

# **Latina Prenatal and Birthing Experiences in the Healthcare System: A Meta-synthesis of Qualitative Studies**

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## **Disclosure of previous presentation**

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## **Abstract**

### Background and Research Questions

According to health statistics, Latinas, Mexican Americans in particular, face barriers related to access and utilization of the healthcare system during pregnancy. A significant proportion receive delayed or no prenatal care. Although it is well-known that Latina immigrant women have rates of infant mortality and low birth weight on par with non-Hispanic whites, maternal and infant health deteriorates the longer they are in the United States. Mexican immigrant mothers have a higher prevalence of health risk factors for low birth weight, including anemia, cardiac disease, and hypertension, than do their US-born counterparts (Romero, 2012) and are more likely to suffer from preventable obstetric complications (Guendelman, 2005). Furthermore, high prevalence of obstetric complications occur regardless of the mother’s education, economic status, and initiation of prenatal care and hospital quality. These data point to the need for changes in healthcare delivery for this population.

Barriers to health care use are often related to language and cultural differences. Given the aim of health providers to create a “caring environment,” implementing delivery systems that reach diverse populations is an important concern in healthcare delivery. We wanted to learn about the prenatal experiences in the healthcare system of Latina mothers and what matters to them. Services that are in-tune with Latina mothers are likely to be more effective: they can improve access as well as improve mothers’ interactions with the healthcare system. In addition, understanding Latina perceptions of healthcare systems can help with the development of more effective interventions.

## Objectives

This paper will provide a synthesis of the latest qualitative research on Latina prenatal and birthing experiences in the healthcare system to help provide direction for culturally competent services. A research synthesis methodology allows us to critically analyze the body of literature on a topic in order to pick up on important themes and to explore what works best with whom and under what conditions.

This meta-synthesis has two complementary aims:

- (a) To examine Latina women's experiences in the healthcare system in order to understand what factors make for a positive experience versus a negative one.
- (b) To translate research findings to provide direction for culturally competent practice with Latinas and their families.

## Methods and Analysis

We conduct a meta-synthesis of qualitative studies for our study. The objective of the study is to interpret findings across qualitative studies within the domain of Latina prenatal and birthing experiences in the healthcare system by different investigators. We implemented a Campbell Collaboration methodology ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)) to search several research databases for qualitative studies related to the topic from 1990 to the present. Our research methodology is based on hermeneutic phenomenology, a method used for learning about the experiences of people through the stories they tell about their experiences as they are lived, with the goal of creating meaning. An iterative data analysis approach was used to interpret themes across studies to create a line of argument as well as to identify studies that refute present knowledge.

## Results

Fifteen studies met the criteria for inclusion in the meta-synthesis (studies are currently being added). See attached list. Our meta-synthesis of qualitative studies revealed several findings. A core construct that emerged from our preliminary analyses of findings based on interviews with Latina mothers is that while their pregnancy and birthing experience is innately tied to their cultural identities, central to their dealings with the healthcare system is a desire for supportive, respectful interactions with providers. Five overarching themes emerged from the studies: (a) detection of and search for compassion, (b) internalization of provider behaviors/manner, (c) emotional reactions to unmet service expectations, (d) appreciation/valuing of an informative approach, and (e) emphasis on non-verbal communication styles (see Table 1 for details). In addition, immigration and language status affected perceptions of service experiences. Immigrants or Spanish-speaking mothers placed more of an emphasis on nonverbal communication (e.g., feeling ignored). US-born or English-speaking mothers placed more of an emphasis on verbal communication (e.g., not having things explained to them fully).

Themes that surfaced on the experiences of Latinas in the context of prenatal care in these studies can be characterized as follows:

- Latina women looked for compassion on the part of providers. When they felt there was an absence of compassion, they had concerns about the quality of care they were receiving.
- Latina women placed a greater emphasis on non-verbal communication than on verbal communication, and this was especially true among immigrant, non-English-speaking women.
- Latina women tied both patient-centered *and* negative practices to how they perceived staff viewed them.
- Latina women reported great satisfaction in staff who were very informative throughout the entire process.

