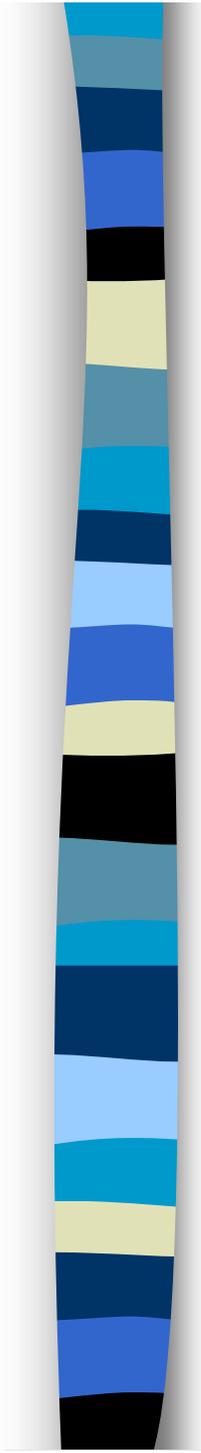


Exploring the maternity experiences of 1st & 2nd generation women of Pakistani origin

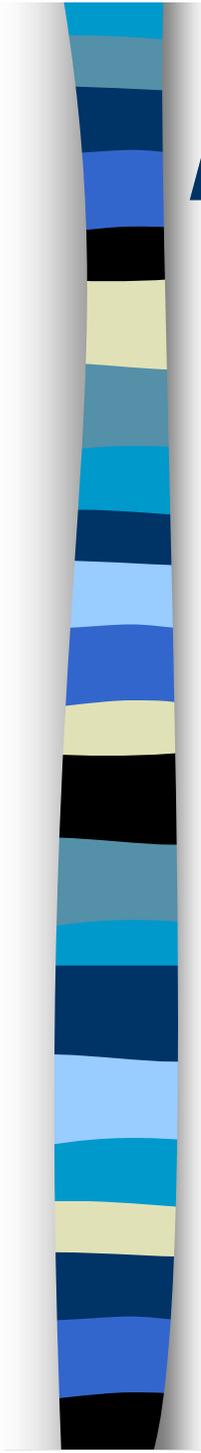
Fiona Cross-Sudworth

27.11.09



Background

- Ethnic minority women's needs within maternity services have often been marginalized (Atkin 2004)
- Ethnic minority women are considered a 'hard-to-reach' group in research (Douglas 1998, Culley et al 2007)
- Ethnic minority women (& children) have increased risk of morbidity and mortality (CEMACH 2007, WMPI 2006)
- Pakistani women form largest group of ethnic minority maternity service users (Taylor & Newall 2008)
- Little research regarding inter-generational differences within ethnic groups

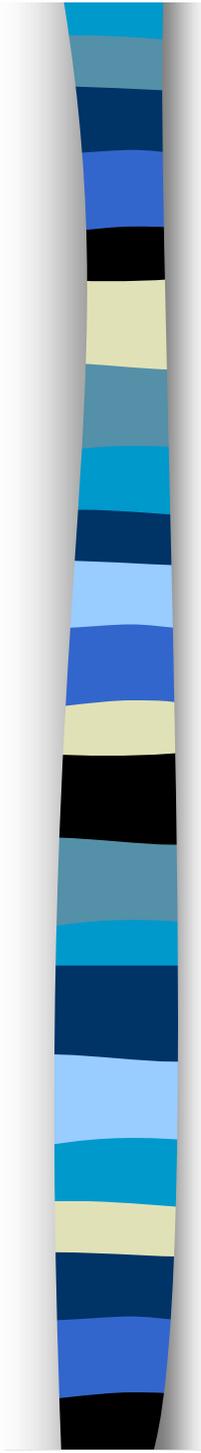


Aim:

To explore the perspectives of 1st & 2nd generation women of Pakistani origin and their experiences of maternity services. This is in order to make recommendations to raise awareness of issues faced by a diverse Pakistani community.

