"CULTURAL COMPETENCE IN MATERNITY CARE RELATED TO MAJORITY WOMEN WITH A LOW SOCIO-ECONOMIC POSITION"

Background

Although maternity care is associated with improved health outcomes, it is often inadequately tailored to the needs of women of low socio-economic position (SEP) in high-income countries, creating barriers to good health [1]. A study in four large cities in the Netherlands shows that a Western, non-migration background of women is associated with health inequalities [2]. Access to maternity care for women with low SEP is unsatisfactory for a number of reasons, according to both women and care providers [3,4,5,6,7]. Culturally competent care delivery by health professionals has the potential to improve access to adequate care and to improve maternity care outcomes [5,8]. Cultural competence is defined as "the combination of knowledge, attitudes and skills necessary for care providers to effectively interact with culturally and ethnically diverse patient populations" [9].

Aim(s)

The aim of this study is to examine current evidence related to the cultural competencies of maternity care professionals related to majority low SEP women.

Methods

A scoping review was conducted using inclusion criteria established by the PCC-elements (Participants, Concepts and Context) of the research question. Data-extraction was performed by two researchers according to a predetermined procedure. The framework of Seeleman (2009) consisting of Knowledge, Attitude and Skills was used to analyze the data.

Results

Out of 6541 records 32 articles were eligible for data-analysis. Preliminary results show that health care professionals express a lack of knowledge and skills to assess the socio-economic vulnerability of women and to refer to care options in relation to socio-economic vulnerability. Women experience a lack of respect, stigma and poor relationships with their health professionals. On the other hand, positive experiences in community settings were expressed.

Discussion

Preliminary results reveal that the cultural competence of health professionals involved in maternity care related to majority women of low SEP needs to improve. Professionals should be equipped with knowledge and trained in skills, and further research is recommended. Results call for a debate about the quality of maternity care for low SEP majority population women. Final results can be presented in an oral presentation because data analysis will have been completed by then.

Implications and future perspectives

Professionals need to be educated to tailor their care to the needs of majority low SEP women. The conditions and maternity care systems in which health care professionals are involved in the care of women with low SES should be studied more closely. The findings call for a debate, with the participation of professionals and women, on the scope and obligations of professional profiles and logistical care structures in relation to maternity care for women with a low SEP majority.

References

- Wiegers, TA. The quality of maternity care services as experienced by women in the Netherlands. BMC pregnancy and childbirth, 9,18: 2393, 2009.
- 2. de Graaf, JP. et al. Perinatale uitkomsten in de vier grote steden en de prachtwijken in Nederland [Perinatal outcomes in the four largest cities and in deprived neighbourhoods in The Netherlands]. *Nederlands tijdschrift voor geneeskunde*, 152, 50: 2734-40, 2008.
- 3. Abbott, L. Complex Social Issues and the Perinatal Woman. Springer Nature Switzerland AG. 2021.

- 4. Smith, M, Benoit, C. How Social Inequities in Maternity Care Impact Marginalized Groups. In: Sandall PJ, editor. The Continuous Textbook of Women's Medicine Series Obstetrics Module PREGNANCY AND SOCIETY Volume 1: Glob. libr. women's med.; 2021.
- 5. Lazar, M, Davenport, L. Barriers to Health Care Access for Low Income Families: A Review of Literature. *Journal of community health nursing*, 35.1: 28-37, 2018.
- Lindquist, A. et al. Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey. BJOG, 122,12:1610-7, 2015.
- Heys, S, Downe, S &, Thomson, G. 'I know my place'; a meta-ethnographic synthesis of disadvantaged and vulnerable women's negative experiences of maternity care in high-income countries. *Midwifery*, 103, 103123, 2021.
- 8. Betancourt, JR, Green, AR. Commentary: linking cultural competence training to improved health outcomes: perspectives from the field. *Academic medicine : journal of the Association of American Medical Colleges*, 85, 4: 583-5 2010.
- 9. Seeleman, C, Suurmond, J &, Stronks, K. Cultural competence: a conceptual framework for teaching and learning. *Medical Education*, 43: 229–237, 2009.