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Another country, another language and a new baby: A quantitative study of the postnatal experiences of migrant women in Australia

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ABSTRACT

Background: Governments and service providers have consistently acknowledged the importance of support for women and families in the transition to parenthood. Lower levels of satisfaction and concern about postnatal depression have highlighted women's needs at this time. Migrant women may also face relocation, distant family and support networks, language barriers and potentially discriminatory or culturally insensitive care.

Objective: The present study evaluates the unique contribution of migrant status, comparing the experience of this group to that of native-born English-speaking women.

Method: Secondary analysis of data from a population-based survey of maternity care in Queensland. Experiences of 233 women born outside Australia who spoke another language at home were compared to 2722 Australian-born English-speaking women with adjustment for demographic differences.

Results: After adjustment, differences between the groups included physical, psychological aspects and perceptions of care. Women born outside Australia were less likely to report pain after birth was manageable, or rate overall postnatal physical health positively. They more frequently reported having painful stitches, distressing flashbacks and feeling depressed in the postnatal period. Few differences in ratings of care providers were found, however, women born outside Australia were less likely to feel involved in decisions and to understand their options for care. However, they were more likely to report being visited by a care provider at home after birth.

Conclusions: The findings represent an important addition to existing qualitative reports of the experiences of migrant women, reflecting poorer postnatal health, issues associated with migration and parenthood and highlighting areas for care improvement.

1. Introduction

The arrival of a new baby represents a momentous life event, both joyous and challenging. The early days and months after birth are characteristically a period of relationship-building, growing maternal attachment, changes in identity, and learning to care for the newborn. Yet, while governments and service providers have acknowledged the importance of providing support at this time (e.g.[1,2]), research on women's views has frequently found low levels of satisfaction with care provided during the postnatal period.[3–6] Postnatal depression prevalence estimates of 10–15%[7] have further elicited concern for women's postnatal mental health and wellbeing.

Migrant women represent a significant proportion of women birthing in many countries.[8,9] In Queensland, Australia, over one fifth of women who gave birth in 2010 were born overseas.[10] These women are likely to face many barriers throughout their maternity care, including challenges of relocation, distance from family and support networks, a language barrier, and potentially discriminatory or culturally insensitive care from maternity service providers.[11–13] Epidemiological studies across western contexts have found migrant women to have poorer obstetric outcomes compared to native born women.[14–16] Studies have also found migrant women to have poorer mental health outcomes, with up to 42% classified as experiencing postnatal depression.[7] In order for

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migrant women and their babies to receive effective postnatal care it is essential to understand their current experiences and identify avenues for improvement.

2. Postnatal experiences of migrant women

Studies of the experiences of migrant women have commonly been qualitative.[17,18] Two recent syntheses of this literature have emphasised themes of struggle, anxiety and communication problems. Communication difficulties in particular were identified as a barrier to effective clinical and interpersonal care.[17,18] Both syntheses highlighted that many studies reported migrant women struggled to cope without family or social networks and expressed a need for more practical and emotional support.[18–22]

Some qualitative studies, such as that of Liamputtong,[23] have stressed the importance of respecting and facilitating cultural practices and traditions. This theme is emphasised in the metasynthesis by Benza and Liamputtong[18] who found migrant women reported a worse experience of health after birth due to their inability to observe postpartum cultural traditions such as confinement.[24–26] Individual studies of refugee women have also highlighted that a lack of cultural competence and understanding is a barrier to care,[27] with staff surveyed also expressing a desire for additional training in this domain. Primary care midwives in the Netherlands have also expressed a desire for training programmes to equip them to provide culturally-sensitive and appropriate care.[28] Contrasting views have been reported in some studies, which stressed the importance of the quality of interpersonal interactions above cultural competency. A study of Vietnamese, Turkish and Filipino women in Victoria, Australia noted that kind and supportive treatment from staff was key to a positive experience, and more salient to women than staff appreciation of cultural practices.[13,29] Other key themes from the qualitative literature affecting migrant women's maternity care include a lack of engagement with health services, difficulties in accessing healthcare, unsupportive or discriminatory treatment from care providers, and mental health issues.[17,18,30]

