: The main aim of the study was to undertake training needs analysis among a multi-professional group for the purpose of improving care for ethnic minority patients and other service users. BACKGROUND: Evidence from the literature identifies that some of the explanations advanced for the failure of health professionals to meet the needs of ethnic minorities include lack of understanding of cultural diversities, racism, racial stereotyping, lack of knowledge, exclusivity, and ethnocentrism. While these issues have been addressed in different countries, little work has been carried out to examine these from the perspective of health professionals caring for ethnic minorities. This study is therefore an attempt to find out what health professionals know about caring for patients and other service users from minority ethnic groups and their perception of training needs in this area of work. METHODS: A pre- and post-training design phase structured the qualitative approach. A purposive sample of individuals working across five health service organizations located in a multi-racial city yielded a multi-professional group of participants. Views of 22 participants were obtained by semi-structured interviews at a pretraining phase. Training needs of health professionals drew on Walklin's (1992) six stages used to structure data collection, data analysis and delivery of training. The post-training phase used questionnaires to evaluate immediate learning that based on a 4-week period of reflection and applied to practice. The questionnaires were complemented by a facilitator-lead focus group.

RESULTS: The majority of the participants confirmed that no attention was given in their initial education to the health care needs of minority ethnic groups. Instead, participants engaged in self-initiated learning to improve their knowledge and understanding. The issue of communication was viewed with dissatisfaction and seen as affecting the sufficiency of caring for these patients. All participants rated meeting the needs of ethnic minorities as very important and believed that they had gained a better understanding of the concepts of ethnicity and race and resources available in local communities as a result of the training. They also reported changes in thinking about ethnic minorities and had started to acquire greater confidence to engage with colleagues about different cultural values and practices and the implications of these for caring. While a quarter of the participants had transferred some learning to practice, the majority were not able to bring about any change. This majority response challenged the sustainability of learning about ethnic minorities when training takes place away from the context in which professionals practise. CONCLUSION: Training embedded in clinical and nonclinical environment where patients and other service users and professionals interact is offered as a major finding. (26 references) (Author)

20040614-9

Ethnicity and reproduction. Earle S, Church S (2004), Practising Midwife vol 7, no 6, June 2004, pp 34-36

Sarah Earle and Sarah Church look at how stereotyping can affect care of women from ethnic backgrounds. (24 references) (Author)

20040602-20

Examining an ethical dilemma: a case study in clinical practice. Narrigan D (2004), Journal of Midwifery & Women's Health vol 49, no 3, May/June 2004, pp 243-249

When clients and health care providers differ in their understanding of what is right or wrong, an ethical dilemma may arise. Such dilemmas occur in everyday clinical practice. Health care providers have the professional responsibility to analyze these dilemmas. A clinical case study of an ethical dilemma that occurred in a cross-cultural context is examined. The language of the client and provider differed, and no interpreter service was available. Given these conditions, the provider's ethical dilemma was whether, and if so how, to give safe, satisfying care that respected the needs of a client with limited English proficiency. Measuring the morality of the provider's decisions and actions using Rawls' ethical theory of social justice finds deficits. A 10-step Bioethical Decision-Making Model by Thompson is used to demonstrate one method for analyzing the moral dimension of a clinical scenario focusing on the decisions and actions taken by a midwife. Scrutinizing ethically challenging clinical encounters will result in better understanding of the moral dimensions of practice. (14 references) (Author)

20040601-1

Sexual and reproductive health in the Garifuna communities. Cacho BA (2004), Women's Health Journal no 1, 2004, pp 50-52

Describes a sexual and reproductive health programme which has been set up to help promote safer sexual practices and prevent sexually transmitted disease and HIV/AIDS among the Garifuna ethnic group in Honduras. Reports on the programme's aims to improve women's self-esteem and encourage them to feel empowered. (MB)

20040524-45

Institutional racism in Australian healthcare: a plea for decency. Henry BR, Houston S, Mooney GH (2004), Medical Journal of Australia vol 180, no 10, 17 May 2004, pp 517-520

Fairness and compassion are the bases for improving Aboriginal health. (21 references) (Author)

20040506-34

When understanding saves lives. (2004), Practising Midwife vol 7, no 5, May 2004, pp 21-22

Using professional interpreting services and improving cultural understanding helps avoid mistakes in the care of non-English speakers. (1 reference) (Author)

20040427-9

Hmong birthing: bridging the cultural gap in a rural community in Northern California. Levine MA, Anderson L, McCullough N (2004), AWHONN Lifelines vol 8, no 2, April/May 2004, pp 147-149

Discusses the development of an educational video for use with Hmong women in hospitals in a rural county in

Northern California, United States, so that they understand the birthing practices and culture of the United States and know what to expect when they go into hospital. (SB)

20040419-47

The birth of a collaboration. Alzugaray M (2004), Midwifery Today no 69, Spring 2004, pp 48-50

Examines the current situation in Mexico where traditional midwives are being discredited and women are being increasingly encouraged to seek medicalised care, with some low income women given financial incentives to make the decision. Although Mexico has a greater number of midwives than many other countries, traditional midwifery knowledge and healing practices are being threatened. Discusses the development of a collaborative project linking the US, Canada, Europe and Mexico to facilitate the creation of a midwifery school. (MB)

20040419-46

From dream to reality. Birth center for Mayan midwives. Luce J (2004), Midwifery Today no 69, Spring 2004, pp 46-47

Relates the development of a project in Guatemala to construct a birth centre where indigenous women will give birth, community midwives are to be trained and knowledge of traditional healing practices and herbal remedies can be preserved and passed on. (MB)

20040414-20

Qualitative study of perinatal care experiences among Somali women and local health care professionals in Norway. Vangen S, Johansen REB, Sundby J, et al (2004), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 112, no 1, 15 January 2004, pp 29-35

OBJECTIVE: To explore how perinatal care practice may influence labor outcomes among circumcised women. STUDY DESIGN: In-depth interviews were conducted with 23 Somali immigrants and 36 Norwegian health care professionals about their experiences from antenatal care, delivery and the management of circumcision. RESULTS: Circumcision was not recognized as an important delivery issue among Norwegian health care professionals and generally the topic was not addressed antenatally. The Somalis feared lack of experience and sub-optimal treatment at delivery. All of the women expressed a strong fear of cesarean section. Health care professionals were uncertain about delivery procedures for infibulated women and occasionally cesarean sections were performed in place of defibulation. CONCLUSION: We hypothesize that neglect of circumcision may lead to adverse birth outcomes including unnecessary cesarean sections, prolonged second stage of labor and low Apgar scores. We suggest that infibulated women need a carefully planned delivery, correctly performed defibulation and adequate pain relief. (23 references) (Author)

20040406-57*

Involving non-English speakers in NHS research. Herne S, Pfeffer N (2003), Ceres News no 34, Winter 2003/2004, pp 3-4

Discusses the importance of including people from diverse ethnic groups and backgrounds, such as refugees, economic migrants and asylum seekers in health research. Provides an overview of a project undertaken by Barts and London NHS Trust which aims to find appropriate ways to provide information on health research to different language communities, ascertain specific cultural and religious concerns and provide guidance for researchers and the public in general on how to involve non-English speakers in health research. (MB)

20040329-48

Learning to understand cultural needs. Khan S (2004), Practising Midwife vol 7, no 4, April 2004, p 37

Sakina Khan says that midwives must be sensitive to the cultural and religious procedures that surround birth. (Author)

20040317-10

The colour of birth. Mondestin N (2004), Ovarian Connection vol 2, no 3, March 2004, pp 4-5

The author reports on her impetus to set up a new group in Canada called the Brown Birthing Network which aims to campaign for more midwives of colour in the country and to encourage women of colour to birth with a midwife. Describes her experience as a Haitian woman living in Quebec looking for a midwife who could understand her cultural background. (3 references) (RM)

20040227-63

Heat, balance, humors and ghosts: postpartum in Cambodia. White PM (2004), Health Care for Women International vol 25, no 2, February 2004, pp 179-194

In Cambodia, where postpartum maternal mortality and morbidity is high, cultural views about causation of postpartum complications are different from biomedical views. This ethnographic study used focus groups and in-depth interviews to explore the postpartum beliefs and practices of Khmer women. Specific emic taxonomies (those used by cultural insiders, i.e., Khmer women) used to describe postpartum conditions and practices used to prevent mortality and morbidity are described. Beneficial and harmful practices are detailed. Recommendations are made regarding strengthening beneficial cultural practices as well as use of emic taxonomies in developing health education and communication messages and in the preservice education and in-service training of providers who care for postpartum women. (30 references) (Author)

20040203-37*

Maternal and infant outcomes at one year for a nurse-health advocate home visiting program serving African Americans and Mexican Americans. Norr KF, Crittenden KS, Lehrer EL, et al (2003), Public Health Nursing vol 20, no 3, May-June 2003, pp 190-203

This article describes the outcomes at 1 year for a randomized clinical trial of Resources, Education and Care in the Home-Futures: a program to reduce infant mortality through home visits by a team of trained community residents led by a nurse. Low-income, inner-city pregnant women who self-identified as African American or Mexican American were recruited in two university prenatal clinics in Chicago. Because African Americans and Mexican Americans differed greatly at intake, we compared their outcomes at 12 months and then examined the effects of the intervention separately for these two groups. Participants were randomly assigned to the intervention or control group and were interviewed during the last trimester of pregnancy and at 2, 6, and 12 months after birth. The effects of the program varied by race/ethnicity. For African Americans, the program was associated with better maternal documentation of infant immunizations, more developmentally appropriate parenting expectations, and higher 12-month infant mental development scores. For Mexican Americans, the program had positive effects on maternal daily living skills and on the play materials subscale of the Home Observation for the Measurement of the Environment assessment. This study, along with previous research, suggests that home visits by a nurse-health advocate team can improve maternal and infant outcomes even for inner-city, low-income, minority families. Effective programs must be culturally sensitive, intensive, and adequately staffed and financed. (Author)

20040128-9*

Consumption of foods from the WIC food packages of Chinese prenatal patients on the US west coast. Horswill LJ, Yap C (1999), Journal of the American Dietetic Association vol 99, no 12, December 1999, pp 1549-1553

