FACT SHEET

Immigrant Women's Experiences of Maternity-Care Services in Canada: A Narrative Synthesis

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Study funded by the Canadian Institutes of Health Research Knowledge Synthesis Grant (FRN: KRS116880)

Background:

Female immigrants constitute an increasing proportion of births in industrialized countries and may have a higher fertility rate than those born in these countries [1]. In Canada, 52% of immigrants are women [2]. The diverse and multicultural nature of Canadian society and Canada's statutory commitment to multiculturalism means that the synthesis of knowledge related to immigrant experiences of maternity care is an urgent imperative because of rapidly changing demography and the potential to realize health potential. Synthesized evidence is needed in order for knowledge users within multiple sectors to appropriately configure maternity services and programs. Partnering with key stakeholders, we conducted a systematic review using a narrative synthesis approach to answer the research question [3]: (a) ***What are the experiences of immigrant women in accessing and navigating maternity services in Canada?*** and (b) **the effects of the perceptions and experiences of these women on their birth and postnatal outcomes**? Literature search of electronic databases and grey literature resulted in the selection of 24 primary research papers for inclusion in this study.

Key Themes and Findings:

Utilization of prenatal care and classes – Generally, research studies included in this systematic review reported that many immigrant women were far less likely to have knowledge about or attend prenatal classes.

Adequacy of perinatal care – While some immigrant mothers reported satisfaction with the adequacy of care they received, this was not consistent across the country. Some immigrant mothers reported inadequate perinatal utilization due to lack of health insurance coverage. There were also reports that immigrant mothers were not informed about the availability of and support for prenatal classes, or their purpose. In other cases, the delivery of prenatal care and classes provided to immigrant mothers lacked cultural and religious sensitivity. For instance, allowing men to be present caused great discomfort amongst participants. Studies reporting on adequacy of *delivery and in-hospital care* showed mixed perceptions amongst immigrant mothers. While some studies reported satisfaction for the care they received in the hospital, there were those that reported incidents of poor treatment received from the hospital staff with respect to cultural sensitivity (e.g., lack of sensitivity amongst care staff regarding female circumcision), delivery options, pain management, and lack of or inappropriate communication between care provider and immigrant mothers. In exploring the adequacy of *postpartum care* reported by immigrant mothers, immigrant mothers' experience also varied greatly. While those in Ontario were reported to have access to an obstetrician or public health nurse [25], immigrant mothers in other parts of the country were not routinely contacted by a health care provider after discharge to address issues such maternal depression and social isolation [14, 15].

Barriers identified in the pre and postnatal periods – The barriers identified related to immigrant mothers' access to, and experiences of maternity-care services in the Canada include: lack of knowledge amongst immigrant mothers, especially as related to breastfeeding and postpartum depression (PPD) [4, 24]; language barriers, transportation problems, difficulty making appointments, partner's absence, child care absence, cold weather, perceived inappropriate referral, and cultural practices differences [9]; wait times for appointments [19]; presence of men in prenatal classes that contravened religious beliefs [21]; lack of health insurance [13, 21]; concerns about families' ability to manage potential complications [22]; and time constraints [24].

Isolation and limited social support – Social support was a key factor identified by immigrant parents that helped them in accessing maternal services in Canada. Immigrant parents with babies in the neonatal intensive care unit {NICU) reported appreciation of social supports received from family, friends, NICU staff, a spouse or partner, long-distance support via the telephone, other children, and church [27]. Community health nurses were also identified as playing a key role in supporting immigrant mothers. [19].Unfortunately, despite the identification and documentation of psychosocial concerns, immigrant women generally received low social support at home [14, 25]. These mothers reported lack of knowledge with regard to the availability of support services in the community related to issues such as breastfeeding, and PPD; this often led to feelings of social isolation [17, 24].

Access to appropriate information – The studies reviewed indicated that, generally, immigrant mothers did not receive appropriate information regarding maternal and child health before and during their pregnancy [15], and after delivery of their babies [25]. In some instances, interpreter services were not available; this prevented some immigrant mothers from expressing their concerns, or understanding teaching and information that was provided to them [17]. Mothers with PPD, who accessed psychological support, had received the information from their friends and advertisements [4].

Outcomes Related to Access to and Use of Services – A study related to *birth outcomes* indicates that despite inadequate prenatal care for uninsured women, they had similar outcomes with respect to gestational/fetal age, birth weight, number of vaginal deliveries, number of induced deliveries, use of epidural analgesia, and attendance at the postpartum visit [13]. Studies that explored immigrant mothers' access to and use of *postpartum mental health* services showed that newcomer women were likely to experience PPD [17, 23]. Immigrant mothers experiencing PPD generally became aware of the services to help them by way of advertisements and friends, and not from information obtained from health care providers [4, 19]. With respect to *breastfeeding and childcare issues*, fewer immigrant women were reported to have accessed prenatal classes compared to Canadian-born women [15]; this may have resulted in breastfeeding difficulties amongst immigrant women in 1 study [14]. Nevertheless, breastfeeding initiation was reported to be similar for both groups, with immigrant mothers being 1.7 times more likely to breastfeed at three months [15].

Key Messages and Recommendations:

- Health care professionals should be aware of not only the basic postpartum health needs of immigrant women but also to their income, learning, and support needs (especially community resources) by ensuring effective interventions and referral mechanisms, particularly for income and social support.
- Fewer immigrant women than Canadian-born women were reported to have accessed prenatal classes on breastfeeding and childcare[15]
- Provision of culturally safe and appropriate care is essential to enable care providers to understand the cultural manifestations and context of PPD and the provision of training on culturally safe care. [25].
- Greater communication between nurses and physicians may allow for knowledge transfer and collaborative care about issues (particularly psychosocial) [18].
- Although generally given the opportunity to obtain necessary services, immigrant women in Canada face many barriers related to utilization of and access to services, including language challenges, potential 'cultural clash', availability and awareness of appropriate information and supports as well as discordant expectations on the parts of the women and service providers.
- Enhancements to maternity care for immigrant women will ultimately benefit not only these women but also the health of future generations of Canadians
- Carefully interpreted findings will allow for knowledge users within multiple sectors to strategically enhance maternity care services and professional development, in order to ensure timely and appropriate provision of culturally congruent maternity care.

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Assigned ISBN: 978-1-55195-342-7