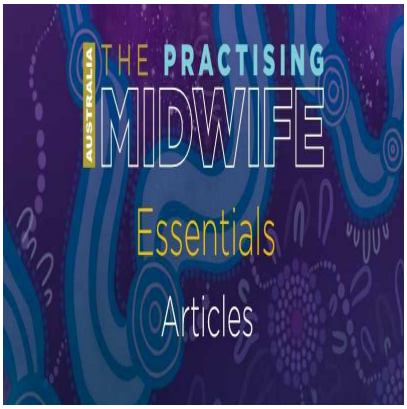


Description

Culturally-Responsive Maternity Care

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Summary

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.



What does it mean to be culturally safe? What influences cultural safety?

Midwives are in a privileged position to advocate for women's rights and ensure the woman has a dignifying and humanising birth experience. One of the factors influencing women's perception of their birth experience is through health professionals' actions and interactions. For midwives unfamiliar with certain cultural beliefs and practices, working in partnership with the woman and/or her community and other health care workers to embrace cultural diversity enhances trust, effective communication, comfort and reciprocity.

Culturally-responsive care in maternity is care that is respectful to the woman's cultural beliefs, practices and traditions.[1] Cultural safety is a reflective process where a midwife analyses their own cultural biases and attitudes. By doing this, midwives are then open to engaging with people (women, their partners and family) from other cultural groups.[2] Cultural safety underpins our practice and is a key obligation for midwives in their standards of practice by the Nursing and Midwifery Board of Australia (NMBA).[3]

Significance of culturally-responsive maternity care

Women from migrant and refugee backgrounds represent an increased proportion of maternity care users in Australia. Issues related to resettlement can contribute to poorer perinatal outcomes and poor access to maternity services.[4] As a result of lack of access to maternity services, the likelihood of unfavourable maternal and neonatal health outcomes such as preterm birth and congenital anomalies, stillbirth and caesarean section is increased.[5,6] There is significant heterogeneity among migrant and refugee women and their experience of antenatal care. Women bring with them knowledge and practices from their home countries. Migrant and refugee women are diverse and have differing issues

and outcomes. As well as cultural background, women's experiences differ with migration status, educational level and prior experience of pregnancy and birth. However, there are some common issues that can affect uptake of antenatal care by migrant and refugee women. These include lack of knowledge and awareness of the western maternity health system, and cultural factors – adhering to cultural and religious practices. This is a significant barrier as women are in conflict about what is best for them and their baby and needing to adhere to cultural norms and practices. For many women who have migrated to Australia from another country, they often leave family and friends, leaving them with little support.[7]

The World Health Organization (WHO) recommends supporting 'culturally-appropriate' maternity care services to improve maternal and newborn health. Culturally-appropriate services, or providing care which takes into account the preferences and aspirations of individuals and the cultures of their communities, is an important component of quality of care.[8] Health care providers that lack cultural competence can influence women's decisions due to their interactions and actions and by inciting fear in women.[7,9]

> "Women bring with them knowledge and practices from their home countries. Migrant and refugee women are diverse and have differing issues and outcomes. As well as cultural background, women's experiences differ with migration status, educational level and prior experience of pregnancy and birth."

When maternity care is unresponsive to cultural and religious needs

Research studies have reported that women from culturally- diverse communities face unpleasant, unwelcoming and disrespectful interactions with health professionals including negative attitudes, discrimination and racism. These interactions with health professionals perpetuate feelings of anxiety and shame.[10]

A recent systematic review[10] revealed that women perceived health care professionals to be unfriendly, disrespectful, failed to respond to their concerns in a caring matter and ignored them. Women felt they were treated differently, and their customs and culture were not understood by those caring for them. Many of the women were left traumatised.

As with culture, religion influences women's choices, such as model of care and choice of health care provider. Understanding faith and major spiritual events in pregnancy will ensure a woman-centered approach to care. A systematic review of Muslim women's experiences of maternity services in the UK reported women relied on their Islamic faith to shape and influence decision making. Health professionals had limited knowledge of the importance of practising Islamic beliefs. Many of the women were the receivers of negative maternity care and often encountered stereotypical and discriminatory behaviour.[11] A lack of cultural awareness from health professionals prevents women from practising cultural traditions they deem necessary to uphold during a sacred time in pregnancy, labour, birth and the postnatal period.[7]

> "Employing staff members who share linguistic and/or cultural backgrounds with target cultural groups is one of the most effective strategies to culturally-responsive maternity care."