OBJECTIVE: To assess consumption of foods from food packages provided by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) among 80 Chinese prenatal WIC recipients living in Oakland or San Francisco, Calif. DESIGN: During a single interview, a food frequency questionnaire was used to assess WIC food consumption by the prenatal patients for the period before and after receipt of WIC vouchers. SETTING: The study was conducted at Asian Health Services, Oakland, and the Chinatown Public Health Center of the San Francisco Department of Public Health in California. SUBJECTS: Eighty low-income Chinese prenatal women with limited education and limited ability to speak English, aged 21 to 43 years, with gestational stages of 15 to 38 weeks. STATISTICAL ANALYSES PERFORMED: Descriptive statistics (frequency and percent distribution) were used to report the findings of the study. RESULTS: Subjects reported that before receiving WIC vouchers, milk, eggs, and juice were the only foods in their WIC food package that had been consumed frequently (> 5 times/week) in their daily diet. Other WIC foods, including cheese, peanut butter, dried beans, and hot and cold cereals, were consumed infrequently (0 to 1 time/month). Subjects reported that with the availability of WIC vouchers, milk, eggs, and juice remained frequently consumed with 81% to 100% of monthly supply as the most prevalent reported consumption rate. Dried beans and hot and cold cereals were also consumed frequently. Cheese remained poorly consumed (0% to 20% of the monthly supply). As many as 74 of 80 subjects stated that they had shared foods from their own WIC package, except milk, with their families. The use of any WIC foods provided to other children in the family was not assessed in this study. APPLICATIONS: Data from this study indicate that most WIC foods were well used by Chinese prenatal patients. The most notable exception was cheese, which was poorly consumed. The ready consumption of milk by pregnant Chinese WIC recipients in this study suggests that milk may be readily consumed by these women, even though it is atypical of the Asian diet. The WIC food package for Chinese prenatal patients may be improved by omitting cheese and substituting more milk and/or foods such as tofu and dark green leafy vegetables. (Author)

20040128-77

Mandatory to adjust human chemistry. Sheth SS (2003), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 25, no 11, November 2003, p 899

Editorial calling for doctors and other health professionals to adapt their thinking about the health needs, practices, and expectations of people in developing countries. Recounts how in a region of Latin America traditional birth attendants were trained to sterilise the stones they used to cut the umbilical cord, after the realisation that they would not use sterile blade because of a belief that they would cause the baby to grow up a thief. (2 references) (RM)

20040128-47

Facing stillbirth or neonatal death. Providing culturally appropriate care for Jewish families. Shuzman E (2003), AWHONN Lifelines vol 7, no 6, December 2003/January 2004, pp 537-543

To provide culturally appropriate and sensitive care to Jewish families experiencing perinatal losses, nurses need to have an understanding of Jewish people and their laws that govern marriage and purity, and their rituals surrounding death and mourning. (19 references) (Author)

20040128-27

A three-way relationship. Chesney M (2000), In: Kirkham M ed. The midwife-mother relationship. Basingstoke: Macmillan 2000. pp 143-168

Discusses issues surrounding midwives' relationships with a clients who require interpreters. Examines the background of cultural awareness training and the author's own experiences with Pakistani women in Rochdale and on a field trip to Pakistan itself. (40 references) (MB)

20040120-19*

Culturally competent care: emphasis on understanding the people of Afghanistan, Afghanistan Americans, and Islamic culture and religion. Giger JN, Davidhizar R (2002), International Nursing Review vol 49, no 2, June 2002, pp 79-86

Since the attacks in New York and Washington, DC, in September 2001, increased racial and religious animosity has left Arabs, other Middle Easterners, Muslims, and those who bear physical resemblance to members of these groups, fearful. This article provides information about the people of Afghanistan, Afghanistan Americans, and Islamic culture and religion, which can greatly assist the nurse who is confronted with persons from diverse cultures during the provision of care. The Giger & Davidhizar Transcultural Assessment Model was first published in the International Nursing Review in 1990. This model is now used worldwide and provides an assessment model to assist in understanding cultural phenomena and individuals from different cultures. (Author)

20040109-22

Are midwives less kind if you speak Urdu?. Robinson J (2004), British Journal of Midwifery vol 12, no 1, January 2004, p 22

Comments on a recent research study (1) that examined the maternity experiences of Pakistani women in the United Kingdom and highlighted the links between poor communication and defects in care. 1. Richens Y. Exploring the experiences of women of Pakistani origin of UK maternity services. 2003. (3 references) (SB)

20031215-24

Providing culturally sensitive care to the childbearing Islamic family: part II. Roberts KS (2003), Advances in Neonatal Care vol 3, no 5, October 2003, pp 250-255

Culturally sensitive care requires a unique combination of empathy, curiosity, and a profound respect for others. This article provides insight into the Islamic family structure and the traditional male and female roles that health care providers may encounter. Best practice considerations focused on communication with and care of the family during hospitalization, and strategies to support breastfeeding, dietary, and medication requirements are provided. Neonatal end-of-life decision making and death rituals are also discussed in context with commonly held religious beliefs and practices of this population. (23 references) (Author)

20031212-66

Caring for Latino women.. Mattson S (2003), AWHONN Lifelines vol 7, no 3, June/July 2003, pp 258-260

Reviews the growth of the Hispanic population in both urban and suburban districts across the US. Considers aspects

of culturally competent health care for Hispanic patients, including women's attitudes towards pregnancy, childbirth and breastfeeding. (6 references) (RM)

20031204-46

South Asian grandmothers' influence on breast feeding in Bristol. Ingram J, Johnson D, Hamid N (2003), Midwifery vol 19, no 4, December 2003, pp 318-327

OBJECTIVES: to assess South Asian grandmothers' health beliefs and cultural practices around baby feeding, knowledge of breast feeding and their ability to support successful breast feeding. To design a suitable antenatal intervention for grandmothers to support their breast-feeding daughters/in-law in an area of low exclusive breast feeding and to assess the acceptability and feasibility of the initiative by means of structured interviews. DESIGN qualitative focus groups and interviews. Evaluation of an intervention. SETTING community health centre and family homes in Easton, Bristol, where 32% of women having babies are South Asian. PARTICIPANTS 14 Pakistani, Bangladeshi or Indian grandmothers in focus groups or interviews. 16 South Asian families in the intervention. INTERVENTION an intervention for grandmothers to support exclusive breast feeding was based around a leaflet, which covered the health benefits of breast feeding, good positioning and attachment, feed management, and how families can support breast feeding. The intervention was delivered to mother and grandmother pairs at around 36 weeks gestation, and was translated into three languages. FINDINGS AND CONCLUSIONS: South Asian women are not a homogeneous group and differences were seen in cultural and religious practices and in breast-feeding rates between the Pakistani, Bangladeshi and Indian communities. To ensure that the health education message of exclusive breast feeding, how to overcome problems and the importance of family support reaches all women, linkworkers with appropriate training should be available to speak the languages relevant to the ethnic groups in the area. An antenatal educational intervention for extended family members to promote good breast-feeding practice was appreciated by the South Asian families involved and seemed to be influencing behaviour, particularly in giving colostrum, water or artificial milk and the use of dummies/pacifiers. IMPLICATIONS FOR PRACTICE: recording details of baby-feeding method at eight weeks systematically by ethnic group will enable local rates to be monitored, particular groups targeted with information and positive reinforcement provided. Linkworkers with appropriate training should be available to speak the languages relevant to the ethnic groups in the area. Involving influential local interpreters in an educational intervention will help to educate the wider population in practices to support exclusive breast feeding. (13 references) (Author)

20031118-26

An exploration of cultural competence within the midwifery services in Ireland. Atkinson J (2003), MIDIRS Midwifery Digest vol 13, no 4, December 2003, pp 458-463

Midwifery services in Ireland are providing care to women from a diverse range of cultures. Midwifery and nursing literature suggests that care must be culturally competent to be meaningful and effective. Many authors have written about the concept of cultural competence, but few have attempted to define it in relation to midwifery practice. In this paper cultural competence is analysed using Walker and Avant's (1995) framework. Defining attributes have been identified and used to construct model, borderline and illegitimate examples of the concept. Antecedents, consequences and empirical referents have been considered. The findings have been discussed in relation to midwifery practice and research. (38 references) (Author)

20031020-9*

Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital. Jackson-Pulver LR, Bush A, Ward JE (2003), Australian Health Review vol 26, no 2, 2003, pp 19-25

Objectives: To determine the accuracy of routine identification of Aboriginal and Torres Strait Islander women confining at King George V (KGV) Hospital, located in Sydney, Australia. Design: Interviewer-administered survey. Participants: Consecutive sample of women who delivered live, well infants from May to July 1999. Main Outcome Measure: Comparison of hospital documentation compared with confidential self-disclosure of Aboriginal or Torres Strait Islander status to a female Aboriginal health professional. Results: Of 536 women in our sample, 29 (5%) self-disclosed as being Aboriginal or Torres Strait Islander. Only 10 of these were identified as Aboriginal or Torres Strait Islander in hospital records ($p<0.001$). While specificity as determined by us was 100%, sensitivity was low (34.5%). Those Aboriginal and Torres Strait Islander women referred by another organisation were significantly more likely than those who self-referred to the hospital to be correctly identified ($p=0.011$). Only 1% of non-Aboriginal women indicated they would have objected to an explicit question by staff about their Aboriginal or Torres Strait Islander status. Conclusions: Routine identification significantly under-represents Aboriginal or Torres Strait Islander

women giving birth at an urban obstetric hospital. We recommend the development and use of a sensitive but also specific series of questions to ensure women always are given the opportunity to disclose their status, especially as few women appear to mind such questions. (Author)

20031007-8*

Postnatal depression and maternal mental health in a multi-cultural society. CPHVA (2003), London: Community Practitioners' and Health Visitors' Association 2003. 40 pages

Proceedings of the third CPHVA Postnatal Depression and Maternal Mental Health Network conference, held on 19 June 2003. Papers include: 'Improving black and ethnic minority mental health in England'; 'Health beliefs and behaviour'; 'Understanding our emotional health needs'; The mental health challenges for asylum seeking women'; 'Improving mental health for asylum seekers'; and 'Perinatal mental health - new resources for supporting non-English speaking women'. (SB)

20031006-21

Jewish perspectives on pregnancy and childbearing. Lewis JA (2003), MCN - American Journal of Maternal/Child Nursing vol 28, no 5, September/October 2003, pp 306-312

There are approximately 6 million Jewish people in the United States today. They may be affiliated with the Orthodox, Conservative, or Reform streams of Jewish practice, or they may be secular and unaffiliated. Although religious practices and levels of observance among these streams of Judaism vary widely, nurses should become familiar with the religious traditions of Judaism in order to provide the most comprehensive care for a childbearing Jewish woman and her partner. This article describes the range of practices that may be observed, and offers information that may assist the nurse in providing culturally competent care. While it is important to tailor care to the individual needs of each childbearing couple, background knowledge of customs and traditions will help provide a basic context that can be used as a basis for understanding cultural variation and specific practices. (10 references) (Author)

20031002-30

'I've learnt so much about people and cultures'. Crouch D (2003), Nursing Times vol 99, no 10, 11 March 2003, pp 38-39