Objectives:

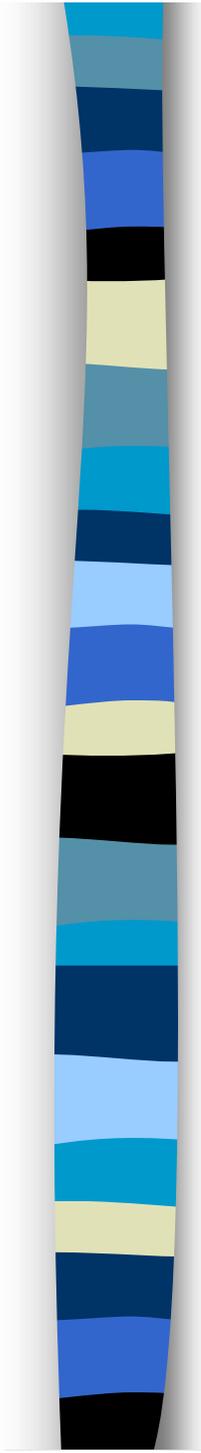
1. To critically examine the maternity experiences of women of Pakistani origin
2. To analyse the different generations' views and compare the findings
3. To develop recommendations for further research and clinical practice



Methodology

Needed to be:

- Qualitative
- Rigorous method to examine viewpoints
- Minimize researcher bias
- Patterns of opinion within a broad group
- Participants to be involved in the research process (including analysis & recommendations)



Q-methodology (Stephenson 1935)

1. Developing the concourse
2. Sampling the concourse
3. Constructing the Q-set
4. Sorting the Q-set
5. Analysing the data

Example

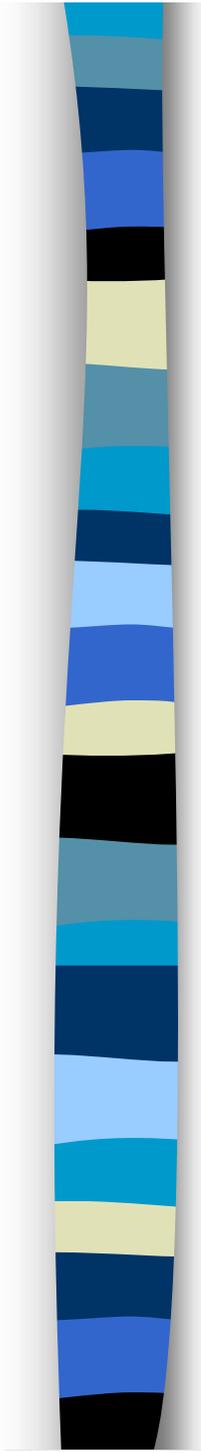
36 Q-set statement cards:

"I had good pain relief when I was in labour"

"Having a midwife I could trust was important to me"

Q-grid:

☹ ☹		☹		☹☹		☺		☺☺
27	19	8	20	3	13	9	6	30
34	5	4	1	14	26	28	7	31
	17	10	23	15	12	36	33	
		24	35	21	32	29		
			18	11	22			
			25	16	2			



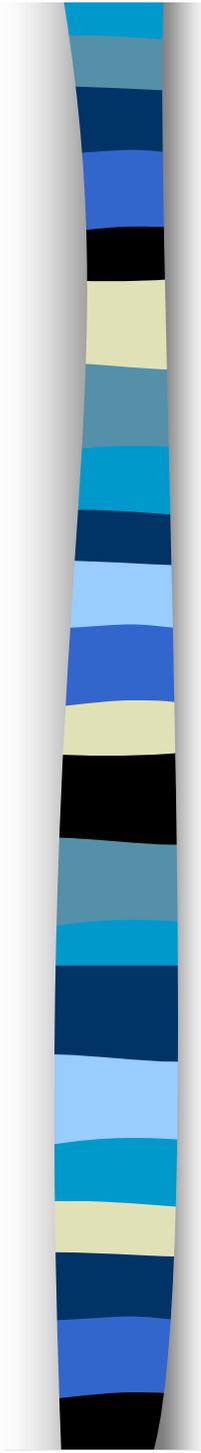
Sample

Inclusion criteria:

- Pakistani origin
- Born in either Pakistan or Britain
- Had a live baby within past 18 months
- Used NHS maternity services

