Perinatal Health Outcomes and Experiences of Marginalized Women in Canada: A Mixed Methods Review

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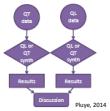
We carried out a mixed methods literature review of studies reporting on perinatal outcomes and experiences among groups known to experience social and economic exclusion in Canada.

We searched Medline(PubMed), CINAHL and Web of Science for manuscripts reporting on primary research, restricted to French or English, specific to Canada and published between 1980-2017. The primary author screened all abstracts and read and extracted data from all eligible articles. We extracted findings as a standard parallel-results convergent synthesis mixed methods review, using inductive thematic synthesis (qualitative) (Braun & Clarke, 2006) and descriptive statistics (quantitative) (Popay, 2006) for each population group. We then examined themes identified across population groups to identify common factors or experiences that may be contributing to on-going perinatal inequities.



Pluye, 2014

Our search identified 4391 publications, of which 141 were eligible (82 quantitative; 59 qualitative)

RECENT IMMIGRANT, REFUGEE AND UNDOCUMENTED WOMEN

91 PAPERS IDENTIFIED; 39 ELIGIBLE (24 QUANTITATIVE; 19 QUALITATIVE)

Immigrant, refugee and undocumented women are **1.5 times** more likely to have postpartum care needs (pain, abnormal blood pressure, lack of access to contraception than Canadian-born women

They are **twice** as likely to have these needs unmet at 1 week and 4 months postpartum (Gagnon 2013)

Recent immigrant women were **more than twice** as likely to report not having enough information about infant care and SIDS
community supports and
emotional changes related to pregnancy.
(compared to Canadian-born women Sword 2011, Kingston, 2012)

Undocumented women are

62% less likely to receive an ultrasound during pregnancy

82% less likely to receive any blood tests during pregnancy
(compared to refugee women; Ruiz Caceras, 2013)

"one of the nurses came and she said you know, if you spend the night here you have to pay $ 1,500. [...]. I cannot forget that night, there was a big snowstorm ... and I went with the baby. Because I could not stay another day at the hospital to pay another $ 1,500." (Rousseau 2014)

DIFFERENT UNDERSTANDINGS OF HEALTH

"I would seek attention if sick, but not if upset" (Gagnon, 2013)

It's my tradition. I believe in it, you know. . .I have to do what I believe. (Higginbottom 2013)

COMMUNICATION BARRIERS

"I felt that it wasn't my place to talk about my feelings. It was not welcome there and not enough time so I just preferred not to say anything." (O'Mahoney, 2012)

"It was difficult, mainly because for the fact of being immigrant and to find a doctor for the baby. When I tried to find a doctor, they asked me where I was from and when I told them, I noticed a change from them . . . there might be some racism. I don't know. I wanted to run. I felt helpless." (Gagnon 2013)

SOCIAL AND ECONOMIC ISOLATION

"Some women don't ask for help, mostly because they don't know there is help. Others are ashamed or not used to asking for help. I knew a person who was inside her home all day. She didn't know the language and she didn't go out at all until somebody told her, you cannot survive without getting help" (O'Mahoney, 2012)

FIRST NATIONS, INUIT AND MÉTIS WOMEN

315 PAPERS IDENTIFIED; 37 ELIGIBLE (17 QUANTITATIVE; 17 QUALITATIVE)

On reserve First Nations women with diabetes are **44%** less likely to receive any prenatal care compared to non-First Nations women with diabetes in Ontario (Liu, 2012)

On reserve First Nations women with diabetes are **80%** less likely to receive maternal follow-up care postpartum compared to non-First Nations women with diabetes in Ontario (Liu, 2012)

1 First Nations woman receives an early ultrasound (<20weeks) for every 3 for non-First Nations women in British Columbia (Riddell, 2015)

First Nations women have 1 for every 2 instrumental deliveries (C/S, forceps, vacuum) among non-First Nations women in British Colombia (Riddell, 2015)

Post-neonatal death in First Nations communities are **2x higher** than the rate in non-Indigenous communities in Quebec (Luo, 2005; Chen 2015)

Post-neonatal death in Inuit communities are **3-6 times higher** than than rate in non-Indigenous communities in Quebec (Luo, 2005; Chen 2015)

COLONIALISM

SILENCING, SOCIAL ISOLATION, RACISM

"I don't have the resources to, but I really want to shape how my child is going to succeed in the next ten years.' Every mom wants that. But when she's busy surviving she can't even think about that. She can only love and protect what she has at that moment with what she has." (van Herk, 2014)

Sometimes I feel like I'm being belittled or being talked down to, and I've been fighting that all my life. For a very long time. So when I'm belittled I'd rather just cut it off and say "You know what? Thank you for your time,but I think I'll just move on." Kurtz, 2013

"... [even if you tell them] "Oh, I've been sober for 10, 12, 15 years," [they will ask] "Are you sure? Are you sure you put your own pants on this morning?" That's what he said to me." (Kurtz, 2013)

GAPS IN PROVIDER EDUCATION AND TRAINING

"They're going to [providers] who don't have a concept about the culture, no concept of where they are coming from and no idea where that person is going to. Are they going back to a shelter tonight? There is such a disparity in the determinants of health between Aboriginal and non-Aboriginal". (van Herk, 2014)