One health visitor's innovative approach to her work with asylum seekers is raising awareness of their plight and ensuring swift access to health services. (Author)

20030922-31

'Race' and ethnicity. Sookhoo D (2003), In: Squire C ed. The social context of birth. Abingdon: Radcliffe Medical Press 2003, pp 77-92

Pregnancy and childbirth are unique life events. They cannot be reduced to primarily biological events, since the social and cultural context is central to the subjective and collective experiences of women. Personal factors such as the woman's age, ethnicity, social class, religion and culture may influence her experiences of pregnancy and childbirth. This chapter explores the concepts of 'race' , ethnicity and culture in relation to pregnancy and childbirth. The issues of access to maternity services, stereotyping and racism are explored within the context of midwifery service provision and practice. The challenge of caring for someone whose cultural beliefs and practices are not similar to one's own raises questions about the cultural competence of health-care professionals, particularly the midwife. (77 references) (Author)

20030915-46*

Issues for South Asian Indian patients surrounding sexuality, fertility, and childbirth in the US health care system. Fisher JA, Bowman M, Thomas T (2003), Journal of the American Board of Family Practice vol 16, 2003, pp 151-155

BACKGROUND: In 1998 ethnic minorities comprised 28% of the US population, and India is the third most common country of origin for immigrants. Many recently immigrated South Asian Indian patients are seen in health care settings in the United States. To deliver health care effectively to these patients, it is helpful for physicians to understand common cultural beliefs and practices of South Asian Indian patients. METHODS: Two illustrative cases are reported. One author's observations of the care of pregnant and parturient women in India and similar experiences in our own office spurred a literature search of the cultural behaviors surrounding sexuality, fertility, and childbirth. A literature search was conducted in Index Medicus, Grateful Med, and the catalogue of the University of Pennsylvania Arts and Sciences library, using the terms 'Indian,' 'South Asian,' 'male and female gender roles,' 'gynecology in third world,' 'sexuality,' 'sexual health,' 'women's health,' 'women's health education,' 'obstetrical practices/India,' and

'female roles/India.' RESULTS: Issues surrounding sexuality and childbirth that arise during the US physician-South Asian Indian patient encounter might not correspond to the commonly held knowledge, beliefs, and behaviors of the US health care system. Common cultural beliefs and behaviors of South Asian Indian patients around sexuality and childbirth experience include the role of the individual patient's duty to society, the patient's sense of place in society, lack of formal sexual education, prearranged marriages, importance of the birth of the first child, little premarital contraceptive education, dominance of the husband in contraceptive decisions, and predominant role of women and lack of role for men (including the husband) in the childbirth process. CONCLUSION: Lack of understanding of the Indian cultural mores surrounding sexual education, sexual behavior, and the childbirth experiences can form barriers to Indian immigrants in need of health care. These misunderstandings can also lead to patient dissatisfaction with the health provider and health system, underutilization of health services, and poorer health outcomes for Indian immigrants and their families. For this reason, it is important to teach cultural issues during undergraduate, graduate, and continuing medical education. (Full article available online at http://www.familypractice.com/journal/abfpjournalframe_frame.htm) (16 references) (Author)

20030911-18

Building bridges: involving Pakistani women. Richen Y (2003), Practising Midwife vol 6, no 8, September 2003, pp 14-17

Discusses the range of problems commonly experienced by Pakistani women using maternity services in the UK. Urges midwives to improve their communication skills to enable them to care for women for whom English is not a first language more effectively; to banish negative attitudes and stereotyping; and to show kindness and respect to all women regardless of their ethnic or cultural background. (39 references) (RM)

20030909-44

Cultural influences on breastfeeding. Condon L, Ingram J, Hamid N, et al (2003), Community Practitioner vol 76, no 9, September 2003, pp 344-349

A study to examine patterns of infant feeding and weaning behaviour among women from ethnic minority groups was carried out in Bristol from October 2001 to September 2002. Five focus groups were held at an inner city health centre with women from Pakistani, Bangladeshi, Somali and Afro-Caribbean backgrounds. Local linkworkers acted as interpreters and group moderators to allow participants who spoke little or no English to be included. Participants saw breastfeeding as the best way of feeding a baby, but identified some disadvantages of exclusive breastfeeding. In order to validate the focus group findings, a prospective telephone survey was carried out of the feeding patterns of a further 26 women from black and Asian backgrounds from birth to eight months, and a comparison group of 23 white mothers. Survey findings showed significantly higher rates of breastfeeding for the ethnic minority group at all time points from two to eight months. (29 references) (Author)

20030905-7

Multicultural issues in maternal-fetal medicine. Hellsten SK (2002), In: Dickenson DL ed. Ethical issues in maternal-fetal medicine. Cambridge: Cambridge University Press 2002, pp 39-60

Book chapter, which provides a theoretical background to multicultural issues in maternal-fetal medicine to assist health professionals with ethical decision making in this environment. Issues addressed include: liberalism and conflicting interests in medical decision-making; traditional societies and cultural relativism; women's health in a patriarchal society; feminist bioethics and respect for difference; individuals and social collectives; and cultural identity vs moral identity. (22 references) (SB)

20030903-20

Life as mothers in a new land: the experience of motherhood among Thai women in Australia. Liamputtong P, Naksook C (2003), Health Care for Women International vol 24, no 7, August 2003, pp 650-668

In this article, we examine the accounts of 30 migrant Thai women in Australia who had become mothers. The women recognized that they had entered a new environment, which was different from their previous one. This had a marked impact on their lives as wives and mothers. Cultural differences play a major role in their coping with motherhood and the mothering role. We find that the women had several main concerns in their new land: social isolation, different childrearing and child disciplinary practices, and the desire to preserve Thai culture. Most women wish to have more children in their new land, but others are concerned about social and political environments in Australia. We also find that the social class of the women and the ethnic background of their spouses play an important role in their coping with motherhood and childrearing. We conclude that motherhood and mothering is a great challenge, which is made more complex when it is combined with migration. This is important if we are to understand motherhood from an

ethnicity perspective. Only then may we see better health care for immigrant women who choose to become a mother in their new land. (40 references) (Author)

20030822-30

Midwifery in a culturally diverse population. Sapsed S (2003), Nurse 2 Nurse vol 03, no 07, July 2003, pp 10-13

Midwifery is presented with many challenges and this is particularly true when serving a multi-cultural population (Helman 2000). This paper explores the initiatives taken by midwives locally in response to the growing ethnic minorities which now comprise of 28% of the population (Census 2001). These groups are more commonly found in the inner city and are subjected to poor housing, over crowding and varying degrees of social deprivation. The largest groups come from Pakistan, India, the Caribbean and Bangladesh, whilst the smaller and newer groups come from Somalia and the Balkans (HAZ 2001). Over the last decade many initiatives have been introduced to address the health inequalities amongst these peoples. In 1998 the Health Action Zone (HAZ) was formed and has worked with various agencies to redress these concerns. During this period the midwives had made a deliberate attempt to increase their awareness of the cultural and religious aspects of each group in order to work with them to secure better health. The changes have been many and also very diverse, some small, others more involved. Communication has been addressed by bilingual speakers and interpreting services. Timing of visits both in the antenatal and postnatal periods have been designed to avoid religious days and prayer times. There is equally a need to understand the care needs in labour and the early postnatal period. Infant feeding initiatives have been organised. Finally the midwives should realise and recognise that this awareness has to be cascaded and ongoing if eradication of the present inequalities are to be achieved (Williamson & Harrison 2001). (25 references) (Author)

20030815-66

Health issues of ethnic minority and migrant women. Ackerhans M (2003), Entre Nous (European Magazine for Sexual and Reproductive Health) no 55, 2003, pp 9-11

This article is based on the results of a literature review focusing on health issues of immigrant women living in Scandinavia and includes reproductive health, domestic violence and HIV/AIDS. As there is no universally accepted terminology to describe migrants and non-native ethnic groups, the article uses the terms migrants and ethnic minorities interchangeably to indicate non-native ethnic groups. It is also important to note that not all members of ethnic minority groups share the same level of conditions and it would be misleading to present them as one disadvantaged category. (10 references) (Author)

20030805-8

Is breast best? Perceptions of infant feeding. Shaw RL, Wallace LM, Bansal M (2003), Community Practitioner vol 76, no 8, August 2003, pp 299-303

This study explored the reasons why young women from low income areas are among those least likely to breastfeed. Focus groups were conducted with 15 health professionals and 11 young, first time mothers were interviewed. Health professionals participating believed that white communities endorsed bottle feeding while Pakistani and Bangladeshi communities, although they accepted breastfeeding more readily, were likely to give prelacteal feeds of non-breast milk and to delay weaning. The interviews with mothers revealed a belief that `breast is best' but factors intervened in a detrimental way resulting in the decision not to breastfeed or in early cessation. Participating mothers expected breastfeeding to be painful and were preoccupied with feeding and weight gain. The desire to have `fat, bonnie babies' demonstrated the mothers' moral attempts to be perceived as `good mothers' although their actions went against the knowledge that `breast is best'. Recommendations include educating health professionals about sub-cultures in their communities and reversing the misconception that breast milk is insufficient for a baby's healthy development. Promoting breastfeeding must include the crucial message that breast milk contains all the nourishment a baby needs. (19 references) (Author)

20030805-70

Preventing ethical dilemmas: understanding Islamic health care practices. Ott BB, Al-Khadhuri J, Al-Junaibi S (2003), Pediatric Nursing vol 29, no 3, May-June 2003, pp 227-230

Outlines features of Islamic beliefs and cultural practices which have an implications for the provision of health care services to Muslim patients. Describes case studies of the healthcare offered to two Muslim children. (20 references) (RM)

20030805-4

Postnatal depression and maternal mental health in a multi-cultural society. Hedley R (2003), Community Practitioner vol 76, no 8, August 2003, pp 284-285

The third CPHVA Postnatal Depression and Maternal Mental Health Network conference at the end of June saw speakers united in taking a holistic approach to delivering services to ethnic minority communities. (Author)

20030730-36*

An investigation into the perceptions of primary care practitioners of their education and development needs for communicating with patients who may not be fluent in English. Robinson M, Phillips P (2003), Nurse Education Today vol 23, no 4, May 2003, pp 286-298

This paper reports on an empirical research project that assessed educational needs of primary care practitioners for communicating with minority ethnic patients who are not fluent in English. The qualitative study was carried out in general practice settings in a northern inner city locality. Discrepancies are highlighted between patient and practitioner understandings, and between educational models and practitioner views. Educational needs are identified to enhance practitioners' specific skills, knowledge of patient perspectives, and self-awareness. Organisational influences on communication are explored. Key arguments are that 'transcultural' educational models should be used critically, and education should enable practitioners to integrate their personal coping strategies with structured practice development planning. (Author)