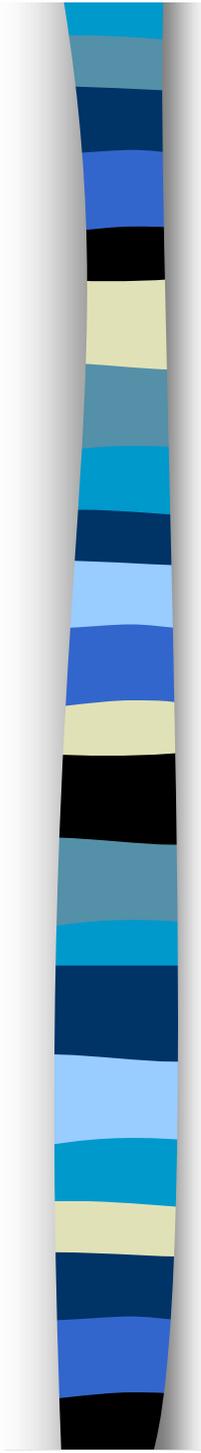
Exclusion criteria:

- Women with babies who had abnormalities



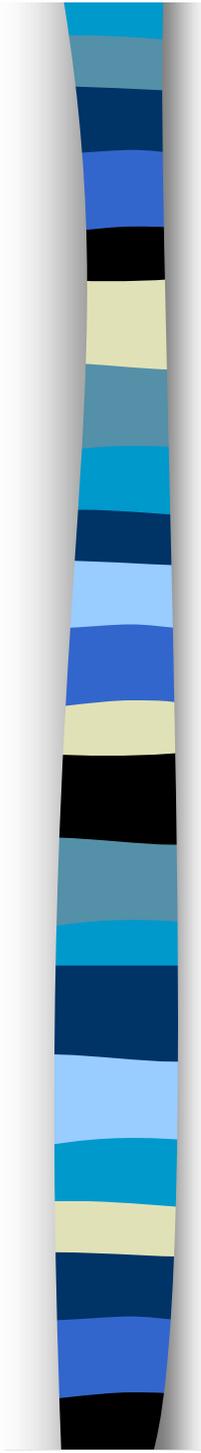
Special considerations

- Tri-lingual linkworker
- Accessed existing mum & baby groups in children's centres
- Local midwives recruited
- Children's centre play leader recruited
- Translated information
- Choice of interview or focus group



Findings

- Interviews / focus groups (n=15)
- Q-grids completed (n=16)
- 6 main stories emerged



1. Empowerment & confidence:

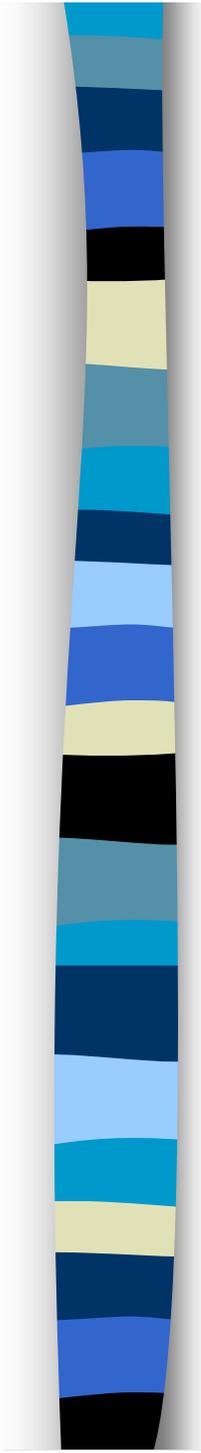
Born mostly UK

Educated >18yrs in UK

Had 1-3 children

"It's easier this time around...I've been quite confident. Personally I feel that I'm quite a strong person"

"I talked to the midwife about that and well actually I went on the internet to check it out...I ask my sisters but I go on the internet just to make sure"

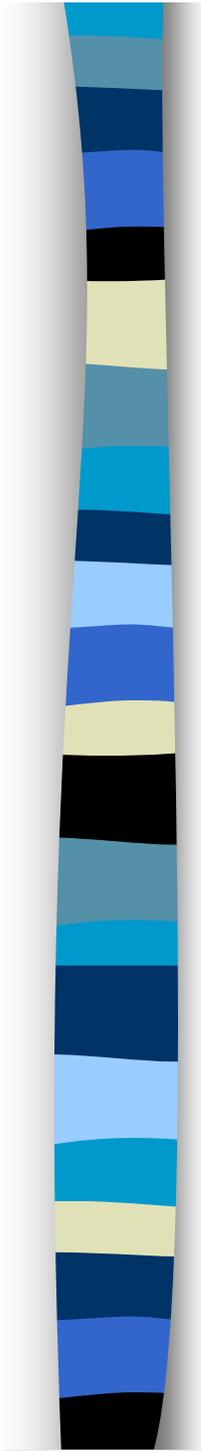


2. Isolation and need of support: Born in UK
Educated until 16yrs in UK
Had 1-2 children

"After you've had the baby...It's like tradition in some Asian families...you have to stay in the house..and that's what I did. And I just felt like the roof was going to cave in on me"

"I've got my mum around but she was a little over protective about the little one... and I didn't get much chance to bring him up the way that I wanted...."

