Maternity Service among Ethnic Minority in UK

Dr. Ganeshselvi Premkumar, Specialist registrar in Obstetrics & Gynaecology, Withybush General Hospital, Haverfordwest.

Summary

Introduction

United Kingdom today is a multicultural society with ethnic diversity. Especially after the European Union in 2004, population of ethnic minority is growing faster in UK. Many studies show that minority ethnic women do not receive a high quality of maternity care for so many reasons. As health professionals form the heart of maternity service, creating awareness and training them for cultural diversity is crucial for achieving effective maternity service. Our aim is to discuss the need and ways to improve maternity services among ethnic minority.

Providing Maternity Service

As there is diversity in lifestyle, custom, belief, food and culture, providing adequate and effective health care among ethnic minority is a major challenge. Childbirth is a life-changing event in any woman’s life. The difficulty in providing and receiving maternity service among ethnic minority can be due to barriers at client level, provider level and/or Organization level.

Improving Maternity Services

The aim for improving maternity services should involve plans to tackle these barriers at each level that may be sometimes interrelated. Practical difficulties and limitations can occur while overcoming these barriers.

Conclusion

Midwife and doctors are the prime figures in the care of childbearing women in UK. Culturally sensitive care helps the health professionals to deal with the challenge of managing ethnic minority women. Sources for obtaining knowledge about transcultural complexities will aid health professionals to treat each client as a unique individual with variable needs thereby delivery of effective maternity health care among ethnic minority can be obtained. It is equally important that the involved health professionals need to be supported and protected by the organization in view of keeping the working environment safe.
Introduction

According to the Census 2001, ethnic minority communities represented 7.9% of Britain’s total population. Before 2004, South Asian population was considered as one of the largest ethnic minority groups in UK (Sevak, 2004). After the European Union in 2004, today estimated to be at least 120,000 polish people in London alone and they are the fastest growing ethnic minorities at present.

Many studies show that minority ethnic women do not receive a high quality of maternity care for so many reasons. As health professionals form the heart of maternity service, creating awareness and training them for cultural diversity is crucial for achieving effective maternity service. Training for cultural sensitivity has gained increasing recognition as an important part of nursing education (RCN, 1996), (Gerrish et al, 1996) and there are positive signs of change (NHS Executive 2000). The aim of this article is to discuss the need and ways to improve maternity services among ethnic minority.

Providing Maternity Service

Ethnicity means shared social background with distinctive shared culture, religion, beliefs and language that is maintained for many generations (Mackenzie et al 1994). As there is diversity in lifestyle, custom, belief, food and culture, providing adequate and effective health care among ethnic minority is a major challenge.

Childbirth is a life-changing event in any woman’s life. The unknown fear about pregnancy, labour, anxiety due to separation from own families in addition to alien culture and language could be a challenge to the minority women as well. For example, minority women might have difficulties as a result of clashes between certain medical routines and their own cultural and religious obligations. The difficulty in providing and receiving maternity service among ethnic minority can be due to barriers at client level, provider level and/or Organization level.

Client barrier

Due to diversity in culture and belief, misconception and misunderstanding between client and provider can develop easily. Ibison (2005) demonstrated that there is strongly elevated risk of operative deliveries in ethnic minority mothers due to language difficulties in explaining during labour.

There are evidences available showing that the health services uptake by the minority population is low in UK. Certain ethnic groups are prone for particular diseases needing modification in antenatal screening and plan. For example, Haemoglobinopathies
common among Asian, Afro Caribbean population and they are also more prone for diabetes and hypertension. Department of Health’s Equality and Human Rights group commissioned review published by London Health Observatory states that women from ethnic minority groups are more likely to book late for their antenatal screening programmes. Therefore the client level barrier includes communication difficulties and lack of knowledge about maternity services.

Provider barrier

According to UKCC code of Professional conduct 1992,

“Nurse must recognize and respect the uniqueness and dignity of each patient, need of care, irrespective of their ethnic origin, religious belief, health problem or any other factor”.

For the staff involved in ethnic minority maternity care, diversity is an alien matter to deal with in addition to their routine care. For example,

- Some ethnic groups, woman won’t prefer their husband to stay during labour which needs to be seen in a nonjudgemental way (CRE, 2003).