20030704-95

Antenatal screening: why do women refuse?. Hey M, Hurst K (2003), RCM Midwives Journal vol 6, no 5, May 2003, pp 216-220

Due to the large number of children with disabilities in the local area, Calderdale and Kirklees Health Authority commissioned a research project. The aim was to explore the issues surrounding antenatal screening -the needs of parents and the risk of giving birth to a baby with a disability. Triangulation using both qualitative and quantitative methods was used and data was collected through questionnaires, interviews and focus groups. Findings led to the identification of themes: access of local services, parents knowledge of antenatal screening tests and local services, and professionals beliefs around antenatal screening issues. The project highlights professional's lack of knowledge and therefore the need for antenatal screening coordinators in all Trusts, in-service training, improved information for parents and education in the community, especially for 'at risk' groups such as ethnic minorities. (22 references) (Author)

20030701-44

How useful is the concept of somatization in cross-cultural studies of maternal depression? A contribution from the Mothers in a New County (MINC) study. Small R, Lumley J, Yelland J (2003), Journal of Psychosomatic Obstetrics & Gynecology vol 24, no 1, March 2003, pp 45-52

Somatization of depression symptoms has been assumed to characterize particular cultural groups, yet evidence for this has often been anecdotal. The Mothers in a New Country (MINC) study aimed to explore cultural assumptions about somatization in three groups of immigrant women who had recently given birth in Melbourne, Australia. Physical health (SF-36 physical health dimensions and a symptom list) and depression (EPDS, SF-36 mental health dimension and self assessment) data from personal interviews with Vietnamese (n = 104), Turkish (n = 107) and Filipino (n = 107) women, conducted in women's language of choice, six to nine months after childbirth were analyzed. Comparisons with data from a statewide postal survey of Victorian women are also made. Contrary to the study hypothesis that Turkish and Vietnamese women in particular would exhibit a high degree of somatization (leading to low depression scores on the standard measures and greater reporting of somatic symptoms), Turkish women were in fact most likely of the three groups to be assessed as depressed on the two psychological measures and by self-assessment, to report high levels of somatic symptoms, and Vietnamese and Filipino women had a low prevalence of depression on all measures and relatively lower levels of somatic symptom reporting. The MINC study findings thus call into question some common cultural assumptions about depression and demonstrate the importance of designing studies which can put hypothesized cultural differences to the test. (36 references) (Author)

20030625-22

Foetal development and breastfeeding in early texts of the Islamic tradition. Kocturk T (2003), Acta Paediatrica vol 92, no 5, May 2003, pp 617-620

Background: Knowledge of some early Islamic teachings regarding foetal development and breastfeeding may be of interest to health workers in paediatric practice. The Koran describes the creation of human beings in verses 22:5,

23:12 and 39:6. Some descriptions are reminiscent of phrases in Genesis and Ecclesiastes of the Old Testament. Symbiosis between mother and child is implicit in Koranic verse 46:15, which defines this period as lasting for 30 mo. Accumulated knowledge from earlier periods on the beneficial effects of breastfeeding is reflected in verse 2:233, as a recommendation that infants be breastfed for 2 y. In early Islam it was a father's obligation to ensure that his child received human milk, if the biological mother was indisposed to provide it. Securing human milk was of vital importance for the survival of the child. The historical solution was to employ a wet nurse. Paying a good salary to wet nurses and giving them a status similar to that of a biological mother was a precaution for securing that babies received sufficient milk. During the period of Islamic expansion, the medieval physician Ibn Sina of Buckara (AD 980-1037) contributed to the significance of breastfeeding by describing breast milk as 'white blood'. Conclusion: The significance of breastfeeding was recognized in early texts of the Islamic tradition. These have inspired positive attitudes to breastfeeding in Muslim communities. Adherence may differ among contemporary groups, but it may be important to keep original teachings in mind when planning breastfeeding programmes in Muslim communities. (15 references) (Author)

20030616-12

Postpartum beliefs and practices among non-Western cultures. Kim-Godwin YS (2003), MCN - American Journal of Maternal/Child Nursing vol 28, no 2, March/April 2003, pp 74-80

Postpartum health beliefs and practices among non-Western cultures are each distinct, but have many similarities. Two common belief systems surround 1) the importance of hot and cold, and 2) the necessity of confinement during a specific period of time after giving birth. This article describes common postpartum health beliefs among women in Guatemala, China, Jordan, Lebanon, Egypt, Palestine, India, and Mexico, and offers an exemplar from the author's experiences as a Korean woman giving birth in the United States. Cultural competence in the provision of postpartum care is essential for nurses in the healthcare world of the 21st century. (Author)

20030610-19

Peri-natal mental health: promoting the mental health of non-English speaking women. Adams C, Sobowale A (2003), Community Practitioner vol 76, no 6, June 2003, pp 209-210

Cheryll Adams, CPHVA professional officer, research and practice development and Abi Sobowale, health visitor, Sheffield South West PCT, discuss innovative developments and good practice for supporting the mental health of women from ethnic minority groups. (5 references) (Author)

20030521-3*

Reflections on communicating with non-English-speaking patients. Ledger SD (2002), British Journal of Nursing vol 11, no 11, 13 June 2002, pp 773-780

Nursing patients who speak no English has ethical, legal and professional implications for patients, relatives and healthcare staff. Appropriate communication between a patient and members of the healthcare team demonstrates respect, and empowers the patient to make healthcare decisions. Without appropriate translation, the patient who speaks no English is extremely vulnerable. Healthcare professionals have a duty to provide appropriate care for all patients, irrespective of nationality and ability to speak English. Issues such as empowerment, advocacy and confidentiality need to be considered in relation to caring for non-English-speaking patients. The author of this article reflects on her lecturer exchange at the University of Barcelona, Spain, and how her limited ability to speak Spanish gave rise to considering the needs of non-English-speaking patients in the medical directorate at the Royal London Hospital. This reflection gave rise to working with clinical and university colleagues in an attempt to improve communication with non-English-speaking patients, thus combining the author's role as a nurse, ethics lecturer and link lecturer. Working with clinical and university colleagues gave rise to the development of an advocacy/translation box file for use in clinical practice, and the formation of a staff-student liaison committee working party to review the possibility of student nurses becoming volunteer translators for non-English-speaking patients. (Author)

20030512-21

Maternity care for asylum seekers. Bentham K (2003), British Journal of Midwifery vol 11, no 2, February 2003, pp 73-77

The focus of maternity care should be about identifying individual need for the woman and her family, not only relating to physical wellbeing, but also in respect of emotional and social need. This concept may prove difficult and challenging to some caregivers when trying to meet these needs of women form other countries who are seeking political asylum and find themselves separated from their families and maternity care that is familiar to them. This article, in presenting some of the issues relating to care for asylum seekers, attempts to highlight how midwifery

practice should be underpinned by tolerance, dignity and equal rights to all women. (18 references) (Author)

20030410-10

African women's health information groups - from hospital to community setting. Dyson K (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 5 pages

Describes the work of the childbirth education department at the Royal Women's Hospital in Melbourne, Australia, which provides health education groups for women from non-English speaking backgrounds. The paper focuses on the African Health Information Groups, which are held for African women newly arrived in Australia. (SB)

20030320-72*

Hospital postnatal care: obtaining the views of Pakistani and indigenous 'white' women. Hirst J, Hewison J (2002), Clinical Effectiveness in Nursing vol 6, no 1, 2002, pp 10-18

Aim: To compare the quality of hospital postnatal care for Pakistani and indigenous 'white' women. Design: A prospective comparative survey of women from two health districts. Both quantitative and qualitative data were collected by interviewing women and reviewing maternity casenotes. Setting: Twenty GP practices in two districts within a northern NHS region. Women were recruited between July 1995 and August 1996. The interviews were completed during March 1997. Participants: Two hundred and twenty five women were invited to take part in the study, 187 (83%) agreed. Of these, 153 had the first interview and 139 the second. Main outcome measures: A comparison of Pakistani and 'white' women's expectations and views of their hospital postnatal care. Results: There were 288 positive and 331 negative comments and content analysis revealed nine themes. Pakistani and 'white' women commented upon practical care, technical care and staff the most (both positively and negatively) and this held up in both districts. Few women commented upon communication, although there were several aspects of care that depended upon effective communication. Better continuity of carer for white women was found in both districts. Conclusion: Failing to meet women's expectations and preferences is not a predictor of poor quality of care, lack of complaints directly regarding communication does not mean that was appropriate. Continuity of carer needs to improve for Pakistani women. (27 references) (Author)

20030226-17

What is cultural sensitivity?. Williamson MJ (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 5 pages

Reviews the health literature relating to culturally sensitive care in midwifery and nursing practice. (20 references) (SB)

20030220-22

The maternity information concerns of Somali women in the United Kingdom. Davies MM, Bath PA (2001), Journal of Advanced Nursing vol 36, no 2, 2001, pp 237-245

Aims. The aims of the study were to explore the maternity information concerns of a group of Somali women in a Northern English city and to investigate the relationships of these women with maternity health professionals. Background. The Somali community is one of the most established ethnic minorities in the United Kingdom (UK). The health needs of this group and in particular, the information needs of Somali women with respect to pregnancy, childbirth and post-natal care are poorly understood. To facilitate information provision to birthing mothers and to support maternal decision-making among minority ethnic women, research is required to understand and identify their information needs. Methods. A user-centred study utilizing a focus group and semi-structured interviews with English-speaking and non-English speaking Somali women was conducted in a large English city. Discussions were audiotaped, translated, transcribed and then analysed using a variation of the constant comparative method. Themes and categories were identified across transcripts during data collection and analysis and appropriate quotations are used to illustrate all themes. Findings. Major findings that emerged from the analysis related to contact with health professionals, language support and information and satisfaction with health professionals. The findings indicate key maternity information concerns of Somali women with regard to maternity issues and have a number of implications for midwifery and nursing practice.