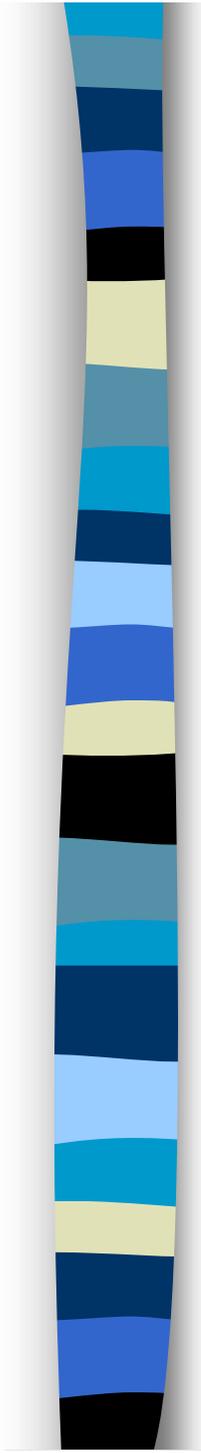
"But places like this (Children's Centre) really helps..and the support that you get. It's brilliant. If it wasn't for this place, I'd probably sit in the house crying all day...It's nice to come and pass the time and everything and talk to people"

- 
3. **Poor maternity care but home support:** Born in Pakistan
Educated >18yrs
Had 2-4 children

"When I had my first baby I really wanted help with bathing the baby; I asked a couple of times but she never came and when she finally arrived, she seemed angry that I was asking for help.." (Translated from Urdu)

"When I was giving birth to my daughter, I was just left alone, all on my own during the birth"

"My mother in law and husband wanted me to start a family and I was happy to" (Translated from Urdu)



4. Caring maternity services (& cultural issues):

Born in UK

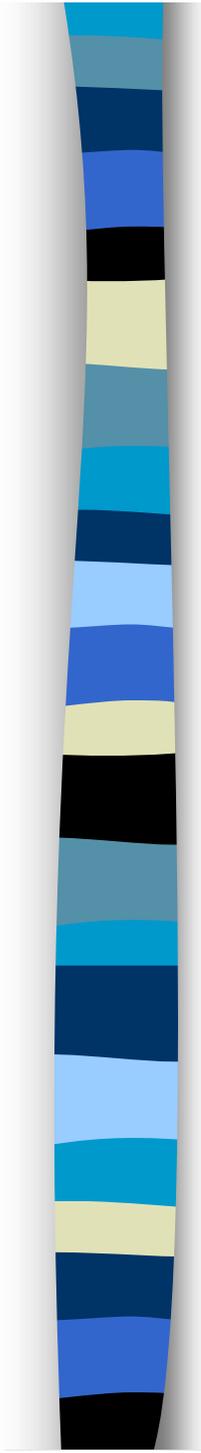
Educated until 16yrs in UK

Had 2 children

"I've actually had classes, when I had the first baby...they actually explained you know what's going to happen through the labour...that was really helpful"

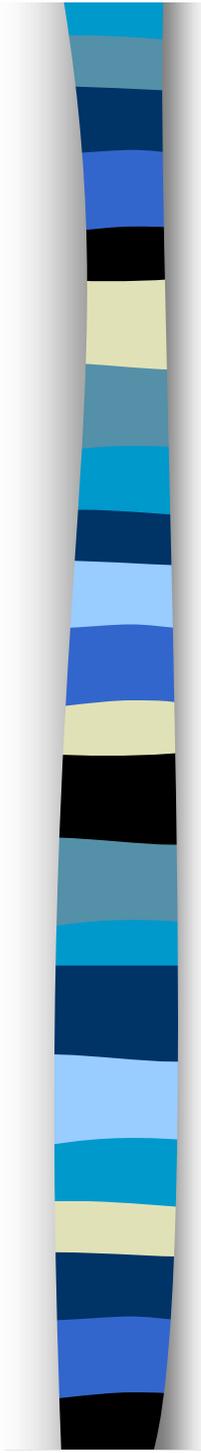
"I would be ashamed and shy if someone from my community was present at the labour ward. I prefer an English person"

