

# Systematic Review of Immigrant Women's Experiences With Perinatal Care in North America

Anika Winn, Erin Hetherington, and Suzanne Tough

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## Correspondence

Suzanne Tough, PhD,  
Owerko Centre, c/o 2500  
University Dr. NW, Calgary,  
AB T2N 1N4, Canada.  
[stough@ucalgary.ca](mailto:stough@ucalgary.ca)

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## ABSTRACT

**Objective:** To understand the perinatal care experiences of pregnant immigrant women in North America.

**Data Sources:** We searched five electronic databases: MEDLINE, PsycINFO, SocINDEX, CINAHL, and Social Work Abstracts. Two categories of search terms, *pregnancy* and *immigrant*, were used to conduct a title/abstract and subject heading search. We manually searched the reference lists of all relevant articles to identify additional articles.

**Study Selection:** Inclusion criteria were qualitative or mixed methods study design, focus on immigrant women's experiences of accessing perinatal care, and data collection in North America. Two reviewers were involved in a three-stage selection process: title/abstract screen, full text review, and data extraction and quality appraisal.

**Data Extraction:** Data on authors, date, location, methodology, sample characteristics, data collection, and themes or topics were extracted from 19 articles.

**Data Synthesis:** We followed the [Thomas and Harden \(2008\)](#) thematic synthesis methodology, which involved a three-stage data analysis approach: free line-by-line coding, organization of free codes into descriptive themes, and construction of analytical themes. We developed three meta-themes from the 19 articles included in our review: *Expectations of Pregnancy as Derived From Home*, *Reality of Pregnancy in the Host Health Care System*, and *Support*.

**Conclusion:** Immigration is a relevant issue in North America, and pregnancy can be an entry point into the health care system for immigrant women. In this study we provide relevant information for health care providers, policy makers, program planners, and researchers about opportunities to explain models of health care delivery, improve communication, and facilitate social support to improve the experiences of immigrant women who interact with the health care system during pregnancy.

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Anika Winn, BHSc, is an undergraduate researcher in the Cumming School of Medicine, University of Calgary, Calgary, AB, Canada.

Erin Hetherington, MSc, is a doctoral student in the Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada.

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The United States and Canada experience significant international immigration every year. Immigration accounts for approximately two thirds of the population growth in Canada and approximately one third in the United States ([Statistics Canada, 2017](#); [U.S. Census Bureau, 2013](#)). Women between 25 and 44 years of age represented the largest proportion of newcomers to the United States and Canada, and immigrant women tend to have greater fertility rates than Western-born women ([Sobotka, 2008](#); [U.S. Department of Homeland Security, 2014](#)).

The evidence on pregnancy outcomes for immigrant women is mixed. Some authors reported that immigrants to industrialized countries have similar or better perinatal health outcomes, which suggests a possible healthy migrant effect

([Guendelman et al., 1999](#); [Page, 2004](#)). The premise of the healthy migrant effect is that the people who migrate are generally healthier than those who do not, and therefore a selection bias exists for healthier women ([Rumbaut & Weeks, 1996](#); [Wingate & Alexander, 2006](#)). However, in a meta-review of 65 European studies, [Bollini, Pampallona, Wanner, and Kupelnick \(2009\)](#) reported that immigrant women tended to have significantly worse birth outcomes than women of the host country, including greater prevalence of low birth weight (43%), preterm birth (24%), perinatal mortality (50%), and congenital malformations (61%). Other researchers found evidence of increased risks of gestational diabetes among immigrant women ([Dahlen, Schmied, Dennis, & Thornton, 2013](#); [Urquia, 2009](#)). In contrast, the phrase *Latina paradox* has been

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**It is important to understand how multiple dimensions of a woman's life interact to influence her overall experience of pregnancy in a new country.**

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used in the United States to describe the better birth outcomes of Latina women despite their typically disadvantaged socioeconomic positions (McGlade, Saha, & Dahlstrom, 2004). Researchers have hypothesized this may be due to cultural factors or the extended support networks Latina women have in the United States. The reasons for the mixed evidence on maternity and birth outcomes of immigrant women are unclear but may reflect preexisting health status (e.g., nutritional status, obesity, diabetes, chronic disease), social determinants of health, length of stay in the host country and degree of acculturation, or health system factors (McGlade et al., 2004).