FRAGMENTED HEALTH SYSTEM

"I think at the end of the day Aboriginal women, women at the very sort of deep basis level of family, are the victims of this incredible power play and this jurisdictional abyss." (Olson, 2013)

ADOLESCENT (under 23 years) WOMEN

771 PAPERS IDENTIFIED; 35 ELIGIBLE (24 QUANTITATIVE; 11 QUALITATIVE)

Young mothers are **4X** more likely to be living in poverty (<$30 000/year) (Al Shabab 2015)

60% of young mothers have graduated or are attending high school/post-secondary school (Singh 2015; Thompason 2015)

90% of young mothers are single (Thompason 2015)

75% Young pregnant women are 75% more likely to experience anxiety compared to adult women

Young pregnant women are twice as likely to experience depression compared to adult women (BORN, 2017)

Young pregnant women are **3x** more likley to have experienced abuse than adult women (over 23 years) (BORN, 2017) -, 2017

Young women are **6x** more likely to report drug use while pregnant than adult women (BORN, 2017)

Young women are half as likely to have a C-section than older women (Fleming 2013; Kingston 2012)

1/2

Young women are half as likely to intend to breastfeed their newborn than older women (Fleming 2013; Kingston 2012)

Percent more likely to deliver preterm (<37 wks) compared to older women: **16%** (Fleming 2013)

65% of young women attending a Young Families Outreach program had child protection services involved in their child's care (Singh 2015)

MOTHERHOOD AS AN HONOUR

'To me it is an honour and a privilege to pop out three lovely bouncing [kids].' (Fortin 2013)

BEING SEEN AS A RISK

"She chose not to take any painkillers during her labour, in part, because she was afraid that it might demonstrate to child protection workers that she was not a suitable mother" (Carson, 2017)

SUPPORT NOT JUDGEMENT

"While they were grateful for non-judgmental support and guidance, they explained that this support was not very common in their lives. They expressed frustration that they are not treated like other mothers, and frequently experienced judgmental stares and comments." (Fortin 2013)

WOMEN WITH DISABILITIES

22 PAPERS IDENTIFIED; 6 ELIGIBLE (3 QUANTITATIVE; 3 QUALITATIVE)

Women with intellectual disabilities are

9% **more likely to have a C-section** and

13% **more likely to be induced** than women without intellectual disabilities.
These findings could not be explained by pre-pregnancy conditions or pregnancy complications. (Brown 2015)

Women with intellectual disabilities are **4x** as likely to have a hospital re-admission within 7 days postpartum than women without intellectual disabilities in Ontario. (Brown 2015)

Women with intellectual disabilities are **3x** as likely to have a hospital re-admission within 12 weeks postpartum than women without intellectual disabilities in Ontario. (Brown 2015)

DISABILITY AS SEPARATE

"We don't know. We've never had anybody like you before" ... I find it extremely hard to believe I'm the first person, the first mom with a disability, that you've ever come across .... But this is what they told me" (Tarasoff, 2016)

"There's a lot of siloing that goes on in the medical community, especially if you have a complex disability like mine when you have issues dealing with chronic pain and a physical disability that the two don't communicate. You get excellent care in those two separate areas but they don't communicate with each other." (Tarasoff 2016)

SEEN AS INCAPABLE

I went in for my appointment [to my OB and after] I went up to the secretary to book the next appointment. She actually whispered to the doctor, "She's not pregnant, is she?" (Tarasoff 2017)

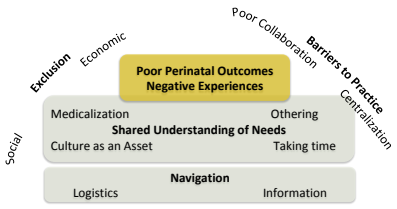
NARROW NORMS AROUND MOTHERS, MOTHERHOOD

Women who do not follow dominant norms around pregnancy, mothering and motherhood may be seen an unfit, as a site of risk, irresponsibility or inability
(Collins, 1987; Greaves, 2002; hooks, 2015; Lavell-Harvard & Anderson, 2014))

NEED TO BROADEN UNDERSTANDING OF 'WHAT COUNTS' AND 'WHO COUNTS'

Those carrying the greatest burden of health inequities need a stronger voice in the planning and implementation of their health care and the systems meant to support it, yet are often excluded from decision-making processes. (Serrant-Green 2011; Fals-Borda, 1996)

Highlights gaps in maternal health surveillance systems, where many vulnerable groups are invisible (eg. race, status, gender identity, etc). (Allen, 2010)



INDIVIDUALIZATION OF CARE

Care responsibilities shifted from institutional settings to under-resourced and often fragmented community and home care settings. (Switzer, 2004; Benoit 2012)

Medicalize issues that might fall more comfortably in the realsm of 'social' or 'spiritual' concerns (Gagnon 2013)

BARRIERS TO PERSON-CENTERED CARE

Organizational structures that do not incentivize individual-centered perinatal care (Bland, Oppenheimer, Holmes, & Wen, 2001; Klein et al., 2011).

Education and training models based in patriarchal models of care (Bal, 2015)

Need for greater inter-professional and inter-institutional collaboration