"If you're struggling with English, it's hard to get your message across to the doctors and the nurses and things like that"

- 
5. **Information & support:** Born in Pakistan
Educated >18yrs
Had 2-4 children

"My midwife was really important, she gave me all the information on pregnancy and labour... During my pregnancy my husband was important.., but after having my baby I wanted my mum..." (Translated from Urdu)

"I would be up front and ask them [healthcare professionals] if I didn't know anything, or if I needed help... When I did ask and I did get the help I needed"



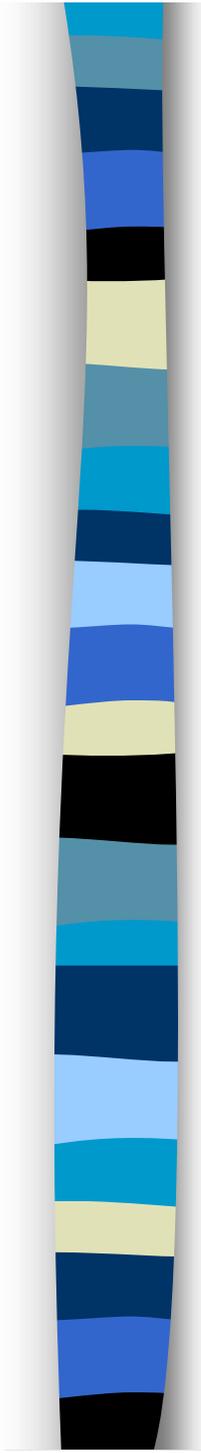
6. **Supportive midwifery care:**

Born in Pakistan / UK

Educated until 16-18yrs in Pakistan / UK

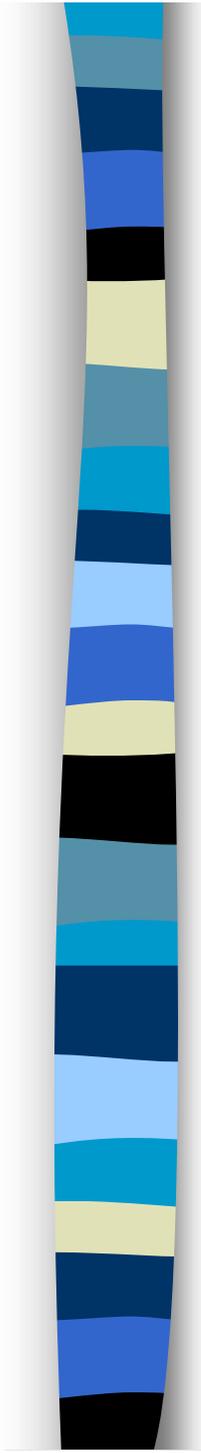
Had 2 children

"I was delivering and all that, [the midwife was] comforting me, easing me and all that. I mean they were telling everything to my husband like you know, what was going on and all that.... it was like they were there for me all that time, even when the shift changed, someone else took over, she stood with me, all through my labour"



Discussion

- Confidence: Education
Satisfaction with services
- Information: Communication
Involvement with services
- Support: Family
Professional
Isolation / PN depression
- Cultural issues: Racism
Cultural competency

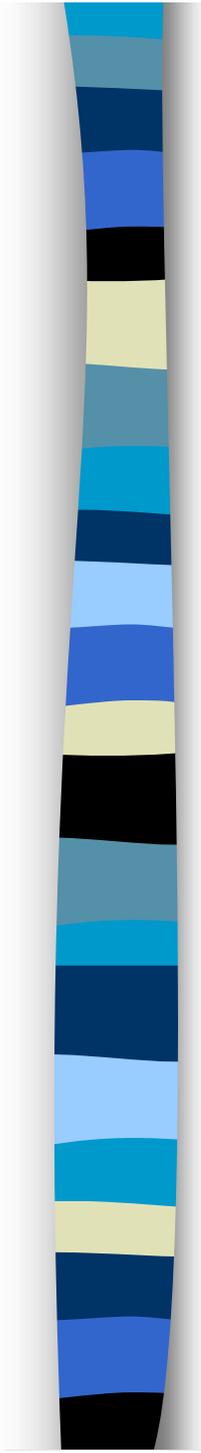


Main recommendation

- Increase ongoing involvement of ethnic minority women in how maternity services are run