Pregnancy can be an entry point into the health care system (HCS) for immigrant women; however, immigrant women are less likely to access maternal care services than their non-immigrant counterparts (Gagnon, Zimbeck, & Zeitlin, 2010; Kingston et al., 2011; Kiss, Pim, Hemmelgarn, & Quan, 2013; Reitmanova & Gustafson, 2008). In a systematic review, Heaman et al. (2013) reported that immigrants were more likely to receive inadequate prenatal care, initiate prenatal care late in pregnancy and have fewer than the recommended number of prenatal appointments.

Social support has been identified as a key factor in accessing maternity services (Higginbottom et al., 2014). Because of their migration experiences, immigrant women may lack social support systems, which may limit emotional, informational, and tangible support (Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth, 1996). Results of the Canadian Maternity Experiences Survey indicated that 32% of recent immigrants had low levels of social support compared with only 13% of Canadian-born women (Kingston et al., 2011). Other authors reported that women commonly expressed feeling socially isolated and overwhelmed during pregnancy and that they may struggle to form new social networks in unfamiliar cultures (Hoang et al., 2009; Hoban & Liamputtong, 2013; Russo, Lewis, Joyce, Crockett, & Luchters, 2015).

There is a growing body of information about immigrant women's experiences of HCSs during

the perinatal period in Western countries. Studies generally cover two broad topics: (a) difficulties in accessing prenatal care and (b) cultural differences (Balaam et al., 2013; Heaman et al., 2013; Higginbottom, Bell, Arsenault, & Pillay, 2012; Higginbottom et al., 2014; Mumtaz, O'Brien, & Higginbottom, 2014; Santiago & Figueiredo, 2015). Common challenges to accessing prenatal care include language barriers, lack of transportation, clinic hours, and cost (Balaam et al., 2013; Heaman et al., 2013; Higginbottom et al., 2014; Santiago & Figueiredo, 2015). Furthermore, cultural differences in care practices and a subsequent lack of awareness about these differences can result in tensions between immigrant women and their care providers (Balaam et al., 2013; Higginbottom et al., 2013; Mumtaz et al., 2014; Reitmanova & Gustafson, 2008). To date, authors of most of the literature about immigrant women and pregnancy have focused on maternal and fetal outcomes, interactions with HCSs, and specific ethnographic studies in which cultural beliefs in pregnancy are explored. However, how immigrant women navigate these challenges is less understood.

The aim of our review was to understand the experiences of pregnant immigrant women who access perinatal care in North America. Through synthesis of the current qualitative literature, we strove to develop a comprehensive framework that incorporated numerous aspects of an immigrant woman's life to understand how these intersect to influence her overall experience with perinatal care in a new country. We reviewed Canadian and American publications, because both countries are culturally similar and attract a wide range of immigrants from around the globe. However, the cost of prenatal care differs between the countries. In Canada, prenatal care is covered by the public health insurance for all residents. In the United States, coverage varies and is dependent on a woman's income or health insurance coverage, and some women must pay out of pocket. Undocumented immigrants face additional challenges because of the complexity of applying for government programs and fear of deportation (Bernosky de Flores, 2010; Kalofonos & Palinkas, 1999).

## Methods

We conducted a thematic synthesis, which is a type of qualitative systematic literature review developed by Thomas and Harden (2008). The thematic synthesis is different from other

Suzanne Tough, PhD, is the Scientific Advisor of PolyWise/SAGE and a professor in the Departments of Paediatrics and Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada.

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