Conclusions. Poor communication between the non-English speaking Somali women and health workers was perceived as an underlying problem in seeking information. Fears about misinterpretation and confidentiality, limit the usefulness of interpreters. The Somali women perceived that they were denied information due to punitive attitudes and prejudiced views among health professionals. (41 references) (Author)

20030207-7*

A crying shame: pregnant asylum seekers and their babies in detention. Mcleish J, Cutler S, Stancer C (2002), London: Maternity Alliance September 2002. 11 pages

Briefing paper which highlights the problems associated with the detention of pregnant asylum seekers and their babies, and reports on the findings of a small qualitative study of the experiences of pregnant women and mothers who have been detained. (20 references) (SB)

20030206-13*

Somali refugee women's experiences of maternity care in west London: a case study. Harper Bulman K, McCourt C (2002), Critical Public Health vol 12, no 4, 2002, pp 365-380

This article reports a study of the maternity care experiences of Somali refugee women in an area of west London. This small case study formed a discrete part of a wider study of women's responses to two systems of maternity care. Qualitative research methods involving semi-structured interviews and focus groups were used. Interviews were carried out with Somali women who had recent experience of the maternity services, with health professionals who had contact with Somali women in their work, and with a Trust employee involved in the provision of language support. the findings confirmed much of the available research evidence on other ethnic minorities contacts with the maternity services. many of these women are not gaining equal access to maternity services due to inadequate provision of interpreting services, stereotyping and racism from health service staff, and a lack of understanding from staff of cultural differences. A further issue found to affect the Somali women was poor management of female genital mutilation (FGM) in pregnancy and labour. This article focuses particularly on communication and language support as language was found to be the single most important factor for the Somali women in their contacts with the maternity services, with communication difficulties having negative implications for all aspects of their care. (44 references) (Author) MIDIRS comments Due to lack of space in this issue of the Digest, this is a review rather than a reprint of this article. I would recommend reading the full article if you are interested or involved more specifically in caring for women from ethnic minorities or women with communication difficulties.The study involved 12 Somali women, using interviews and focus groups to collect data. The interactive work was facilitated by those with knowledge of the Somali community and women were recruited by the snowball method. The focus groups were held in the home of one of the local Somali women. The data collection focused on the stages of maternity care, about the women's experiences of care, what they found most helpful and what they would most like to change. The study also held three interviews with an obstetric registrar, a Somali health link worker and a representative of the hospital management who was also part of the Health and Race Working Group. Focus groups were held for local community and hospital midwives. The main findings relate to the barrier caused by language, of not being understood. This had the concomitant effect on the women receiving information about care in pregnancy and from the health care professionals about the needs of the women. The researchers identified that, although provision had been made for what was thought to be adequate interpretation services, these were rarely used. Women were not generally aware of them and so they had to provide their own interpreter which was often inconvenient or unsuitable. The midwives were aware of these services but did not use them as a matter of course and they too were more likely to rely on unofficial interpreters at the time of the care episode. Important areas of care at specific points in pregnancy, for example; screening tests, pain relief and management of FGM (female genital mutilation) were rarely discussed with the women.The women's experiences demonstrated a mismatch between the views of the health care professionals (and mainly midwives) and their needs as individuals.The midwives made assumptions about the Somali women as a group without having been able to actually ascertain what individual women knew or wanted. Pain relief in labour was given as an example where the midwives perceived the Somali women were 'more natural' and had very little in the way of pain relief. The Somali women however, described being unable to get adequate pain relief, they were unfamiliar with the use of both nitrous oxide and epidurals and therefore fearful of the effects of these unknown practices so they went without, out of ignorance rather than preference. There was also a lack of knowledge about the management of infibulation in labour by health care professionals. I think this is a valuable paper that gives much food for thought. There are contrasting views expressed by the women. One woman described the way the midwife treated her as cruel, another was clearly helped immeasurably by a small action on the part of a midwife that demonstrated care. The authors put the study into the overall context of maternity care and suggest perceptions about women from ethnic minorities that are part of institutionalised racism, and a problem for society at large. They identify areas where positive change has occurred as a result of their study, where the Somali women themselves have formed a panel to contribute to user consultation and that there has been a policy for repair of FGM introduced. Hopefully, by taking opportunities to undertake studies like this, awareness of these issues for specific groups in the population will make the existing care more accessible to those in need of it. Comments written by Sally Marchant,

midwife/editor.

20030203-57*

Infant feeding practices of Pakistani mothers in England and Pakistan. Sarwar T (2002), Journal of Human Nutrition and Dietetics vol 15, no 6, December 2002, pp 419-28

OBJECTIVES: To investigate infant feeding practices followed by Pakistani mothers in Pakistan and in England. To establish if practices conform to current guidelines and to investigate reasons for adherence and nonadherence. METHODS: Ninety mothers of weaning age children were interviewed; 45 were in England and 45 in Pakistan. A questionnaire available in English and Urdu sought to find out about the methods of milk feeding and weaning used and the advice received, together with general beliefs about weaning. RESULTS: Characteristics of the infants in terms of current age, gender distribution, birth order of baby and age of weaning showed no significant differences between the two groups. Thus, differences between the two groups could be attributed to cultural differences rather than any of these factors. Chi-square analysis showed that the initial method of feeding chosen was significantly different ($P < 0.001$, d.f. = 2) with 73% of mothers in Pakistan breast-feeding compared with 24% in England. Similar proportions of mothers in both groups commenced weaning between 3 and 4 months. Common weaning foods included rice, cereals and eggs with progression to fruit and vegetables and family food in Pakistan, and fruit, vegetables, meat and convenience foods (especially sweet options) in England. Both groups of mothers wanted more information about infant feeding practices. CONCLUSION: Mothers in Pakistan demonstrated more confidence in weaning practices than in England because of experiences with other siblings and advice from relatives. More advice from health professionals was requested and is needed by all mothers in order to improve weaning practices of the infants. (Author)

20030131-25

A crying shame: pregnant asylum seekers and their babies in detention. Mcleish J (2002), Maternity Action no 91, Autumn 2002, pp 4-5

Two case studies of the experiences of pregnant asylum seekers in the United Kingdom. (MS)

20030106-71

The voices and concerns about prenatal testing of Cambodian, Lao and Vietnamese women in Australia. Liamputtong P, Watson L (2002), Midwifery vol 18, no 4, December 2002, pp 304-313

Objectives: to examine how Cambodian, Lao and Vietnamese women experience prenatal testing and to examine their knowledge and communication with health-care providers. Setting: Melbourne Metropolitan Area, Victoria Australia. Design: an ethnographic study of childbearing and childrearing among women born in South-east Asia and now living in Melbourne, Australia reporting in-depth interviews with 67 women who had given birth in Australia.
Findings: nearly all the women had prenatal testing as advised by their doctors and their main concerns were about their unborn baby and the need to follow doctors' advice. The women felt 'indifferent' towards prenatal testing, perceiving it as a normal part of antenatal care in Australia. Despite agreeing to undertake prenatal testing, the women did not have adequate understanding of the tests. This may be due to lack of information per se or inadequate communication between health providers and women. Implications for practice: inevitably, the onus rests with the health-care provider to ensure that all options available to women are understood, so that women can make a positive and informed choice regardless of their social or cultural background. This will lead to women's increased satisfaction with care during pregnancy. (49 references) (Author)

20030106-68

The cultural and social meanings of childbearing for Chinese and Scottish women in Scotland. Cheung NF (2002), Midwifery vol 18, no 4, December 2002, pp 279-295

Objective: to analyse the meanings that women gave to their childbearing experiences in order to provide some useful insights as to how their experiences might be improved. Setting: maternity units in Scotland. Design: four semi-structured interviews with each of ten Chinese and ten Scottish women in their own language; and unstructured interviews with 45 health workers, women's relatives and their friends. Findings: having children was meaningful to Scottish and Chinese women in Scotland in different ways which were related to their social positions, beliefs and practices involved and the change in social status on the birth of a child. Different meanings demanded different coping strategies in healthy childbearing. Scottish women took greater interest in their sense of control over their childbearing. Some Chinese women were experiencing more extensive cultural conflicts and changes as they tried to identify with the new culture, while the others were experiencing gradual changes over a period of time consciously

or unconsciously. Both Chinese and Scottish women in the study were in a struggle between autonomy and control over their childbearing -between the mind and the body. Conclusion: childbearing is socially shaped and culturally specific. Maternity services need to consider ways in which cultural sensitive care can be provided to women in a multi-ethnic modern society. (106 references) (Author)

20021220-28

Cultural differences and parental responses to the preterm infant at risk: strategies for supporting families. Bracht M, Kandankery A, Nodwell S, et al (2002), Neonatal Network: the Journal of Neonatal Nursing vol 21, no 6, September/October 2002, pp 31-38

Parenting a preterm infant at risk for developmental disabilities can be a profoundly stressful experience. For parents from minority cultures, language barriers and cultural differences can increase feelings of uncertainty and inability to cope. Research suggests that cultural differences influence not only parents' emotional responses to and perceptions of disability, but also their utilization of services and their interactions with health professionals. The Neonatal Intensive Care Unit of Mount Sinai Hospital (MSH), Toronto, provides care to a culturally diverse community, and approximately 45 percent of patients receiving care represent minority ethnic groups. Although efforts to provide culturally sensitive care have been made, they have tended to be isolated initiatives lacking consistency and coordination. This article describes the initiation and development of multicultural program at MSH to support families of infants at risk for developmental disabilities. This article provides valuable guidance to other neonatal units that are attempting to support parents from diverse cultural groups. (25 references) (Author)

20021122-34

Providing culturally sensitive care to the childbearing Islamic family. Roberts KS (2002), Advances in Neonatal Care vol 2, no 4, August 2002, pp 222-228

Current health care policy mandates that the unique health needs of various cultures be met and barriers to health care minimized. Birth occurs in the context of culture and religion, and an understanding of culture and religious beliefs are important for health care providers who are challenged to provide culturally sensitive care to diverse populations. This article provides a broad background discussion of Islam for the non-Muslim. A discussion of the care of the Muslim family during the childbearing process, highlighting specific issues related to modesty and privacy, female traditional dress and covering, dietary requirements, and newborn care, are provided. Part 2 in the series will present unique risk factors, health care beliefs, breast-feeding practices, issues related to end-of-life decisions and withdrawal of support, and death rituals that may be unique to Muslim families. (23 references) (Author)

20021104-5*

Breastfeeding your baby. Blackburn Hyndburn and Ribble Valley NHS Trust (2002), Blackburn Hyndburn and Ribble Valley NHS Trust 2002

Video for Asian women which provides information on breastfeeding. Available in Urdu and English, Gujarati and English, and Bengali and English.