Examples of what mothers said about their experiences with prenatal care from the qualitative studies reviewed in this synthesis included the following.

A study investigated how Hispanic women perceived the “patient-centeredness” of their prenatal care. According to the Institute of Medicine, patient-centered care means: “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” Hispanic women who were part of this study reported that they often felt disrespected by doctors and nurses. Their assessment was related to their perception that prenatal care appointments were rushed and impersonal. Perceiving appointments as uninformative or information delivered in a harsh tone or fast pace contributed to the overall negative experience. Finally, not having services available in Spanish added to their negative perception. Patients reacted by disengaging from services, purposefully not asking questions, and taking staff behaviors as personal.

A second qualitative study of Latina immigrants’ experiences with maternal healthcare services found that despite enduring language barriers and problems, Spanish-speaking women expressed satisfaction with their care if they sensed a respectful and caring attitude from providers. When interpreters *were* available during their visits, women generally reported that they understood what was going on and what tests were being performed to a greater extent.

Finally, a third study based on semi-structured interviews with Latina patients revealed that when accompanied by friendly behaviors, not only did patients feel better understood, but information was viewed as more believable and accurate. Concentrating on the patient for one participant meant not only saying hello and smiling, but giving complete attention and eye contact. A few women also indicated how pleased they were when providers who did not speak Spanish at least made the attempt to do so. For instance, one woman said, “Here some speak very little Spanish, but they try—and this helps.”

### Limitations of the Study

This study synthesizes the findings of multiple published qualitative studies on the Latina prenatal and birthing experiences. One limitation of this methodology is that we do not have access to the original data (e.g., the transcriptions of interviews) for each individual study.

Therefore, interpretation of the available data is completed at a second and third analysis process level. A second limitation is that many of the studies did not take into account differences of experience that may be attributed to language or documentation status.

### Discussion of Findings and Implications for Healthcare Delivery Systems

The Latina experience within the healthcare system is a complex interplay between deep cultural understandings and patient-centered expectations. Study findings provide vital information for healthcare providers seeking to enhance culturally competent practice behavior.

Overall, what are the implications of Latina perceptions of the healthcare system for culturally competent health services delivery? First, it is engaging in motivating, supportive interactions with mothers that is likely to make a difference and help them translate the information they are given in a way that is meaningful to them. Second, culturally competent practice is about forming caring relationships with Latina patients, while providing expert delivery of services. Finally, knowledge about specific cultural beliefs is a key element in providing treatment, but it is not necessary to have a comprehensive knowledge before beginning to work with the population.

Knowledge gained from studies on the experiences of Latina mothers in the healthcare system offers opportunities for structuring prenatal care delivery for Latinas to increase access and use (McGlade, 2004). Approaches to interventions can emulate or be built around the culture of Latina mothers, such as informal help-seeking. This does not necessarily mean that programs need to be totally re-designed or that services need to be only community-based. Latina mothers are likely to be receptive to conventionally-delivered services if they are in tune with their preferences and reflect an understanding of their life circumstances. Based on the research on the experiences of Latinas in the healthcare system, while attending to specific cultural attributes is important, equally important is an emphasis on patient-centered care. Studies show that the quality of interaction with healthcare providers plays a role in positive birth experiences. For example, positive experiences have been shown to increase self-reported confidence during the birthing process. Culturally-responsive healthcare delivery matters on many levels, tangible and intangible.

**Table 1. Themes on the Experiences of Latinas in the Context of Prenatal Care**

**Detection of and search for compassion**

- Women actively looked for compassion in staff.
- Compassion was of central importance to the women.
- Women had concerns about the quality of care when they felt there was an absence of compassion.

**Internalization of provider behaviors/manner**

- Women tied both patient-centered and negative practices to how they perceived staff viewed them.

**Emotional reactions to unmet service expectations**

- Women reported frustration and difficulties with staff who fell short of their expectations.
- Women reported shame in vocalizing their expectations of staff.

