

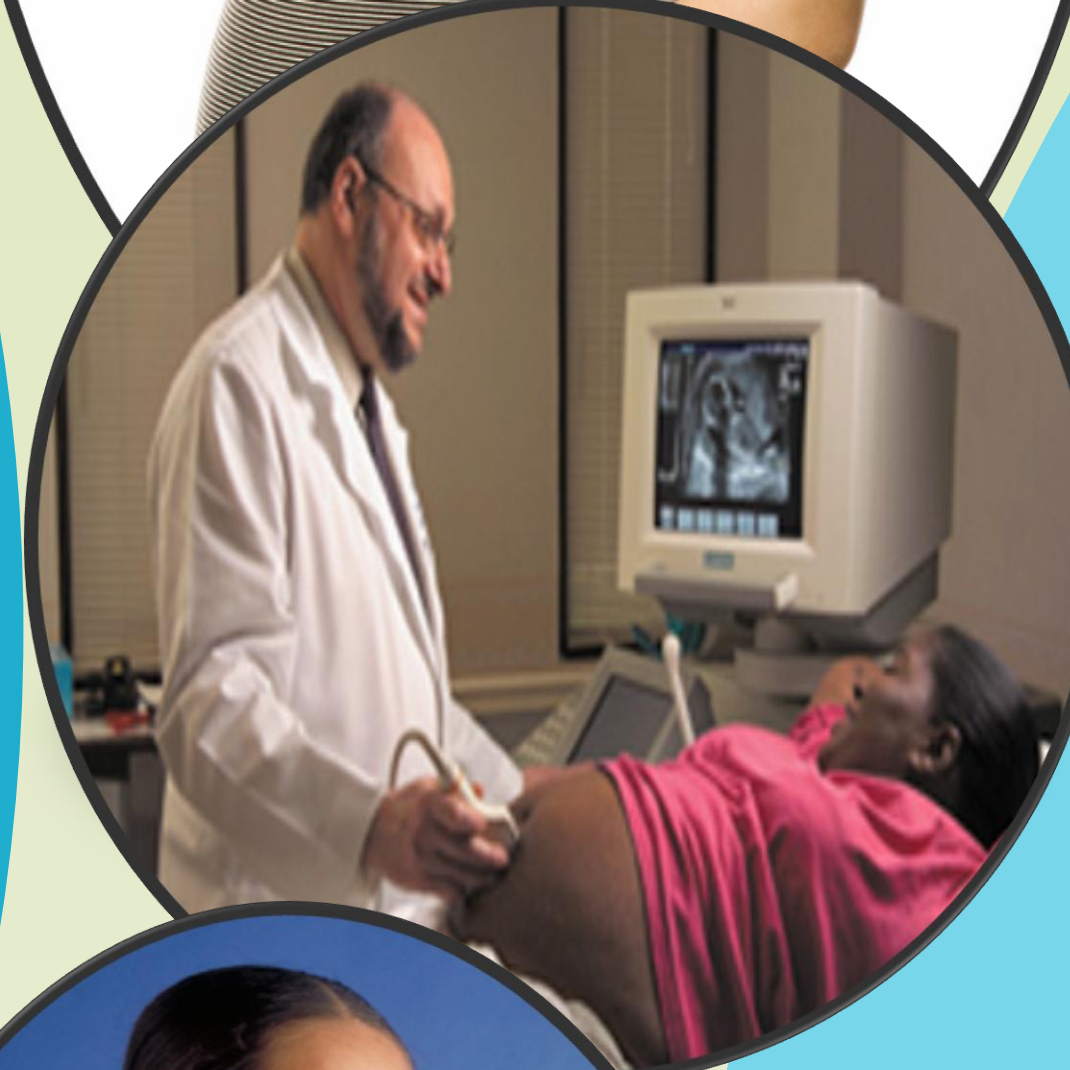
# Immigrant Women's Experiences of Maternity Care Services in Canada: A Narrative Synthesis

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## BACKGROUND

- Immigrant women may be regarded as vulnerable as difficulties may exist with respect to access to and navigation of health and maternity care services.
- Significant challenges may include poor access to culturally appropriate care, ineffective cross-language communication, and discrimination.
- Some literature from Canada and elsewhere reports equal or more favourable birth outcomes for migrants,<sup>1-4</sup> thus supporting an "epidemiological paradox" associated with the concept of the "healthy immigrant effect".
- Conversely, numerous reports highlight serious problems of equity in perinatal health outcomes,<sup>5-7</sup> particularly for refugees<sup>8</sup> and other immigrants after increased lengths of stay (with the accompanying acculturation).<sup>9,10</sup>
- Apart from birthweight and related outcome measures, negative maternal characteristics and birth outcomes of immigrants include significantly higher rates of gestational diabetes<sup>11</sup>; dieting with low maternal weight gain<sup>9</sup>; genetic anomalies such as neural tube defects due to lack of folic acid intake<sup>12</sup>; and maternal anemia.<sup>13</sup>
- Successfully providing appropriate maternity care requires the legitimization and incorporation of the pervasive traditional beliefs and practices of immigrant women, which they often adhere to despite their new milieu.<sup>14,15</sup>
- The diverse 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 to realize health potential.
- Synthesized evidence is needed in order that knowledge users within multiple sectors can appropriately configure maternity services and programs.