- False assumptions and under estimation of need for services like counseling and support for fetal loss in minority mothers by staff just because of extended family set up.

- Preconception advice needs to be included in fertility and family planning clinics so that at risk couple can be identified and offered early antenatal screening if needed in minority.

Lack of knowledge and understanding of cultural diversity, ethnocentrism and racism can lead to insufficient maternity care and act as barrier. To overcome this, it is important that they are properly and adequately trained and educated to care for the diverse population.

Organization barrier

Since 1998, appropriate delivery of maternity service to ethnic minority population is discussed as an issue in UK. Why do Mother’s Die? (2000-2002) highlighted barriers like difficult to access or maintain access with the services, poor follow-up of people who failed to attend and inadequate translation services in maternity service for ethnic minority.

In 1999, MacPherson Report defined Institutional Racism as

“The collective failure of an organization to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or
detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages ethnic minority people... (Racism) persists because of the failure of the organization openly and adequately to recognize and address its existence and causes by policy, example and leadership without recognition and action to eliminate such racism it can prevail as part of the ethos or culture of the organization”.

Hence the barriers at this level are culturally unacceptable policies been made, offered and not reviewed regularly in healthcare services and racial discrimination.

Improving Maternity Services

The aim for improving maternity services should involve plans to tackle these barriers at each level, which may be sometimes interrelated.

Client Level

Communication forms a key role in promoting effective maternity health care. It can be either verbal or non-verbal communication. This particular issue needs steps to be taken at all the three levels to overcome the problem. Non verbal communication involves use of visual and audio aids to explain about available health facilities, antenatal care, screening, healthy eating, consenting, scanning, labour, breastfeeding and postnatal care. In these videos if the featuring model is from the local minority community and in local language that will make the woman feel included. These aids need to be freely available in GP surgery, local library and community.

Community participation plays an essential role for getting the health messages across the minority groups. For example, ‘SARI’ meetings and ‘MUBARAK’ project helped for greater understanding of the culture and background of pregnant women also to provide support according to their individual needs. This proved to be improving pregnancy care in 1999. As a suggestion, educated person in the local community who is bilingual can volunteer to teach English to their minority women in order to overcome language barrier.

Provider level

The recommendation from Why do Mother’s Die? (2000-2002) says that midwives are perfectly placed as advocates for the safe delivery of maternity care. They are not only skilled professionals but also accessible, approachable and understands the women’s needs. As an advocate for women, midwives should be able to assess the need and provide navigation through health and social care.

Educating the staff involved in maternity service provision to attain cultural competency is the central role for overcoming the provider barrier. They need to understand the legal aspects of caring for minority population as well as to know about their own rights and limits.
Culhane-Pera et al 1997 in his multicultural education curriculum describes five levels in cultural competency ranging from Level 1 - no cultural insight to Level 5 - integration of cultural attention to all areas of healthcare profession. Cultural competency should include awareness and accepting cultural diversity, appreciating one’s cultural value, recognizing the difference in communicating, life style, health and diet beliefs in minority population also the ability to accept and accommodate client’s cultural and religious needs in delivering optimal maternity care to minority woman (Blue, 2007). This cultural awareness training should be available to all frontline staff in delivering maternity service (position paper 23).

Health professionals should be trained regarding communication with minority people, efficient use of translation and language resources in addition to working with bilingual workers (CRE, 2003). They should be educated to ensure that minority pregnant women in their local area understand and take up the opportunity to use and choose among the various available maternity services in antenatal, labour, postnatal and family planning aspects.

The case load midwives may be more important for ethnic minority women for ethnic minority women because they usually feel more alienated from other service providers due to communication deficit (Mc Court and Pearce, 2000). The Domino Scheme (domiciliary midwife in and out) may be more appropriate for women who see birth as an event in the whole family so that anyone in their family can get to know the team of midwives caring for the pregnant women and involved at most stages of care (CRE, 2003).

There is some information, which might be of help in understanding issues associated with caring for ethnic minority women. London Interpreting Project (LIP) provides interpreting services directory in the London area and other areas in UK. Ideally qualified interpreters are essential in the delivery room when a woman doesn’t understand English well but how practical is this? Availability of interpreter during out of hours, willingness of the minority woman to have interpreter staying in labour room, which is seen as a family event in some cultures, could be a limitation. To tackle this, interpretation booklets with common bilingual equivalent words needed during labour, her religious belief and diet needs can be attached to handheld notes.

