Culturally competent maternity care for Polish migrants in Lothian
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Since May 2004

80,000

Edinburgh - Lothian region
Outline

• A8 migration to Scotland & fertility
• Migrant maternity projects
• The Polish maternity focus groups
• Key findings
• Future plans
Number of births in Lothian to mothers born in A8 countries

Year

2004  2005  2006  2007

Number of births

0  50  100  150  200  250  300  350

"A7" countries
Poland
Maternity projects in Lothian

- Audit of A8 deliveries in 2006 & 2007
- Evaluation of using a Polish Clinical Support Worker in the Family Planning Service
- International Migrant Health Days
NHS maternity services – community based

• Midwife led – specialists in background
• Free care - little private medicine
• 1 or 2 routine antenatal scans
• 8 hour discharge post delivery normal
• NHS has an ethos of Race Equality & emphasises staff cultural competency training
• Interpreting services and translated material available
Migrants and the Confidential Enquiry into Maternal and Child Health

Links between vulnerability and social exclusion: recommendations about:
- Access to care
- Migrant women

Poor communication is associated with poor outcomes
Maternity focus groups:

Polish women in 2 focus groups & 7 participants (other ethnic minority focus groups already held)

- Inclusion criteria – women had had a baby in Lothian in past 5 years.

- Explored in native language (with recording transcription and translation):
  - information, support and care they received whilst pregnant.
  - How services could be better for them
Social context - The ‘Centralwings generation’

• Easy travel allows participation in two different systems.

• Most women had care in Poland and Scotland

• ‘obviously being from Poland we are used to having a lot more scans and even greater accessibility to private healthcare’(B)

• ....I thought I would have to pay for the care I would receive and for the labour because I didn’t work. So the thing that was worrying me was that I would have to go back to Poland......(Bi)
Unfamiliar systems & staff

• In general the health service is very good at least I feel positive about it… (B)

• I don’t know the level of knowledge these doctors have, I often wonder….. GP examinations are very basic. (D)

• ‘There is a big difference between the levels of GP practice and hospital.’ (A)

• Besides that, the partner is treated with great respect here, ***** was allowed to stay with me, this is so important during a woman’s birth, (D)
Different systems - expectations of professionals

- "...in Poland when we’re supposed to give birth we’re supposed to be a certain way, the way that’s most convenient for the doctor and midwife." (B)

- ‘at least in Poland a doctor is regarded as a God at least that is the way they want to be treated’ (D)

- "I was shocked to be asked whether they can do tests on my baby.... such formalities should be dealt with prior to the birth ..... I don’t want to know whether he’s sure or not ........... as I’m the patient and not the doctor." (D)
• some small problems arose with my baby & the way this was communicated to me, I didn’t have an interpreter, ..... I believe that they should have lied to me, even if they weren’t sure that everything was going to be alright, just for my peace of mind, but that was their only fault. (D)

• I was afraid of the interpreter being present, I thought that they would be in the way.... It was like a second me ....... her presence did not bother me in the slightest. (C)

• I also believe that although one is rather confident in spoken English, it’s worth having an interpreter (B)
‘Most of us got a lot of information from Szkocja.net’ (B) …. 

....'Slownik dla oczekujacych na porod' is a dictionary of UK maternity terminology.
One girl mentioned that she registered onto this forum prior to coming to Scotland to learn how to access antenatal care.

'Urlop macierzynski, zasilki itp itd' on practicalities of pregnancy, e.g. child registration, maternity leave and benefits.

Duuuzy brzuch asks about abdomen size and pain.
Different systems - investigations
‘I was surprised by the different norms’ (B)

• ‘the care I had here in general is not exactly what I was expecting’ ‘after 6 hours then you can go home, whereas in Poland’... You usually stay in for a few days (D)

• ‘In Poland the normal is after 6 weeks we have a gynaecologist check’ (B)
Conclusions we cannot generalise but:

**Expectation and reality**
- Access to services – an issue
- Use of interpretation and translation
- Unfamiliar services lead to lack of confidence

**Health Promoting Health Services**
- Care in Poland and Scotland – we must learn from both systems
- Migration patterns are rapidly changing – do we react fast enough?
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