Recommendations for midwifery practice: a solution-based focus

Employing staff members who share linguistic and/or cultural backgrounds with target cultural groups is one of the most effective strategies to culturally-responsive maternity care. Women appreciate being provided with services that will support their unique needs. These services enhance and promote effective communication between women and service providers through lived experience.[4] These services also seek to build relationships and trust with target groups through friendly, non-judgemental, culturally-sensitive and respectful interactions, an empowering approach giving women choice and continuity of care. The effectiveness of a Cross Cultural Worker Service/model in Australia maternity care has been evaluated[12] and found 84-94% of women and their partners perceived the service to be useful as it increased their understanding of pregnancy, birth and parenting and 92- 98% recommended the service.[7,10] Reviews highlight that women appreciate and value health care professionals who demonstrated cultural sensitivity. Continuity of care was seen as an important factor in building a trusting relationship. Individualised care, with friendly, unhurried health care professionals encouraged and promoted a comfortable environment. Fragmented care provided by different midwives negatively influenced care and women's willingness to attend appointments.

Another potential strategy to facilitate culturally-responsive care is support throughout pregnancy, childbirth and

postnatally from community-based doulas. Community-based doulas are doulas who are trained in providing continuous emotional, physical and social support for women in pregnancy, labour, birth and postpartum.[13] At times, women will choose a doula that shares the same cultural and/or racial backgrounds for mutual understanding. Continuous support in labour and birth from a doula has a positive impact on the duration of labour, birth outcomes and childbirth experiences.[14] A recent systematic review found that community participation, and in particular community-based doulas, provided continuity of care and culturally-responsive and respectful care across the childbearing continuum for migrant women in high-income countries.[15]

Access to interpreters for women who request an interpreter and having the service readily available for women where English is not their primary language is an approach to care that is culturally sensitive, holistic and provides women with psychosocial and practical support.[4]

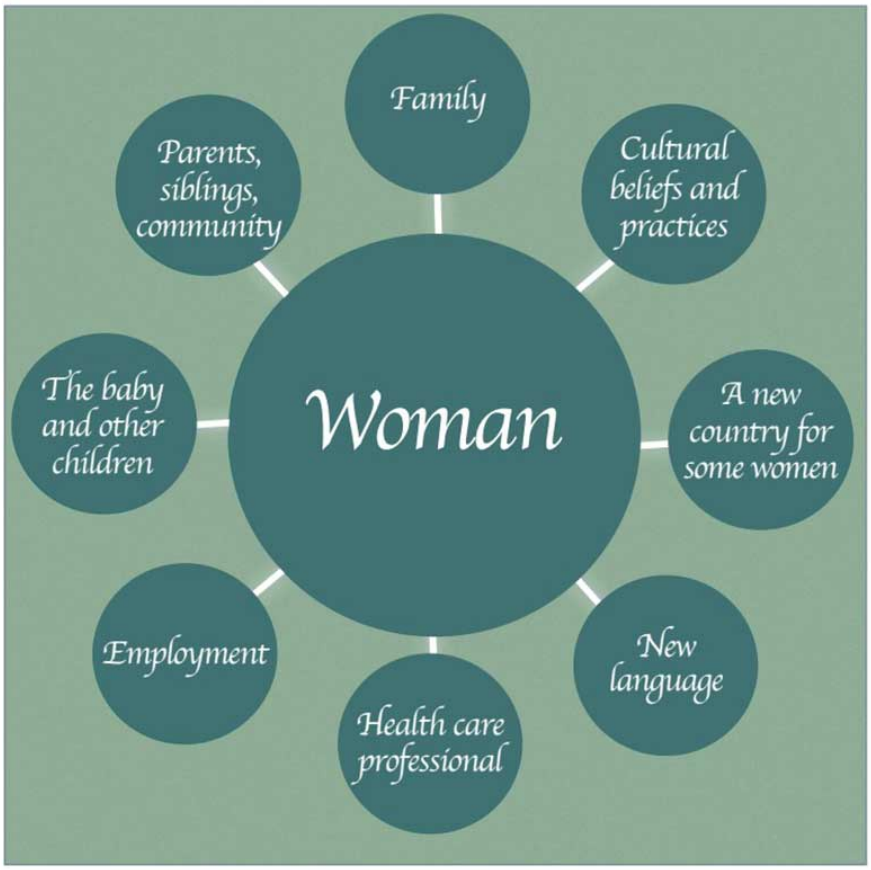
Providing care to all women that is trauma-informed needs to be standard practice. Health professionals are only privy to the information women are willing to share. Creating an environment that is safe to allow for open disclosure will ensure women feel comfortable sharing some of the most intimate and personal details in their lives. Adopting an open communication style that underpins trauma-informed care principles of safety, trustworthiness, collaboration, empowerment and respect for diversity to guide midwifery practice is fundamental.[16] However, midwives are not always provided with education on how to implement trauma-informed care principles in their practice and interactions with women. An integrative review identified the nature and extent of trauma-informed care education provided for midwives and midwifery students. Interestingly, the review findings reported most midwives did not receive previous trauma-informed care education and lacked confidence to provide quality care to women with lived trauma. More in-depth content and content delivered in different modes was recommended.[17] Similarly, cultural competence education and training for midwives also appears to be beneficial. A significant improvement in midwives' knowledge, skills and self-perceived cultural competence is seen with education tailored to midwives learning needs.[9]