20021031-51

Childbearing among diverse populations: how one hospital is providing multicultural care. Enang JE, Wojnar D, Harper FD (2002), AWHONN Lifelines vol 6, issue 2, April/May 2002, pp 153-158

IWK Grace Health Centre in Halifax, Nova Scotia, Canada has developed a multicultural health care programme to provide appropriate care for the multicultural population of pregnant women. (11 references) (KL)

20020827-35

Asian Women's Drop-In Centre. Payne J, Fleming A (2002), MIDIRS Midwifery Digest vol 12, no 3, September 2002, pp 419-421

We are employed by Blackburn, Hyndburn, and Ribble Valley Healthcare NHS Trust as team midwives. We practise on two different teams, but both caseloads are in and around the town of Accrington, Lancashire. Accrington has an Asian community made up mainly of families from the Punjab area of Pakistan, with a small Bengali contingent. We wish to share our experiences of setting up a drop-in centre in the area for pregnant Asian women and new mothers, providing antenatal and postnatal education, advice and support. (8 references) (Author)

20020820-42

The role and involvement of the voluntary sector in the work on domestic violence. Shaw S (2002), MIDIRS Midwifery Digest vol 12, supplement 2, September 2002, pp S22-S25

This article begins by contextualising the practical responses to domestic violence and the historical role played by women's groups and refuges in the delivery of services to women and children. It will outline the range of services provided by Panahgar (an Asian and black women's refuge) and other refuges. It will explain their links and networking capacity including specific services such as those for black and minority women. The article concludes with the integral role played by the voluntary sector in partnership working and the positive results that can be achieved. (23 references) (Author)

20020806-47

Mothers in exile: maternity experiences of asylum seekers in England. (2002), Maternity Action no 90, Summer 2002, pp 2-3

During 2001, the Maternity Alliance carried out a qualitative study of women's maternity experiences during the asylum process. The study involved semi-structured interviews with 33 women who were either pregnant or had recently given birth. This article summarises the findings. (Author)

20020711-25

Interpersonal sources of health and maternity information for Somali women living in the UK. Information seeking and evaluation. Davies MM, Bath PA (2002), Journal of Documentation vol 58, no 3, 2002, pp 302-318

Although the information needs of women receiving antenatal and postnatal care are well understood, few studies have examined the use of information by minority ethnic women. This paper describes a pilot study that aimed to identify the main maternity information sources used by Somali women living in a northern city in the UK. The study described here utilised unstructured exploratory focus group and semi-structured interviews with Somali women. All discussions and interviews were audiotaped, translated and transcribed in their entirety and then analysed using a variation of the theme analysis method. Sources of information emerged as a sub-theme from the data. Women also sought maternity information from friends and neighbours. Interpersonal sources as a whole were viewed as having a number of advantages. Informal sources in particular were perceived as being approachable and providing a means through which further information could be sought, while each information source was also evaluated according to specific criteria. The implications of these findings for minority ethnic women are discussed and recommendations for further research are outlined. (38 references) (Author)

20020619-3

Nursing with dignity. Part 6: Sikhism. Gill BK (2002), Nursing Times vol 98, no 14, 2 April 2002, pp 39-41

'Nursing with dignity' is a nine-part series that aims to help nurses meet the needs of all patients in a multicultural society. This article describes the main teachings and customs of Sikhism. It offers some guidelines to enable nurses to provide sensitive and appropriate nursing care to Sikh patients. (Author)

20020617-24

Developing cultural competence in health care settings. Ahmann E (2002), Pediatric Nursing vol 28, no 2, March/April 2002, pp 133-137

Increasing cultural and linguistic competence in health care settings is important for several reasons, including: responding to current and projected demographic changes in the United States; eliminating long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds; improving quality of both services provided and health outcomes; meeting legislative, regulatory, and accreditation mandates; gaining a competitive edge in the market place; and decreasing the likelihood of liability /malpractice claims. Changes in policies, structures, practices, and procedures are often needed to bring about improvements in this arena. To support the process of change, The National Center for Cultural Competence (NCCC) was funded to increase the capacity of health care and mental health systems, institutions, programs, and providers to design, implement, and evaluate service delivery systems for cultural and linguistic competence. Several checklists developed by the NCCC are presented here for use by individual practitioners, programs, and institutions in assessing aspects of cultural competence. (2 references) (Author)

20020607-23

Nursing with dignity. Part 8: Islam. Akhtar SG (2002), Nursing Times vol 98, no 16, 16 April 2002, p 40-42

This article describes the main teachings and customs of Islam. It offers some guidelines to enable nurses to provide sensitive and appropriate care to Muslim patients. (2 references) (Author)

20020607-16

What women from an Islamic background in Australia say about care in pregnancy and prenatal testing. Tsianakas V, Liamputtong P (2002), Midwifery vol 18, no 1, March 2002, pp 25-34

Objective: to examine satisfaction with care and services in relation to antenatal care and prenatal testing and to present what women say about what can be done better to improve antenatal care for women from an Islamic background. Design: in-depth interviews of women's perceptions and experiences of care received relating to prenatal testing and antenatal care. Setting: Melbourne Metropolitan Area, Victoria, Australia. Participants: 15 women of Islamic background who are now living in Melbourne. Findings: in general, women had positive experiences with care relating to antenatal care and prenatal testing in Australia. This is particularly so when they compared care in Australia with that of their own country. However, women indicated several issues of concern where they were dissatisfied and they believed need to be improved for pregnant women from an Islamic background. Firstly, there was a lack of sufficient communication between health care providers and the women. This was not only due to a language problem, but also a lack of cultural appreciation among health care providers. Secondly, women identified the issue of gender of health care providers as important; women stated clearly their need to have female doctors for their care. Conclusions: the findings of this study have implications for antenatal care and prenatal testing services in Australia and elsewhere. Women provided several suggestions for the improvement of care including the need for sufficient information of prenatal testing and antenatal care and the need for culturally sensitive services. In providing services for women of an Islamic background, it is imperative that health care providers take into account individual women's preferences and personal circumstances and go beyond an assumption based on women's religion and ethnicity. (39 references) (Author)

20020605-1*

Mothers in exile: maternity experiences of asylum seekers in England. Mcleish J (2002), London: Maternity Alliance 2002. 82 pages

Report of a small qualitative study of asylum-seeking mothers' experiences of maternity care in England. The study addresses the problems asylum seekers face in relation to food, accommodation, infant feeding, health care, language, loneliness, and racism. Recommendations for action and good practice are included. (64 references) (SB)

20020531-4

Midwifery in a multicultural population: community midwifery in an inner-London district. Duff-Keizer M (2002), Journal of Family Health Care vol 12, no 2, 2002, pp 42-43

A community midwife describes the challenges and satisfactions of providing good care in a deprived, multiracial inner-city area in London, England. (Author)

20020530-34

Nursing with dignity. Part 5: Rastafarianism. Baxter C (2002), Nursing Times vol 98, no 13, 28 March 2002, pp 42-43

Part five of a nine part series that aims to help nurses meet the needs of all patients in the multicultural society of the United Kingdom. This part gives a general examination of the beliefs and customs of Rastafarians living in the United Kingdom and implications for the delivery of nursing care. Aspects covered include: philosophy and culture; spirituality; affiliation; diet; herbal remedies; family; maternal and child health; dress and modesty; sensitivity; and dying. (SB)

20020527-20

Nursing with dignity. Part 7: Hinduism. Jootun D (2002), Nursing Times vol 98, no 15, 9 April 2002, pp 38-40

'Nursing with dignity' is a nine-part series that aims to help nurses meet the needs of all patients in a multicultural society. This article outlines the main beliefs and customs of Hinduism. It offers some guidelines to enable nurses to provide sensitive and appropriate nursing care to Hindu patients. (4 references) (Author)

20020429-28

Nursing with dignity. Part 3. Christianity I. Christmas M (2002), Nursing Times vol 98, no 11, 14 March 2002, pp 37-39

Part three of a nine part series that aims to help nurses meet the needs of all patients in the multicultural society of the United Kingdom. This part gives a general examination of the beliefs and customs of Afro-Caribbean Christians living in the United Kingdom, and implications for the delivery of nursing care. Aspects covered include: beliefs, contraception, abortion, hygiene, diet, sexuality, mental health, organ donation, blood transfusion, and death rituals. (6 references) (SB)

20020425-40

Impressions of breastfeeding information and support among first-time mothers within a multiethnic community. Loiselle CG, Semenic SE, Cote B, et al (2001), Canadian Journal of Nursing Research vol 33, no 3, 2001, pp 31-46

The purpose of this study was to document mothers' perceptions of breastfeeding information and support received from hospital- and community-based health professionals within a multiethnic community. A telephone survey was conducted to assess: mothers' impressions of professional support for breastfeeding, whether recommended breastfeeding practices were followed by health professionals, and the nature and sources of breastfeeding information received. An ethnically diverse sample of 108 first-time breastfeeding mothers was surveyed at 3 weeks postpartum. Overall, the mothers' evaluations of professional support for breastfeeding were positive, even though they reported breastfeeding practices that fell short of recommended standards. Immigrant mothers were found more likely to experience hospital practices detrimental to breastfeeding success than Canadian-born mothers, but were also found more likely to receive professional breastfeeding support in the community. Significant differences were also found between immigrant and Canadian-born mothers in the sources of their breastfeeding information. The findings underscore the key role of nurses in ensuring the promotion and optimal support of breastfeeding. (44 references) (Author)

20020418-10*

Mothers in exile: maternity experiences of asylum seekers in England [summary]. Mcleish J (2002), London: Maternity Alliance March 2002. 3 pages

Briefing paper summarising the results from a qualitative study of women's maternity experiences during the asylum process. (CJW)

20020404-50

Dealing with diversity: incorporating cultural sensitivity into professional midwifery practice. Williamson M, Harrison L (2001), Australian Journal of Midwifery vol 14, no 4, 2001, pp 22-26

In the Australian College of Midwives, Code of Ethics, Section 11. Practice of Midwifery, the following is stated: Midwives provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures. 'However it is difficult to know what is meant by ' respect for cultural diversity'. This paper presents the results of a critical review of the health literature. There is surprisingly little consensus about the meaning of terms such as cultural sensitivity and cultural appropriate care. Nor are there reflections on incorporating these concepts into practice. It could be argued that until there is greater clarity about these concepts and more discussion of how they may be used in practice, midwives would have to continue to rely on their individual knowledge and experience. (23 references) (Author)

20020327-11

Nursing with dignity. Part 2: Buddhism. Northcott N (2002), Nursing Times vol 98, no 10, 7 March 2002, pp 36-38

Part 2 of a nine part series which aims to help nurses meet the needs of all patients in the multicultural society of the United Kingdom. This article explains the customs, rituals and beliefs of Buddhism, including birth, contraception, diet, organ donation, mental health care, euthanasia, and care of the dying. (2 references) (KL)

20020327-10

Nursing with dignity. Part 1: Judaism. Collins A (2002), Nursing Times vol 98, no 9, 28 February 2002, pp 34-35

Part one of a nine part series that aims to help nurses meet the needs of all patients in the multicultural society of the United Kingdom. This first part gives a general examination of the beliefs and customs of Jews living in the United Kingdom, and implications for the delivery of nursing care. Aspects covered include: beliefs, dress, diet, sexuality, circumcision, contraception, abortion, organ donation, blood transfusion, euthanasia, and death rituals. (KL)

20020301-10

Research to improve maternity services for black and ethnic minority women. (2002), RCM Midwives Journal vol 5, no 1, January 2002, pp 30-31

Yana Richens, a community midwife and nurse lecturer from the West Midlands, has won this year's Mary Seacole Award for developing a research project to examine the experiences of women from an ethnic minority community, in order to find out what they need from their maternity services, and to determine how these needs can best be met. (7 references) (Author).