## METHODOLOGY

After preliminary review of available literature, it was evident that wide heterogeneity exists between methodological approaches thus mitigating against a meta-ethnographical approach.

→ **Narrative Synthesis with primary reliance on the use of words and text to summarize and explain findings from multiple studies (Popay et al.)**<sup>16</sup>

It will allow us to encompass the cross-disciplinary and methodologically pluralistic natures of research in this topic area of experiences and outcomes of immigrant women in maternity.

→ Narrative synthesis can contribute as element 5, within a 6-element systematic review process including, 1) Identifying the review focus and mapping the evidence, 2) specifying the question, 3) identifying research question, 4) Data extraction and study quality appraisal, 5) *the synthesis*, and 6) reporting the results and dissemination.

Popay et al.'s approach to Narrative Synthesis includes 4 main elements:

- 1. Developing a theory of how, why and for whom** – A theory will not play a large role in this synthesis which aims to largely explore experiences of immigrant women rather than any intervention with measurable endpoints and outcome measures. We will develop a preliminary framework of immigrant women's maternity care experiences and outcomes for which we will use to interpret and understand our synthesis.
- 2. Developing a preliminary synthesis** providing initial description of the results and identification of contextual and methodological influencers, thereby allowing for cross-literary comparison and construction of explanations.
  - **Textual description** – systematic descriptive paragraph on *setting, participants, aim, sampling & recruitment, methods, analysis, results, and assessment* as "thick" or "thin" as relates to explanatory insight provided
  - **Tabulation/summary** of all the studies to be included – incorporating attributes, findings and relevant textual descriptions
- 3. Exploring relationships within and between studies** by rigorous evaluation of emerging patterns to identify factors to explain differences between interventions and implementation of maternity care services. Barriers and enablers which shape maternity care services will be better understood.
  - **Thematic analysis** of systematic recurrent or salient themes with help of data analysis software (Atlas.Ti Scientific Software Development GmbH, Germany)
  - **Ideas Webbing** – exploring connections between findings
  - **Concept Mapping** – constructing a model (diagram) with key themes
- 4. Assessing the robustness of the synthesis** including critical appraisal of the included literature.
  - **Weight of evidence** – tool for assessing robustness, although may be inappropriate where insufficient methodological details are provided
  - **Critical reflection** – discussion of synthesis methodology, quality and potential biases of evidence, assumptions made, identification and management of discrepancies and uncertainties, areas of weakness and for future research

## AIM, RESEARCH QUESTION & OBJECTIVES

**Aim** To provide stakeholders with perspectives on maternity care services, as experienced by immigrant women, by identifying the acceptability of relevant processes at the individual, community and organizational levels.

**Research Question** What are the experiences of immigrant women of maternity care services in Canada? Particular focus will be placed on: 1) perceived and experienced *accessibility* of services, including the important component of *acceptability*, and 2) birth and postnatal outcomes.

**Research Objectives:** To reach this aim we are using integrated knowledge translation (IKT), as initiated during the establishment of the research questions and early planning for dissemination, and as planned for the entire project duration, when addressing the following objectives:

- 1) To identify, appraise and synthesize qualitative, quantitative and mixed-methodological empirical studies\* on the topic,
- 2) To identify, appraise and synthesize reports and publications without empirical basis,
- 3) To identify additional knowledge users and mechanisms of KT, and
- 4) To share our findings through strategic end-of-grant KT.

\*Both 1 & 2 above will incorporate grey literature.

## IMPLICATIONS OF FINDINGS

- This knowledge synthesis with its multi-dimension knowledge translation plan will establish the current knowledge base, generate and disseminate important recommendations for future policy and practice/ programming, and begin to map out pathways to health equity.
- Our review will ultimately contribute to improving maternity service delivery and maternity experiences and outcomes for immigrant women in Canada.

## IDENTIFICATION OF GREY LITERATURE<sup>17,18</sup>

Some audiences, such as policy makers and foundations use grey literature with high priority to gather their information.<sup>18</sup>

→ **Identification** 1) Databases – ISI Web of Knowledge Conference Proceedings, Proquest Dissertations and Theses, Cochrane Methodology Register, 2) Organizational and governmental websites (particularly related to immigrants women), 3) Google, Google Scholar, Women's Studies Abstracts, 4) Hand-search through reference lists of literature retrieved via search strategy for empirical papers, 5) Contact key authors in the field(s) and relevant organizations.

→ **Selection**

**Screening** titles and abstracts (if available) for meeting narrative synthesis screening criteria and being a type of document considered "sufficient relative importance" as determined by AcademyHealth advisory committee when defining the scope of grey literature in health services research/health policy for the National Information Center on Health Services Research and Health Care Technology (NICHSR) at the National Library of Medicine.<sup>18</sup>

**Selection & categorization** – quality & critical appraisal of retrieved reports and categorization to Category A (accepted for empirical NS), Category B (accepted for non-empirical NS) or R (rejected)

## REFERENCES

See supplementary page