The Royal College of Nursing gives an idea to develop a good rapport with minority pregnant woman is to address the client by their name with correct pronunciation. This helps to gain confidence of clients by showing our interest in the individual. The following sources might be of help to know about ethnic minority, maternity services and legal aspects in UK.

Useful Websites

www.behindthename.com – diverse cultural community names with meanings and pronunciation.
www.cre.gov.uk – Commission for racial equality. Public funded body works with government for promoting equality among ethnic population. It has information about planning and providing maternity services, diversity and integration guide to religion, belief, cultural and religious events of various religions in Britain.

www.ukcc.org.uk – Documents for midwifery practice in UK


www.pndtraining.co.uk – general cultural issues- ante, intra and postpartum period, PND and ethnicity.


www.hindunet.org.uk – Info about Hindu religion, culture and belief


www.kresy.co.uk, www.poland.gov.pl – info about Polish community


Useful Books and Articles


Female Genital Mutilation, RCOG statement no.3, Buck P (2003)


www.erpho.org.uk date accessed 15/12/07

NHS Knowledge and Skills Framework (NHS KSF) – Dimension 6 “Equality and Diversity” and Dimension 2 “Communications” – Appraisal tool for cultural training.


Scottish Executive “Fair for all” report 2002

Amended Race relations Act 2000

“As good as your word”. Sanders M(2001), Maternity Alliance, London.


Organization Level

According to the Equality Act 2006, when developing policies/commissioning services in NHS, race equality impact assessment needs to be done. Maternity Matters recommended that commissioners have to understand barriers in current service and try to prevent those by providing time and place flexible services. The local policy making should include participation of the local community.

According to DOH funded ‘Reaching out Project 2006/7’, story boards and noncomplex illustrations to explain the available maternity services to the minority women is ongoing for better understanding. To increase the physical accessibility to available maternity services, the appointment making information can be made available in local common non-English language. Additional time should be available during antenatal appointments for minority women to help them develop rapport and get their doubts answered in order to overcome language barrier. The bilingual workers are to be considered as an essential part of maternity services and flexibility in their availability to be arranges (Trotter, 2006).
All maternity units should have a *reference folder* with information about the local common ethnic minority’s religious practices, diet, language, names, health concepts and local interpreting service contacts to help the frontline staff (Bekaert, 2000). Translated literatures about Obstetric procedures should be available to minority women (CRE, 2003). Funding should be provided for staff training on cross-cultural issues.

Antenatal and postnatal care can be done like a drop in clinic with presence of interpreter to overcome communication barrier for the local minority groups. A research article found that preventive and screening services could be delivered in a better way by bypassing the physician to the ethnic minority population (Beach et al, 2006).

Complaints procedure should be available in all local community languages within the maternity services. Patient satisfaction Questionnaire in all languages has to be done once in every 6-12 months with regular review and auditing followed by making changes to the policy accordingly.

According to RCM position paper 23, minority women are underrepresented. To encourage them we need to make, follow the policies about equality in recruitment and racial discrimination. Staff should be made aware of it at their induction (CRE, 2003).

**Limitations**

Certain limitations can occur while overcoming these barriers. They are

- Cost
- Time constraints
- Pressure and demands on Medical team
- Availability of staff of same gender for caring and treatment during labour is not always possible as not right mix of staff in shifts.
- Diversity training for health professionals may necessitate change within them and can cause severe discomfort.

**Conclusion**

Midwife and doctors are the prime figures in the care of childbearing women in UK. Culturally sensitive care helps the health professionals to deal with the challenge of managing ethnic minority women. The English National Board (ENB) has recognized the need to prepare midwives during their professional education period to care for women from ethnic minority (Hart et al, 2001). Sometimes the cultural beliefs may be altered by exposure to other cultures and socio-economic necessity. So with the idea about transcultural complexities, health professionals should treat each client as a unique individual with variable needs thereby delivery of effective maternity health care among ethnic minority can be obtained.

It is equally important that the involved health professionals need to be supported and protected by the organization in view of keeping the working environment safe. Research
is needed to find out various strategies to improve maternity services among ethnic minority with reduction in disparity.

References


