



# The role of grey literature in knowledge synthesis contributing to knowledge and understandings of immigrant women's experiences of maternity care services in Canada

UNIVERSITY OF ALBERTA  
FACULTY OF NURSING

<sup>1</sup> University of Alberta International Summer Intern and Undergraduate student, Universidade de São Paulo; <sup>2</sup> Supervisor, Associate Professor and Canada Research Chair in Ethnicity and Health, Faculty of Nursing, University of Alberta

This project is a component of a CIHR funded study entitled *Immigrant women's experiences of maternity care services in Canada: a narrative synthesis* (see Systematic Reviews 2012;1:27)

Investigators: G.M.A.Higginbottom<sup>1</sup>, M.Morgan<sup>2</sup>, J.Dassanayake<sup>3</sup>, Y.Chiu<sup>4</sup>, M.Alexandre<sup>5</sup>, D.Kocay<sup>6</sup>, H.Eyford<sup>7</sup>, J.Forgeron<sup>7</sup>

<sup>1</sup>Associate Professor and Canada Research Chair in Ethnicity and Health, Faculty of Nursing, University of Alberta; <sup>2</sup> King's College, London, UK; <sup>3</sup>Monash University, Victoria, Australia; <sup>4</sup>Multicultural Health Brokers Co-operative, Edmonton, AB; <sup>5</sup>Citizenship and Immigration Canada;

<sup>6</sup>Public Health Agency of Canada, Alberta Health Services

Ethnicity and Health  
Collaborative Research Program



## Introduction

### What are the experiences of immigrant women in accessing and navigating maternity care services in Canada?

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 to realize health potential. Women's needs and rights are often marginalized within families, communities and legislation. Socio-economic marginalization and the subsequent vulnerability of immigrant women can be further exacerbated by pregnancy and childbirth making maternity an important focus of attention for those concerned with enhancing maternal health.

## Aim & 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.



**Objectives:** 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, we are addressing the following objectives:

- To identify, appraise and synthesize qualitative, quantitative and mixed-methodological empirical studies on the topic,
- To identify, appraise and synthesize grey literature and non-empirical reports,
- To identify additional knowledge users and mechanisms of KT,
- To share our findings through strategic end-of-grant KT.

## 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>
- Conversely, numerous reports highlight serious problems of equity in perinatal health outcomes, particularly for refugees<sup>5</sup> and other immigrants after increased lengths of stay (with the accompanying acculturation).<sup>6</sup> In addition, conflicting evidence exists regarding under/over utilization of health services by immigrant communities.<sup>7</sup>

## Methodologies

Two search phases (including electronic database and grey literature searching) and a three-staged selection process has been conducted to provide evidence to contribute jointly to both the narrative synthesis and the non-empirical literature review. Our synthesis utilizes Popay et al.'s<sup>8</sup> approach to narrative synthesis, which is defined as "an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis."(p 5).

**Popay et al.'s approach to narrative synthesis includes 4 main elements:**

- Developing a theory of why and for whom,
- Developing a preliminary synthesis (textual description, tabulation, grouping/clustering),
- Exploring relationships in the data (thematic analysis, ideas webbing, concept mapping),
- Assessing the robustness of the synthesis (weight of evidence, critical reflection). We will be utilizing Atlas.ti software<sup>6</sup> for managing articles and synthesizing findings.

## Outcomes

Carefully interpreted findings will allow for knowledge users within multiple sectors to strategically enhance maternity care services, including professional development of health professionals, to ensure provision of culturally congruent and culturally safe maternity care.

## Grey Literature

- Grey literature is a field in library and information science that deals with the production, distribution, and access to multiple document types produced on all levels of government, academics, business, and organization in electronic and print formats not controlled by commercial publishing i.e. where publishing is not the primary activity of the producing body. It is not published commercially or indexed by major databases, although can have an impact on research, teaching and learning.<sup>9</sup>
- Some examples include: theses and dissertations, conference proceedings and abstracts, newsletters, research reports (completed and uncompleted), technical specifications, standards, and annual reports.
- An Advisory Committee convened by the AcademyHealth identified various types of grey literature and their relative importance. They classified forms of grey literature into 5 categories with respect to the relevance and frequency of their use (category 5 being most frequent).