Conclusion

Maternity models of care should be designed to meet women's needs to ensure equitable access to services and to address health inequalities. Most importantly, models of care need to be culturally responsive and with the same midwife to ensure continuity. Women value culturally-responsive maternity care that values their decisions, embraces their cultural needs, continuity, effective communication and improved access to services which could potentially improve their satisfaction with health care professionals and birth experiences. **TPM**

Reflection

Figure 1: **Depicts some of the facets influencing women's decision-making in maternity. There could be more circles depending on the women's individual circumstances**



References

1. Olco? K, Rambaldini-Gooding D, Degeling C. Implementation gaps in culturally responsive care for refugee and migrant maternal health in New South Wales, Australia. BMC Health Serv Res. 2023;23(1):1-9. doi.org/10.1186/s12913-023-09066-7.
2. Phiri J, Dietsch E, Bonner A. Cultural safety and its importance for Australian midwifery practice. Collegian. 2010;17(3):105-111. doi.org/10.1016/j.colegn.2009.11.001.
3. Professional standards: Code of conduct for midwives. Nursing and Midwifery Board of Australia. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/ Professional-standards.aspx. Updated June, 2022.
4. Rogers HJ, Hogan L, Coates D, Homer CSE, Henry A. Responding to the health needs of women from migrant and refugee backgrounds-Models of maternity and postpartum care in high-income countries: A systematic scoping review. Health Soc Care Community. 2020;28(5):1343-1365. doi.org/10.1111/ hsc.12950.
5. Boerleider AW, Wiegers TA, Mannien J, Franke AL, Deville WJLM. Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review. BMC Pregnancy Childbirth. 2013:13(1):81. doi.org/10.1186/1471- 2393-13-81.
6. Heslehurst N, Brown H, Remu A, Coleman H, Rankin J. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. BMC Medicine. 2018;16(1):89. doi.org/10.1186/s12916-018-1064-0.
7. Pangas J, Ogunsiji O, Elmire R, et al. Refugee women's experiences negotiating motherhood and maternity care in a new country: A meta-ethnographic review. Int J Nurs Stud. 2019;90:31-45. doi.org/10.1016/j.ijnurstu.2018.10.005.
8. Improving the experience of pregnant and birthing women. WHO. https://www.who.int/news/item/12-10-2023-

improvingthe-experience-of-pregnant-and-birthing-women. Published October 12, 2023.
9. Fair F, Soltani H, Raben L, et al. Midwives' experiences of cultural competency training and providing perinatal care for migrant women a mixed methods study: Operational Refugee and Migrant Maternal Approach (ORAMMA) project. BMC Pregnancy Childbirth. 2021;21(1):340. doi.org/10.1186/s12884-021- 03799-1.
10. Fair F, Raben L, Watson H, et al. Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: A systematic review. PLoS One. 2020;15(2):e0228378. doi.org/10.1371/journal.pone.0228378.
11. Firdous T, Darwin Z, Hassan SM. Muslim women's experiences of maternity services in the UK: qualitative systematic review and thematic synthesis. BMC Pregnancy Childbirth 2020;20:1-10. doi. org/10.1186/s12884-020-2811-8.
12. Rogers HJ, Homer Ao CSE, Henry A. Perspectives of women and partners from migrant and refugee backgrounds accessing the Cross Cultural Worker Service in maternity and early childhood services-a survey study. BMC Health Serv Res. 2023;23:1-15. doi.org/10.1186/s12913-023-10194-3. 13. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2017;7(7): CD003766. doi. org/10.1002/14651858.cd003766.pub6.
13. Khaw SM-L, Homer CSE, Dearnley R, O'Rourke K, Akter S, Bohren MA. Collaborative relationships between doulas and maternity care providers when supporting migrant women during labour and birth. Midwifery. 2023;125:103791. doi. org/10.1016/j.midw.2023.103791.
14. Jones E, Lattof SR, Coast E. Interventions to provide culturally-appropriate maternity care services: factors affecting implementation. BMC Pregnancy. Childbirth. 2017;17(1):267. doi. org/10.1186/s12884-017-1449-7.
15. What is trauma-informed care? NSW Health. https://www. health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/ trauma-informed.aspx. Published 2022.
16. Long T, Aggar C, Grace S, Thomas T. Trauma informed care education for midwives: An integrative review. Midwifery. 2022;104:103197. doi.org/10.1016/j.midw.2021.103197.

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