

Migration, minorities and maternity services: a three-country comparison

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BACKGROUND & AIM

- Migrant health status is undoubtedly multi-factorial, although central to mitigating or exacerbating disadvantages of migrants is the role of the healthcare system.
- Large-scale immigration leads to an increasingly high proportion of births being of ethno-culturally diverse origins.
- Since the large majority of pregnant women require and search out contact with various healthcare services and practitioners, this may present as an opportune time and avenue to assess and more importantly improve the health and wellbeing of migrant and minority women and their future children.
- Moreover, maternal and infant health research can be essential to inform the current public health agendas.
- A study project group from Germany, the United Kingdom (UK) and Canada undertook a range of activities to scope out and compare in a holistic manner the experience of migration and maternity in the three countries.
- The primary aim was to gain understandings of and develop conceptual and methodological frameworks for comparing maternity care services as provided for and experienced by migrants/minorities. Specific emphasis was placed on examining how migration and consequent ethno-cultural diversity have been problematized and responded to within the respective healthcare systems.

OBJECTIVES

- To establish a clear and comprehensive conceptual framework that is informed by, and has pertinence to, the three countries of focus.
- To establish a detailed methodological approach for further investigation
- To establish an explicit operational structure that enables active involvement of policy-makers, practitioners and users/consumers.



METHODS

Desk-review work and consultations within each country

- Exploration of the similarities and differences between the country settings in terms of (1) data availability and (2) pertinence of research questions.
- To compare terminology and concepts in use across the country contexts in relation to migration, minorities, diversity and integration → Comprehensive narrative review of literature and policy documents & electronic consultation with selected experts
- To identify challenges to maternity services delivery → Consultation with practitioners, academia, and user/consumer groups both individually and through workshops hosted within each country
 - Beyond generating information, another major intention with the workshops was to encourage membership in ongoing advisory groups.

A three-country symposium (Berlin, 2008)

- To allow project team members to share findings and undertake planning for development of the cross-country research program.

Team members in each country produced a background document highlighting key terms and themes in use as well as potential areas of confusion and contention as compared to the other countries.



FINDINGS

Theoretical concepts and terminology relating to migration & minorities in the three countries

- Significant diversity exists in the language and concepts employed within the three countries.
- Not only do these discourses evolve over time, but they also frequently exhibit disparate strands within and between countries.
- Academia within the UK have developed substantial critical commentary on the conduct of research into issues of migration, 'race' and ethnicity, which is underlined by the caution against inadvertently contributing to marginalization and stigmatization of minority groups.
- In Canada, academic, policy and public discourse around migration and diversity is importantly shaped by the legacy of abuse and neglect of indigenous peoples.

While Germany tends towards assimilationism and the UK and Canada towards multiculturalism, the three countries are collectively characterized by interventions that tend to:

- Emphasize difference between the powerful 'majority' and minorities;
- Promote culturalist explanations of minority disadvantage;
- Pathologize and essentialize minority cultures; and
- Fail to address structural disadvantage.



Contrasting policy and practice contexts but similar challenges for maternity service delivery

England → Since the 1990s has pursued a radical agenda for change in maternity services, including movements towards an enhanced role for midwives, continuity of care and community-level provision, in addition to a commitment to delivering services which are 'woman-focused' and flexible.(1,2) The policy guidance document, *Maternity Matters* (3), explicitly broadens the responsibilities of maternity services beyond the production of healthy babies and satisfied mothers, to the enhancement of the wellbeing of families. Importantly, this document strongly reiterates a commitment to meeting the needs of vulnerable and disadvantaged women and their families. Unfortunately, socioeconomic and ethnic disparities in low birth weight, perinatal and maternal mortality remain great.(3,4)

Canada → Maternity care is a provincial matter although each province and territory must comply with the Canada Health Act, 1984. Around 98% of births are attended by physicians, most commonly obstetricians but also family physicians.(5) Midwifery only began to be regulated, by Ontario, in 1992, and has not received nation-wide provincial regulation. Recent national guidelines, explicitly refer to population diversity and the need to tailor services to the needs of those they serve.(6) Data from a recent national survey unfortunately does not adequately represent immigrant women.(7)

Germany → Very little attention has to-date been directed to the maternity service needs of migrant women within Germany. The website of the German College of Gynaecologists and Obstetricians has scant mention of migrant women and only in relation to HIV/AIDS, genital mutilation, breast cancer and gestational diabetes.(8) Predominant focus is on obstetric risk, rather than patient experiences or the social determinants of maternal and perinatal health. Midwives enjoy a comparatively high legal status, but medical models predominate in maternity care and almost all women choose an obstetrician for their care.(9) Good maternal outcomes, but no established links between the provision of prenatal care, delivery, and postnatal care

Similarities:

- Ineffective cross-language and cross-cultural communication;
- Lack of supportive services to enable women to effectively navigate the health system and exercise choice;
- Failure to recognize and respond acceptably to the complex issues within some migrant women's lives (trauma, isolation, mobility, poverty);
- Failure to recognize and develop initiatives to help treat or prevent co-morbidities, particularly those pertaining to ill mental-health;
- Low levels of confidence and cultural competence among healthcare practitioners;
- Discrimination, stereotyping and insensitivity evident at provider and program levels;
- Absence of continuity of care and inadequate follow-up in both ante- and post-natal periods;
- Failure to appreciate the diversity of needs and circumstances among migrant/minority populations; and
- Sole existence of short-term, ad hoc maternity-related initiatives that lack sustained funding.

Methodological approaches for cross-country comparison

- Availability and quality of data/literature & information shared by the consulted individuals and workshop participants allowed determination of the most appropriate methodological approaches to undertake for enabling meaningful comparison of maternity services in the three countries.
- UK and Canada have a reasonable amount of available data from qualitative inquiry, such that a meta-synthesis would be appropriate.
- Conversely, the limited work related to migrants/minorities and maternity in Germany urges the design and undertaking of a new qualitative study.
- Clarifying the content and details (e.g. determinants of poor maternal and neonatal outcomes) of the quantitative datasets for the countries made it possible to identify feasible research questions.

Service user and practitioner engagement and advisory groups

- An effective operational structure would be critical for advancing the research program to plan and evaluate interventions, and to create broad theoretical and practical insights of how healthcare systems can promote better health outcomes for migrants and minorities.
- The workshops' inclusion of maternity care providers as well as decision-makers enabled all three countries to progress substantially in this regard.
- Various stakeholders and practitioners demonstrated great enthusiasm for the future research and important contributions were offered towards the proposal under development.

CONCLUSIONS

- Methodological challenges are largely encompassed by differences in terminology, patterns of and responses to migration, and patterns of maternity care service.
- There is significant potential for cross-country learning, although at present the availability of quality data and detailed understandings of migrant/minority maternity experiences and outcomes is shockingly absent across all three countries.

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