**Appreciation/valuing of an informative approach**

- Women had varying degrees of knowledge on prenatal care, and the source of their information was often family.
- Women used staff as their greatest source of information.
- Women reported great satisfaction in staff who were very informative throughout the entire process

**Emphasis on non-verbal communication styles**

- A greater emphasis was placed on non-verbal communication than on verbal communication.

## Studies Included in the Meta-Synthesis

- Bender, D. E., Harbour, C., Thorp, J., & Morris, P. (2001). Tell me what you mean by “si”: Perceptions of quality of prenatal care among immigrant Latina women. *Qualitative Health Research*, 11(6), 780-794.
- Bergman, A. A., & Connaughton, S. L. (2013). What is patient-centered care really? Voices of Hispanic prenatal patients. *Health Communication*, 28(8), 789-799.
- Berry, A. B. (1999). Mexican American women’s expressions of the meaning of culturally congruent prenatal care. *Journal of Transcultural Nursing*, 10(3), 203-212.
- Gress-Smith, J. L., Roubinov, D. S., Tanaka, R., Cirnic, K., Gonzales, N., Enders, C., & Luecken, L. J. (2013). Prenatal expectations in Mexican American women: development of a culturally sensitive measure. *Archives of Women's Mental Health*, 16(4), 303-314.
- Gurman, T. A., & Becker, D. (2008). Factors affecting Latina immigrants’ perceptions of maternal health care: Findings from a qualitative study. *Health Care for Women International*, 29(5), 507-526.
- Novick, G. (2009). Women's experience of prenatal care: An integrative review. *Journal of Midwifery & Women's Health*, 54(3), 226-237.
- Novick, G., Sadler, L. S., Kennedy, H. P., Cohen, S. S., Groce, N. E., & Knafl, K. A. (2010). Women's experience of group prenatal care. *Qualitative Health Research*.
- Sanchez-Birkhead, A. C., Kennedy, H. P., Callister, L. C., & Miyamoto, T. P. (2011). Navigating a new health culture: experiences of immigrant Hispanic women. *Journal of Immigrant and Minority Health*, 13(6), 1168-1174.
- Sandelowski, M., Docherty, S., & Emden, C. (1997). Focus on qualitative methods Qualitative metasynthesis: issues and techniques. *Research in Nursing and Health*, 20, 365-372.
- Shaffer, C. F. (2002). Factors influencing the access to prenatal care by Hispanic pregnant women. *Journal of the American Academy of Nurse Practitioners*, 14(2), 93-96.
- Shaffer, C. F. (2002). Factors influencing the access to prenatal care by Hispanic pregnant women. *Journal of the American Academy of Nurse Practitioners*, 14(2), 93-96.
- Sherraden, M. S., & Barrera, R. E. (1996). Prenatal care experiences and birth weight among Mexican immigrant women. *Journal of Medical Systems*, 20(5), 329-350.
- Tandon, S. D., Parillo, K. M., & Keefer, M. (2005). Hispanic Women's Perceptions of Patient-Centeredness During Prenatal Care: A Mixed-Method Study. *Birth*, 32(4), 312-317.
- Torres, R. (2005). Latina perceptions of prenatal care. *Hispanic Health Care International*, 3(3), 153-159.
- Wheatley, R. R., Kelley, M. A., Peacock, N., & Delgado, J. (2008). Women's narratives on quality in prenatal care: a multicultural perspective. *Qualitative Health Research*, 18(11), 1586-1598.

## Other References

- McGlade, M. S., Saha, S., & Dahlstrom, M. E. (2004). The Latina Paradox: An opportunity for restructuring prenatal care Delivery. *American Journal of Public Health*, 94(12), 2062–2065.
- Guendelman, S., Thornton, D., Gould, J., & Hosang, N. (2005). Social Disparities in Maternal Morbidity During Labor and Delivery Between Mexican-Born and US-Born White Californians, 1996–1998. *American Journal of Public Health*, 95(12), 2218–2224.
- Romero C. X., Duke J.K., Dabelea D., Romero T. E., & Ogden L. G. (2012). Does the epidemiologic paradox hold in the presence of risk factors for low birth weight infants among Mexican-born women in Colorado? *Journal of Health Care for the Poor and Underserved*, 23(2), 604-14.