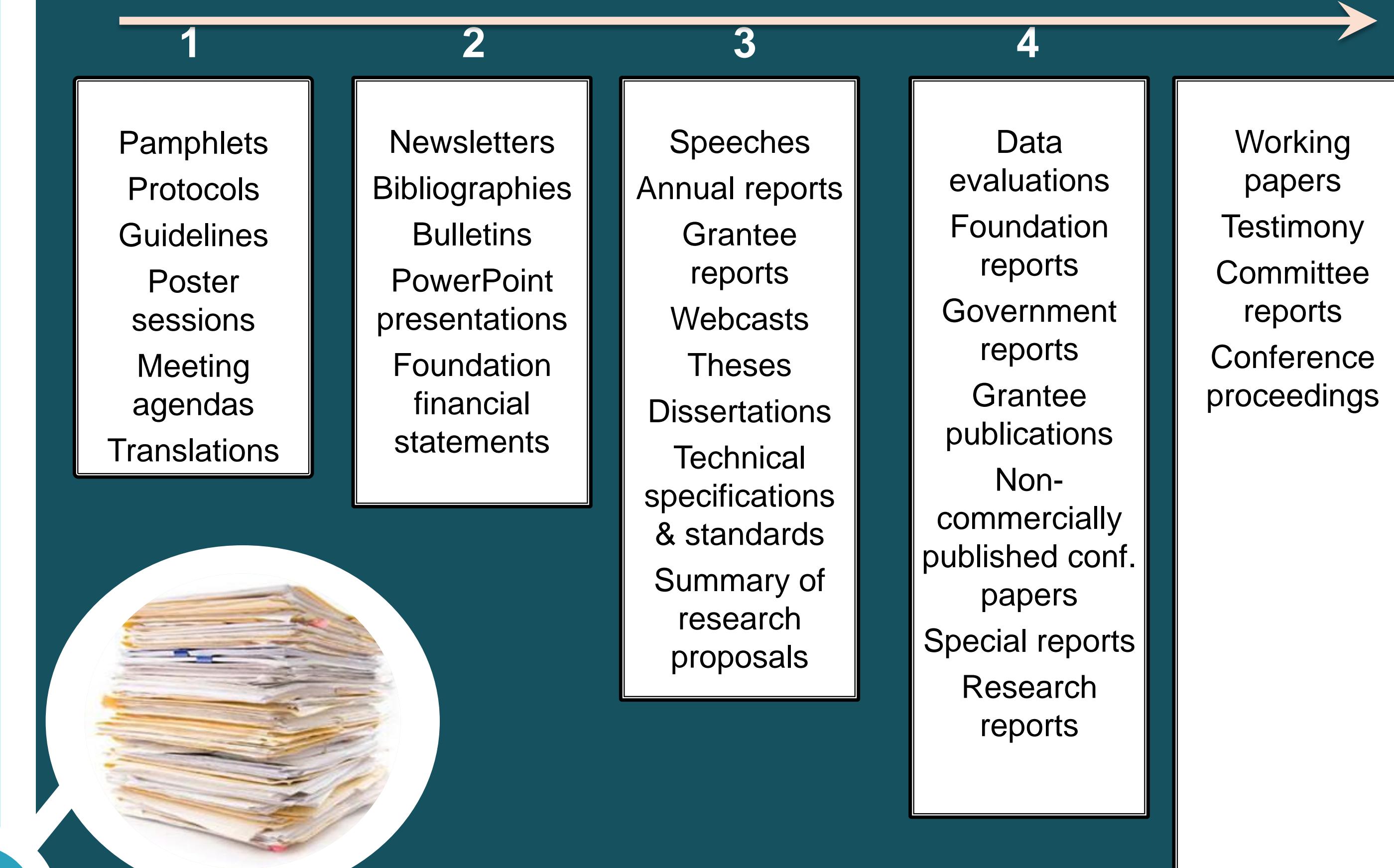


Figure: Types of Grey Literature and Their Importance.  
AcademyHealth. *Health Services Research and Health Policy Grey Literature Project: Summary Report*, 2006  
[http://www.nlm.nih.gov/nichsr/greylitreport\\_06.html](http://www.nlm.nih.gov/nichsr/greylitreport_06.html)

## References

- Gagnon AJ et al. (2009) Migration to western industrialized countries and perinatal health: a systematic review. *Soc Sci Med* 69:934-946.
- Small R et al. (2008) Somali women and their pregnancy outcomes postmigration: data from six receiving countries. *BJOG* 115:1630-1640.
- Urquia M, Frank JV, Glazier RH (2010) From places to flows: International secondary migration and birth outcomes. *Soc Sci Med* 71: 1620-1626.
- Guendelman S et al. (1999) Birth outcomes of immigrant women in the United States, France and Belgium. *Matern Child Health J* 3(4): 177-187.
- Gissler M et al. (2009) Stillbirths and infant deaths among immigrants in industrialized countries. *Acta Obstet Gynecol Scand* 88(2): 134-148.
- Ureña ML et al. (2010) Immigrants' duration of residence and adverse birth outcomes: a population-based study. *BJOG* 117: 591-601.
- Wang L, Rosenberg M, Lo L (2008) Ethnicity and utilization of family physicians: A case study of Mainland Chinese immigrants in Toronto, Canada. *Soc Sci Med* 67, 1410-1422.
- Popay J et al. (2006) *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: A Product from the ESRC Methods Programme*.
- UBC Library. Subject resources for Searching for Grey Literature. Available at <http://toby.library.ubc.ca/subjects/subpage2.cfm?id=877>, accessed March 2, 2011.