

migrant-friendly hospitals

Subproject B:

Migrant-friendly information and training in mother and child care

Fact Sheet

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Mother and Child Health

Migrant and ethnic minority women are a particularly important target group for hospitals. Their birth rate being significantly higher than those of women in Western societies, they often present a large share of the clients at maternity departments (e.g.). Mother and child health for migrants and ethnic minorities has been highlighted as an area of particular concern for health policies and programmes () for several reasons:

- Migrant status is associated with low birth weight () and higher infant mortality (). Ethnic minority status has been shown to be one of the main predictors of severe maternal morbidity, including haemorrhage, preeclampsia, sepsis, and uterine rupture (). Studies show that immigrant status is a highly significant predictor for postpartal depression (PPD) ()
- Access to and quality of care is negatively influenced by the insufficient consideration of women migrants' lower educational and literacy levels and the problems they experience related to their low social-economic status (). Compared to the average population, migrant women were found to receive inadequate care more frequently in both pre- and postnatal care (,)
- A lack of prenatal care has been shown to correlate with poor infant outcome. Studies have identified that groups coming from lower social class, ethnic minorities have a higher risk of underusing prenatal care

In Europe most births take place in hospital maternity wards. Therefore, it is the hospital setting which offers us the chance to reach the majority of parents-to-be to offer them information, education and training. Courses for pre-, peri-, and postpartal care and behaviour are part of the services offered by most hospital maternity wards. They can be used as starting points for developing programmes tailored to migrants' needs.

Empowerment of migrant and ethnic minority women through the development of personal resources and care settings

The empowerment of clients is an important strategy in health care and health promotion. () In general, this requires a shift in paradigm: from solving problems for people to supporting people to solve problems themselves by developing personal resources and social settings. Recent discussions on this issue stress the relevance of improving health literacy as a personal resource that helps people to get the access to and properly use health care as well as to improve their self-management skills. (Levin-Zamir, Peterburg 200;)

Studies demonstrate the association between maternal literacy and child health (Sandiford P, Cassel J. et al. 1995).

Improvements in the health of mothers and children require a high level of awareness among the parents-to-be of which **services** are available, of what is important in pre- and postnatal care, of the **behaviour** relevant for the health of mother and infant. The importance of awareness on these issues makes raising health literacy levels and increasing migrants' ability to act through adequate information and training a key intervention, especially for the phase after childbirth, when young mothers are faced with the need to cope with a new situation in their daily life.



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Focus on postpartal care

According to the WHO working definition, the postpartal period starts about an hour after delivery of the placenta and includes the following six weeks (). This period covers a critical transition time for a woman, her newborn and her family on the physical, emotional and social levels. Despite the fact that the majority of maternal deaths and disabilities occur during the postpartal period, postpartal care is often neglected in maternity care. (). WHO sees quality postpartal services as a long-term investment in the future of women and their newborn, an investment of which comprehensive and culturally sensitive parenting information and training are a part. Studies show that parenting information is seen as an important issue both for educators and for participants of perinatal training courses but is nevertheless often not sufficiently covered in courses because of time restrictions and interests of the moment (pregnant women are naturally more interested in information about delivery and the skills needed immediately after birth) ()

Especially for ethnic minority women who have immigrated to the so-called developed countries, problems in the postpartal period are altered. Migrant women are often isolated in their new country and find themselves an alien health system, separated from the birth and postpartum practices that are normal for them. (, ; ; ,)

A study on postpartum depression among migrant women in Australia points out 5 problem areas that are experienced: feelings of isolation in a foreign country, inability to cope with fulfilling traditional gender roles, fear of failure, insufficient knowledge of PPD and existing support services, lack of centers that provide culturally adequate education courses. ().

Recommendations for strengthening the quality of postpartal care stress the importance of guidelines, tools on examining cultural perceptions of postpartal events, and health education material that must be accurate, attractively presented, and of high quality (WHO-twg, 1997). Information given before and after childbirth must be consistent, simple, manageable, and meaningful to the women attending an education program. ()

Options for solutions – Subproject B

Subproject B in the **mfh** initiative aims at implementing information and training for pregnant women and/or mothers of newborns as follows:

- Offering information in a culturally adequate format as regards time, organisation, and skills of the professionals involved;
- Providing culturally sensitive and adequate information with special attention to the phase after delivery and hospital stay (postnatal care);
- Using adequate formats for information material in consideration of prevalent literacy levels (videos, written info material in migrant languages, “comics,” etc.).