20020129-99

Working with asylum seekers. Pitman S, Leigh L (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 80-82

Account written by two midwives of their work in providing integrated care for pregnant and childbearing asylum seekers. (MS)

20020129-48

Clinical, provider and sociodemographic determinants of the number of antenatal visits in England and Wales. Petrou S, Kupek E, Vause S, and others (2001), Social Science and Medicine vol 52, no 7, 2001, pp 1123-1134

Objective: To determine the influence of clinical and non-clinical factors on the number of antenatal visits made by women in England and Wales. Design: The study was based on a survey of case records of 20,771 women with singleton pregnancies who were delivered between 1st August 1994 and 31st July 1995. Setting: The women attended one of nine maternity units in Northern England or North Wales. The nine units were chosen to reflect geographic variations as well as variations in size and teaching status of the institution. Method: The authors developed a statistical model to examine differences in the number of antenatal visits made by women with different clinical and non-clinical characteristics. Results: After controlling for non-clinical factors, primiparous women identified as high risk at booking made 1% more visits than primiparous women identified as low risk at booking ($p=0.196$). Multiparous women identified as high risk at booking made 3.5% more visits than their low risk counterparts ($p<0.001$). Several results, not reported elsewhere in the literature, were revealed by the analysis. After all the independent variables were controlled for, women who were booked into urban teaching hospitals made 10% fewer antenatal visits than the women who were booked into the urban non-teaching hospitals. Women of Pakistani origin made 9.1% fewer antenatal visits than women of white British origin. Similar results were revealed for women of other ethnic groups. Non-smokers made 6% more antenatal visits than smokers. The planned pattern of antenatal care, number of carers seen, gestation at booking, and maternal age also had significant independent impacts on the number of antenatal visits. Key Conclusions: The study highlights the sizeable impact of non-clinical factors on the antenatal care delivery process and indicates ways in which variations in antenatal care may be reduced. Abstract writers comments : The authors of this paper found that many of the clinical and non-clinical factors they explored had an influence on the number of antenatal attendances made by women. They used the statistical technique of regression modelling which explores the influence of specific factors whilst controlling for the influence of others. For example, it would be no surprise to find that women who gave birth prematurely had made fewer antenatal visits during their pregnancy than women giving birth at term, purely because they had less opportunity to attend. By controlling for the factor 'gestation at delivery' the influence of other factors can then be determined. In this study the total number of antenatal visits made was modelled as a function of obstetric risk factors identified at booking or during the antenatal period, provider characteristics, and sociodemographic characteristics such as age of the woman. A major limitation of the survey is that, due to ethical considerations, the address or postcode of women involved in the survey could not be recorded. This is unfortunate as it means that the influence of social factors which could be identified from area of residence, such as deprivation or distance needed to be travelled to antenatal care, which may have an equal or greater impact on the provision of antenatal care, as obstetric or provider factors, could not be explored. It is important to note that due to the large number of antenatal records examined, even apparently small percentage differences in the number of antenatal attendances made by certain groups is found to be statistically significant. For example, multiparous women identified as high risk at booking were found to have made significantly more antenatal visits than multiparous women identified as low risk at booking even though the percentage difference in antenatal visits made by the two groups is small. The apparent similarity in antenatal care provided to different risk groups possibly reflects that some of the criteria traditionally used to identify risk status at booking, such as stature or maternal age, have little consequence in determining the number of antenatal attendances made by women. This is not to say they do not influence the content of antenatal care, which was not considered in this study. An interesting finding was that the number of antenatal attendances made by women increased with greater continuity of carer. The authors suggest this reflects women's' preferences for continuity of carer, making women more willing to attend.

However, an unexplored but plausible explanation is that this reflects the behaviour of carers rather than women, in that carers may offer increased visits to women they know better and see more regularly. Despite the acknowledged limitations, this paper adds to the understanding of factors influencing antenatal care provision in England and Wales. Midwives seeking information on the actual number of antenatal attendances made by women should note that this information is not included in this paper. (34 references) Abstract written for MIDIRS by Julia Sanders, MRC Fellow, Department of Social Medicine, University of Bristol.

20020107-74*

Why mothers die 1997-1999. Executive summary and key recommendations. Confidential Enquiries into Maternal Deaths (2001), London: RCOG Press December 2001. 14 pages

Summary of the key recommendations of the fifth report of the Confidential Enquiries into Maternal Deaths (CEMD), produced on behalf of the National Institute for Clinical Excellence, The Scottish Executive Health Department, and the Department of Health, Social Services and Public Policy of Northern Ireland. Women were found to be of increased risk of maternal mortality if they were from a disadvantaged background, from an ethnic minority group; from the travelling community; subject to domestic violence; and had missed antenatal appointments. Major causes of death are investigated. (KL)

20020102-58

Maternal sensitivity, posttraumatic stress, and acculturation in Vietnamese and Hmong mothers. Foss GF (2001), MCN - American Journal of Maternal/Child Nursing vol 26, no 5, September/October 2001, pp 257-263

Purpose: To determine the extent of post-traumatic stress and acculturation in Vietnamese and Hmong mothers and identify their relationship to maternal sensitivity. Design: Descriptive correlational research design. Methods: A sample of 30 mothers was evenly divided between Hmong and Vietnamese who had lived in the United States 2 to 21 years, had healthy children under 30 months, and had varied education and literacy levels. Data were collected in the home using a script. The mother's sensitivity to her infant was measured by Ainsworth's Sensitivity vs. insensitivity to the Baby's Communication degree of acculturation by the Suinn-lew Self-identity Acculturation Scale (SL-ASIA), and posttraumatic stress by the Hopkins Symptom Checklist-25 (HSCL-25). Results: Depression and anxiety correlated highly with posttraumatic stress (PTS), and thus were substituted for PTS. Almost half (43%) were clinically depressed or anxious, with less acculturated mothers tending to be more anxious and de- pressed. One third had considered suicide in the previous week. Mothers found it difficult to communicate their distress to primary providers. In spite of high depression and anxiety rates, maternal sensitivity was high, and was not significantly correlated to any variable. Clinical Implications: Nurses should incorporate screening for depression and anxiety into routine assessments or discharge planning for foreign-born mothers, then refer stressed mothers to appropriate resources. It is important to not assume diminished sensitivity in depressed or anxious mothers and to consider the coaching role of the grandmother. (34 references) (Author)

20011106-37*

The quality of maternity care for ethnic minority populations. Gupta V (1995), Birmingham: University of Birmingham Health Services Management Centre December 1995. 22 pages

Report of research undertaken for a dissertation as part of a MSocSc qualification. The research aimed to discover the extent to which women from ethnic minority populations in Birmingham, a large multicultural city in England, think that the maternity services fulfil their needs, and to examine whether the expectations of women from ethnic minority groups differ from those of the indigenous population. (KL)

20010820-31

Teenage births to ethnic minority women. Berthoud R (2001), Population Trends no 104, Summer 2001, pp 12-17

This article analyses British age-specific fertility rates by ethnic group, with a special interest in child bearing by women below the age of 20. Birth statistics are not analysed by ethnic group, and teenage birth rates have been estimated from the dates of birth of mothers and children in the Labour Force Survey. The method appears to be robust. Caribbean, Pakistani and especially Bangladeshi women were much more likely to have been teenage mothers than white women, but Indian women were below the national average. Teenage birth rates have been falling in all three South Asian communities. (16 references) (Author)

20010703-31

Baby, souls, name and health: traditional customs for a newborn infant among the Hmong in Melbourne. Rice PL (2000), Early Human Development vol 57, no 3, 2000, pp 189-203

In this paper, I discuss childrearing beliefs and practices in Hmong culture. In particular I focus on issues related to souls and ceremonies for a newborn infant in Hmong society. The Hmong believe that each living body has three souls. For a newborn infant, the first soul enters his or her body when he or she is conceived in the mother's womb. The second soul enters when the baby has just emerged from the mother's body and taken its first breath. The third soul, however, will have to be called on the third morning after birth, as will be discussed in this paper. If all three souls are secured in the infant's body, he or she will be health and hence thrive well. On the contrary, the infant may become ill and eventually die if all three souls do not reside in his or her body. This, therefore, makes a soul calling ceremony on the third morning after birth essential in Hmong culture. I will show that for Hmong society to survive, the Hmong strongly adhere to their cultural beliefs and practices related to a newborn infants. These beliefs and practices tie the Hmong with not only their family and their society at large, but also the supernatural world. (32 references) (Author)

20010614-13*

Breastfeeding - a gift for life. (2000), Bradford Hospitals NHS Trust 2000

This video aims to bridge cultural and linguistic gaps and to give information to women about the benefits and management of breastfeeding, in line with step 3 of the Baby Friendly Initiative. It is especially useful for those women who do not traditionally attend parent education groups and women who do not read. There is also information for mother-in-laws and for partners. The video is available in English, Punjabi, Sylheti Bengali, and Urdu. (Publisher, edited)

20010606-4

Medical ethics and Islam: principles and practice. Gatrad AR, Sheikh A (2001), Archives of Disease in Childhood vol 84, no 1, January 2001, pp 72-75

A minimum level of cultural awareness is a necessary prerequisite for the delivery of care that is culturally sensitive. In this paper we simplify and highlight certain key teachings in Islamic medical ethics and explore their applications. We hope that the insights gained will aid clinicians to better understand their Muslim patients and deliver care that pays due respect to their beliefs. (33 references) (Author)

20010606-18

Muslim birth customs. Gatrad AR, Sheikh A (2001), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 84, no 1, January 2001, pp F6-F8

Insiders' perspective on the rites of passage recommended by Islamic teaching. The authors argue that although the customs are many and may seem unnecessarily rigid and prescriptive, to Muslims they are deeply symbolic, coherent and complementary. (19 references) (MS)

20010516-31

Muslim birth practices. Sheikh A, Gatrad AR (2001), Practising Midwife vol 4, no 4, April 2001, pp 10-13

Discusses Muslim birth practices and customs and presents information aimed at improving the care given to pregnant Muslim women and their families. (17 references) (Author)

20010409-38

Interpreting and translation in maternity care. Kaufmann T (2001), RCM Midwives Journal vol 4, no 4, April 2001, p 114

