

Ontario's Health Insurance Plan and Perinatal Care among Newcomer Women: Implications for Health Policy

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BACKGROUND

- Perinatal care helps to prevent and manage pregnancy-related or pre-existing conditions that can affect the mother and/or her baby.
- In April 1994, the three-month OHIP waiting period was implemented. As a result, newcomer women in Canada are excluded from OHIP coverage for the first three months of permanent residency.
- This inequity in access to care is a critical policy issue with significant effects for the GTA as 47% of its women are immigrants (Chui, 2015).

Overview of Eligibility for Health Benefits

Immigration Status	Healthcare Coverage
No status in Canada, and no applications in progress	No public health insurance
Refugee Claimant (Refugee application in progress)	Interim Federal Health
Accepted Refugee	OHIP (3 month waiting period may apply)
Permanent Resident (aka Landed Immigrant)	OHIP (3 month waiting period may apply)

Purpose: This literature review aimed to establish a foundation of evidence that can aid in practice and policy reform to better support perinatal health.

METHODS

- A literature search of CINAHL and PubMed was conducted for the period of 1998-2018 for English-written, Canadian studies related to newcomer women's experiences with perinatal care.
- Several combinations of the following search terms were used: immigrant, newcomer, maternity, prenatal, perinatal, antenatal, Canada, and OHIP. A total of 26 studies met inclusion criteria.
- The emerging themes from this literature synthesis are: language and cultural safety in care, inequity in access to perinatal care, and systemic discrimination.

Language and Cultural Safety in Care

- Language was found to be the most significant barrier for receiving perinatal care among the literature.
- Newcomer women often rely on family or friends to translate for them, creating issues of confidentiality and confusion.
- Cultural shock, or cultural differences in approaches to perinatal care, largely influence newcomer women's satisfaction with perinatal care experiences.



- Many institutional procedures and policies are in conflict with cultural beliefs and practices of newcomer women (Higginbottom et al., 2014; Khanlou et al., 2017).
- Living in Canada's "I" culture, where every woman is responsible for herself, makes it difficult for newcomer women to obtain resources for a healthy pregnancy (Quintanilha, Mayan, Thomson, & Bell, 2016).

Inequity in Access to Perinatal Care

- As of 2010, 80% of newcomer women in Toronto received inadequate prenatal care and 6.5% received no prenatal care at all (Wilson-Mitchell & Rummens, 2013).
- Brar et al. (2009) found that only 13% of South Asian women attended prenatal classes as compared to 23% of Canadian-born women.
- Many newcomer women are not able to secure a midwife or funding for perinatal care from a community health center due to high demand (Steele Gray et al., 2010).

RESULTS

- Newcomer women were found to have higher C-section and assisted delivery rates (Mumtaz, O'Brien, & Higginbottom, 2014).
- Newcomer women also experience higher unattended home births (City of Toronto, 2013), a shorter maternal length of hospital stay (Wilson-Mitchell & Rummens, 2013), and less diagnostic testing, as compared to Canadian-born women (Rousseau et al., 2014).
- Insufficient information about perinatal services and supports, lack of transportation, and lack of social support were key barriers to perinatal care for newcomer women among the literature.
- The most prominent suggestion for policy change among the literature was eliminating the three-month OHIP waiting period.



Systemic Discrimination

- Rousseau et al. (2014) found that many newcomer women feel mistrust, shame, and loss of dignity when accessing perinatal care. The participants experienced stigma associated with the belief that newcomer women abuse the system.
- Reitmanova and Gustafson (2008) reported that newcomer women experienced insulting, insensitive, stereotypical remarks following requests to respect cultural values and beliefs, leaving them feeling embarrassed.
- Newcomer women experience criticism at the hands of perinatal care providers that do not agree with cultural practices which differ from societal norms.

- Narrative interviews with racialized women reveal a feeling of invisibility while accessing perinatal care, with perceived avoidance by healthcare staff (Spitzer, 2004).
- Many newcomer women avoid seeking perinatal care because of dehumanizing experiences with health care providers, where they are often left out of decision-making processes.

CONCLUSIONS & IMPLICATIONS

- Many studies reflect the interest of stakeholders, such as perinatal care providers.
- Educating politicians, the public, and healthcare providers on the challenges that newcomer women face may help raise awareness, thereby decreasing systemic stigma and discrimination.
- Nurse leaders can better support perinatal health for newcomer women by collaborating with current providers of perinatal care to create procedures and policies that value cultural and linguistic safety in care.
- Nurse leaders can lobby government for changes to OHIP given the negative health effects to newcomer women and their babies.
- Given the current government and climate for cost-containment, additional consideration should be given to a cost-analysis of the health implications resulting from inaccess to perinatal care during the three-month OHIP waiting period.
- More research is needed to critically examine how cultural, socio-economic, and political issues (system relations) intersect with social identities (such as race and gender) to shape perinatal care for newcomer women and their babies during the three-month OHIP waiting period.

REFERENCES

References may be shared upon request. Please contact Jessica Pimienta at: jpimienta@ryerson.ca