The proposed intervention is built up in modules, following 4 quality dimensions:

- Appropriate access to and provision of information and training
- Appropriate information in terms of content
- Appropriate information in terms of the format (sensitive to literacy levels and culture)
- Appropriate relationship between clients and facilitators (culturally sensitive, empowering)

The modular structure offers the possibility to plan and implement measures in accordance with the resources available within the participating hospitals. Depending on the resources and needs of maternity wards participating in SPB, the intervention can range from implementing an existing tool (e.g., translating a breastfeeding video) to the development and implementation of a training course using new developed information material presented by trained facilitators.

Appendix



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Models of good practice for culturally adequate mother and child health care

Improving pregnancy outcomes for Hispanic women

Proposition of a model of prenatal care:

- Comprehensive, culturally sensitive care
- Encouragement of women's self-care during pregnancy

Source: Pearce & Hawkins 1996

Good communication practice in maternity services

Comprehensive approach to address the needs of ethnic minority women in the community, including:

- Ensuring access to parent education and information (e.g. home visits, women only sessions)
- Accessible delivery of culturally appropriate parent education and information
- Taking account of traditional practice around maternity and childbirth
- Cultural awareness sessions for all staff, with input from migrant community representatives

Source: Khan 2003

Breastfeeding – A Gift for Life

- Information video on the benefits and management of breastfeeding in English, Urdu, Punjabi and Bengali
- Video is lent free of charge to each new mother leaving the hospital

Source: Khan 2003

Developing Culturally and Linguistically Appropriate Prenatal Health Education Materials for Spanish-Speaking Women

- Protocol for adapting existing English-speaking health education materials to serve non-English speakers
- Evaluation of translated materials through quantitative (cloze testing) and qualitative data (Reader Verification Interviews)

Source: Gonzales & Smith 1999

I hear you / Te entiendo: A bilingual guide for maternal and infant health

- Programme kit in English and Spanish (two audiotapes and one written guide) designed to meet the information needs of Latino families during pregnancy, labour and delivery, and in the first days after birth
- Topics include: prenatal care, labour and delivery room assessment, mother-baby care room
- Appendices include graphics and word lists for anatomy and everyday expressions, explanations of Latino culture for English speakers, and for Spanish speakers, information on characteristics of the newborn, vaccinations, tests, and how to relate to the hospital environment

Source: Brewster & Cohen, 1998, <http://www.modimes.org>

WHO/UNICEF Baby-Friendly Hospital Initiative

The baby-friendly hospital initiative aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm, thus helping to reduce the levels of infant morbidity and mortality in each country. The objectives are to

- Enable mothers to make an informed choice about how to feed their newborns
- Support early initiation of breastfeeding
- Promote exclusive breastfeeding for the first 6 months
- Ensure the cessation of free and low cost infant formula supply to hospitals
- Include, possibly at a later stage and where needed, other mother and infant health care issues

Source: WHO Europe website: http://www.euro.who.int/nutrition/Infant/20020730_2



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Further info: <http://www.babyfriendly.org.uk/home.asp>

Transcultural aspects of perinatal health care: A resource guide

- Resource guide informing about perinatal health care issues of various cultures (incl. Cambodian, Chinese, Judaism, Hmong, Korean and Mexican)
- Each section contains information and history about the culture, health and illness, pregnancy and prenatal care, labour and birth, post-partum and newborn care, family planning as well as death and burial rituals
- Includes references for further reading

Source: Calsada and Conley et al., 2001; <http://www.nationalperinatal.org>

Cross-cultural care giving in maternal and child health care. A trainer's manual

- Train the trainers manual providing information on training health care providers to delivery maternal and child health services to refugees and immigrant populations while taking their cultural, linguistic and epidemiological needs into account, including appropriate perinatal education
- The manual provides introductions, background materials, instructional guidelines, exercises and references for four training modules
- The training modules cover: working with interpreters, conducting cross-cultural medical interviews, health beliefs and practices across cultures, and family dynamics and domestic abuse

Source: New York Task Force for Immigrant Health 1995



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