Details of a new publication by the Maternity Alliance on interpreting and translation in public services. The author suggests that while the national policy agenda is now attempting to deal with the root causes of social and health inequalities, it is questionable whether the National Health Service is really creating effective and meaningful change. (MS)

20010110-13*

As good as your word: a guide to community interpreting and translation in public services. Sanders M (2000), London: Maternity Alliance 2000. 120 pages

Language barriers are one of the major factors in restricting access to services for those whose first language is not

English. Yet it is generally agreed that there is an acute shortage in the number and use of community interpreters in Britain. The contents include detailed chapters on how to find an interpreter and the different models of interpreting as well as guidelines for working with interpreters. Advice on how to make the case for a new service includes sections on staffing and management, pay and conditions of employment, training, and systems and procedures. Extensive resources and references make up the appendices, which include codes of practice and model service specifications. (Publisher)

20000909-18*

Asian mothers, Western birth. Pregnancy, childbirth and childrearing: the Asian experience in an English-speaking country. Rice PL, editor (1999), Melbourne, Australia: Ausmed Publications 1999. 2nd ed. xiv, 292 pages

The first edition of this book was called 'Asian mothers, Australian birth' (1994). This book is about pregnancy, childbirth and childrearing experiences of Asian women living in an English-speaking country. Whether they arrive as migrants or as refugees, they bring with them a wealth of beliefs and practices that are considerably different from Western notions and that are challenged by the health care system in their new country. (Publisher, edited)

20000810-42

Striving for cultural competence. Mattson S (2000), AWHONN Lifelines vol 4, no 3, June/July 2000, pp 48-52

Because of the dramatic shifts in demographics predicted for the U.S. population in the next 25 years, AWHONN Lifelines is launching a series of articles and departments to discuss the critical issues surrounding providing culturally competent care. This article, the first in a series of three by Susan Mattson, will focus on striving for culturally competent practice, particularly by those who provide perinatal care. Watch for additional topics regarding 'Cultural Competence' as we increase coverage of this important social change within upcoming issues. (7 references) (Author)

20000809-39

The impact of maternity on the Muslim family. Bradshaw J (2000), Midwifery Today no 54, Summer 2000, pp 58-60, 69

Presents an overview of Muslim practices and beliefs with the aim of enabling maternal health practitioners provide appropriate care to Muslim families. (22 references) (SB)

20000804-18

Safety and sensitivity in motherhood: can we step through the looking-glass?. Duff E (2000), MIDIRS Midwifery Digest vol 10, no 3, September 2000, pp 306-307

In this issue's International Confederation of Midwives' feature, Elizabeth Duff talks about the difficulty in maintaining cultural equity in practice, where sometimes certain customs can cause dilemmas for midwives, eg female circumcision. But also some cultures have practices that can teach Western midwives new ways of caring for mothers and their babies. (4 references) (VDD)

20000708-09$

Does continuity of carer matter to women from minority ethnic groups?. McCourt C, Pearce A (2000), Midwifery vol 16, no 2, June 2000, pp 145-154

Objective: to explore the maternity care views and experiences of minority ethnic women who did not respond to a postal survey of mothers' responses to care and to assess whether the concept of continuity mattered to them. Design: a semi-structured narrative interview, at about six months following birth, designed to encourage women to describe their experiences of pregnancy, birth and maternity care in their own words and according to their own perspectives. Setting: maternity care in a London NHS Trust with two teaching hospital units, where women in a specific neighbourhood received caseload midwifery care as part of a pilot scheme and other women received conventional (normally 'shared') maternity care. Participants: 20 women, half receiving caseload midwifery care and half conventional maternity care. Measurements and findings: the interviews were transcribed in full and the texts analysed by open coding and grouping into conceptual areas and linking themes. Key findings related to continuity of carer are highlighted in this paper but related concepts, such as that of control will be reported in more detail elsewhere. Although detailed views and requirements were specific to these women, underlying values and priorities were similar to those reported widely in consumer research in maternity care. The women valued concepts such as communication, support, and control highly but those receiving conventional care were disappointed with their care, particularly in hospital settings and did not feel it was focused on them as a person. Women receiving caseload midwifery care held more positive views and emphasised the role of having 'their own' midwife in supporting such

concepts. They showed greater trust and confidence in the professionals and in the personal transition of giving birth. Key conclusions: this small study adds to an existing body of evidence that minority ethnic women do not receive a high quality of maternity care in conventional services and suggests that this is related to the institutional organisation of care. It does not support the assumption that the principles of Changing Childbirth, in particular that of continuity of carer, do not matter to them. Conversely, this group of women shared similar fundamental values and hopes of the service with the wider population of which they are a part but experience a greater dissonance between expectations and experience. Implications for practice: organisation of maternity care should make caseload midwifery available as a choice for such women to facilitate more woman-centred care. (66 references) (Author)

20000708-06$

Psychosocial costs of transferring indigenous women from their community for birth. Chamberlain M, Barclay K (2000), Midwifery vol 16, no 2, June 2000, pp 116-122

Objective: to describe the psychosocial effect of transferring Canadian Inuit women out of their communities for birth. Design: semi-structured interviews. Setting: two communities in the central Canadian arctic. Participants: postnatal women and their partners, Inuit community members. Main findings: women face many stressors as a result of being transferred from their community for the birth of their baby, not least of which is the lack of a partner and family, support. Stressors were categorised as emotional, physical and economic, and women were given little choice or support for the place of birth and method of delivery. Key conclusions and implications for practice: midwives need to be aware of the psychosocial disruption and stress faced by women and their families as a result of being transferred from their community for birth. Maternal/child policies and care need to focus more on the psychosocial aspects of labour, such as family and professional support, and less on the physical aspects which cannot be adequately addressed without culturally sensitive care. Consumers must be involved in the development of maternity services. (6 references) (Author)

20000520-05$

Making the most of your Revista Lamaze: culturally responsive teaching for Hispanic clients. Nadathur SL (1999), Journal of Perinatal Education vol 8, no 3, 1999, pp 30-35

The traditional classroom in many Latin American countries does not overtly support an environment of discussion, reflection, and analysis - the foundation of a Lamaze education. Even when working with couples from cultures that reflect learning styles different from our own, it is possible for the childbirth educator to be faithful to the goals of Lamaze education by changing the way in which information is presented and by encouraging learner participation. By using Revista Lamaze, combined with culturally appropriate teaching techniques, a childbirth educator can successfully educate Hispanic couples without offending their culture. (3 references) (Author)

20000413-20

Giving birth in competing cultures. Robinson J (2000), British Journal of Midwifery vol 8, no 4, April 2000, p 246

It can be easy to crudely stereotype women from cultures other than one's own, but as the details of a new book on the experience of Bangladeshi and Gujerati women in the United Kingdom remind us (1), such stereotyping should be avoided at all costs. Katbamna S. 'Race' and childbirth. Buckingham: Open University Press, 2000. (3 references) (JAL)

20000213-27$

African American mothers' responses to hospitalization of an infant with serious health problems. Miles MS, Wilson SM, Docherty SL (1999), Neonatal Network vol 18, no 8, December 1999, pp 17-25

Purpose: To describe African American mothers' experiences related to the hospitalization of an infant with serious health problems. Design: Retrospective descriptive. Sample: 19 African American mothers with premature and term infants who were hospitalized at birth for serious health problems related to sequelae of prematurity or birth defect. Main Outcome Variable: African American mothers' recollections about the hospitalization of their seriously ill infant. Results: The mothers worried primarily about when the baby could go home. Their greatest source of stress was separation from the infant. Seeing their sick infant was also stressful and evoked shock, fear, denial, guilt, and helplessness. Mothers sought hope by seeking information and cues from the infant and by praying to God. Mothers established a relationship with their infant by visiting regularly and by learning how to care for him. Some mothers feared getting attached to an infant who might die. Mothers' highest source of satisfaction was support from the health care team. (53 references) (Author)

20000207-26

Culturally competent nursing care during the perinatal period. Willis WO (1999), Journal of Perinatal and Neonatal Nursing vol 13, no 3, December 1999, pp 45-59

Effective nursing interventions require culturally competent nursing practice. Nurses can develop the skill sets needed to provide culturally competent care. These skills derive from nursing principles and practice that support respect for individual dignity and self-determination. Sweeping changes in health care delivery have shortened the length of client exposure to nursing care, especially in perinatal nursing. Moreover, changes in the United States population challenge the nurse's ability to respond appropriately to the expectations, values, and beliefs of many diverse cultural groups. Nursing theoretical frameworks provide a basis for cultural competence in practice. (38 references) (Author)

20000203-33*

Bedside manners: working in a multicultural environment. Voluntary Service Overseas (VSO) (1999), London: Voluntary Service Overseas January 1999

VSO today (5/1/2000) launches Bedside Manners, a new education resource pack aimed at health professionals who wish to improve their understanding of patient needs in a multi-cultural society. Bedside Manners is designed to address the absence of cultural information given during health training. Research sponsored by the English National Board for Nursing, Midwifery and Health Visiting, for example, found that in nursing and midwifery curriculums 'topics relating to the health beliefs and health needs of minority ethics communities...tended to receive only scant attention'. The resource is suitable for NHS Trust training departments and universities. It is designed as a two hour session that will facilitate discussion around multi-cultural issues. Former nurse and returned VSO volunteer Liz Smith designed the resource pack. She says 'The Macpherson report brought wider recognition to the fact that institutional racism occurs at all levels of an organisation and can often be attributed to a lack of understanding. Bedside Manners is for health professionals who wish to test their own awareness of other cultures in this climate.' Bedside Manners was developed as part of VSO's work in the UK. In addition to sending volunteers overseas, VSO runs a health network that helps returned volunteers raise awareness of other cultures. The resource was tested at Oxford Brookes University. Includes guidelines specific to particular health care professionals, including midwives.(Author, edited)

20000102-21*

'Race' and childbirth. Katbamna S (2000), Buckingham: Open University Press 2000. 151 pages

This book explores the experiences of pregnancy and childbirth from the perspective of two groups of South Asian women in Britain. The women's personal accounts are examined within the context of the immense diversity which exists within the South Asian communities in terms of socioeconomic, cultural, religious and immigration history. The book highlights the relationship between these factors and women's childbirth experiences. It traces the progress of a group of Gujerati Hindu and Bangladeshi Muslim women from the third trimester of pregnancy to six weeks after birth. The women's moving personal accounts provide an insight into the tension between the medical and traditional approaches to care during pregnancy and childbirth, and the strategies they use in negotiating diametrically opposed childbirth practices. The central role of older female relatives in the maintenance of traditional practices and their influence over pregnant women within extended families is explored in depth. (202 references) (Publisher)