Relatively few quantitative studies have described migrant women's maternity care and postnatal experiences. Whilst qualitative studies are invaluable in understanding the lived experience of migrant women, they do not provide baseline figures for improvement or compare migrant experience with that of native-born women. It is thus unclear if this deficits reported represent a care issue specific to this group. For example, a mixed-methods study of 40 migrant Afghan women found 70% rated intrapartum care as 'very good' and only 57% postnatal care 'very good'.[31] As the study did not compare ratings to those of native-born women, who have also frequently rated postnatal care poorly (e.g.,[32,33]), it is difficult to identify if changes are needed in the care for migrant women specifically, or care more universally.

Evidence available from a 2001 to 2002 large-scale study of women in Australia found migrant women were equally as confident as native-born women in caring for their baby at home and in talking to care providers.[11] This study did identify a higher prevalence of postnatal depression amongst women with lower levels of English proficiency (28.8%), with migrant women reporting a need for more practical and emotional support than native-born women. The Canadian Maternity Experiences Survey found both recent and non-recent migrant women reported receiving less social support during the postpartum period than native-born women. They were also more likely to score highly on measures of postnatal depression six months after birth.[12] While migrant women were more likely to report having help with breastfeeding in hospital, once discharged they were less likely to be contacted by or to contact a care provider and less likely to rate their own and their infant's health as positively as native-born women; a difference which increased with recency of migration.

A recent systematic review of studies assessing the maternity care experience of migrant women found three population-based studies conducted in Australia, all in the state of Victoria, with the most recent conducted in 2000.[34] In total the review included 12 population-based studies and 22 studies of immigrant women (most of which were qualitative). Quantitative studies included in the review included very general questions regarding women's overall experience such as overall ratings of antenatal and postnatal care. Although confound adjustment and other aspects of study quality were not appraised in the review, limiting the reliability of the conclusions drawn, authors proposed that migrant women desired similar aspects of maternity care to native-born women, including women-centred care, unrushed caregivers, involvement in decision making, continuity of care and kindness and respect.[34] Few studies included in the review adjusted for demographic and other differences between migrant and native-born women.

A recent study of migrant women's experience of labour and birth care in Queensland, Australia compared with that of native born women provided insights on differences in clinical and interpersonal care at this time.[35] Women from both groups had similar perceptions of being treated with kindness and respect, though migrant women were less likely to report being treated '*very well*' overall and to be spoken to in a way they could understand. They were also more likely to experience interventions during labour and birth associated with reduced choice and autonomy. These differences remained significant after adjustment for demographic differences such as socio-economic status, type of birthing facility, and mode of delivery.[35]

This recent study and the present work is set within the context of the Australian healthcare system in which publically and privately funded healthcare systems operate in parallel.[36,37] Around one third of Australian women access privately funded maternity care.[10] Due to the out-of-pocket expenses and cost of private health insurance, private health insurance is an indicator of socioeconomic advantage.[10] Other differences have been found between the sectors including higher rates of caesarean in private facilities,[10,38] and differing satisfactions with the quality of interpersonal care.[4] In the context of postnatal care it should be noted that women receiving public maternity care have rated their satisfaction with the care provided higher (with home-visits, phone calls and more extensive postnatal follow up included as standard practice) than women in the private system where postnatal care after discharge is sparse.[4,32,39]

2.1. The present study

In a secondary analysis of data on women's experience of maternity care collected by the Queensland centre for Mothers and Babies the present study aimed to provide a quantitative description of the postnatal women born outside Australia who spoke another language at home, and compare their experience with that of native-born English-speaking women. The aim was also to evaluate the unique contribution of migrant status by adjusting for other significant demographic factors. As noted above, studies of migrant women in the Australian context are over 10 years old and have to date failed to adjust for potential confounds. In addition, secondary analysis of a population survey of women who birthed in Queensland allowed the inclusion of a comprehensive range of aspects on which to assess care including both respondent ratings of quality of care as well as maternal health and wellbeing postpartum. This study seeks to build on existing qualitative studies, and extend published findings regarding the experience of intrapartum care for migrant women noted above. The study seeks to describe current care, identify