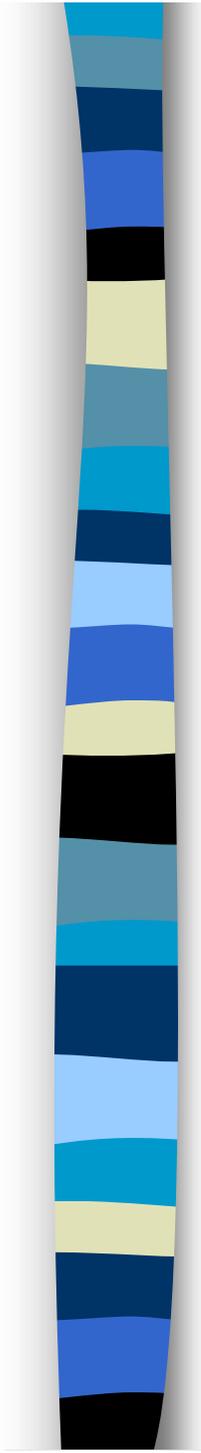
For example:

- Feedback forms on discharge from hospital to all women (available in main community languages)
- Encourage involvement in MSLC (advertise in hospital, run local & more informal groups, have occasional focus groups)



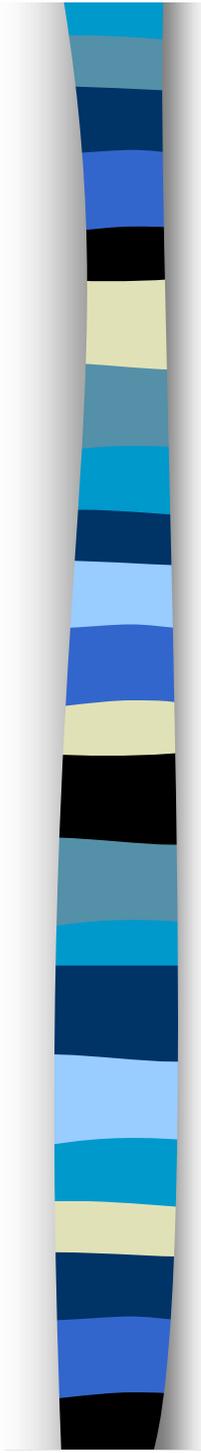
Other recommendations

- **Communication issues** (eg. 24hr translation services, factoring in extra time when dealing with client & interpreter)
- **Information issues** (eg. Translated materials)
- **Support / care issues** (eg. Identifying women who are isolated / unsupported & signposting them appropriately)
- **Cultural competency** (eg. mandatory training, linkworkers)
- **Further research**



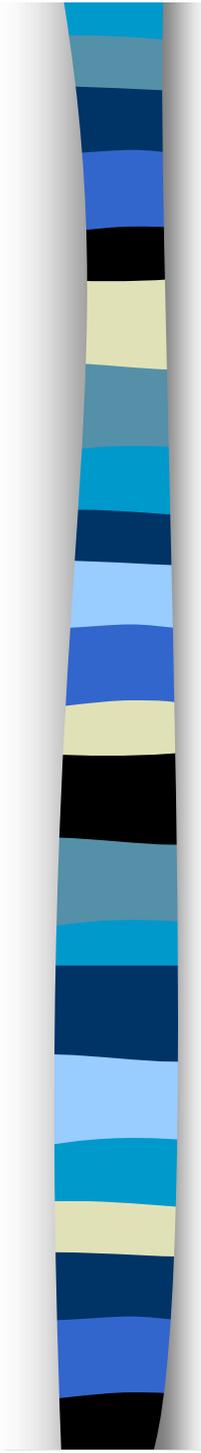
Conclusion

- There was a breadth of maternity experience within the Pakistani community
- There appeared to be no clear intergenerational differences
- Differing levels of support & education appeared to have more impact on maternity experience
- Women with higher levels of support & education had higher satisfaction with services
- Some women felt isolated & unsupported – appeared to have increased risk of PN depression



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