

July 2008

**Maternity services in multi-cultural Britain:  
using Q methodology to explore the views of 1st and 2nd generation women of Pakistani origin**

By Fiona Cross-Sudworth

*With grateful thanks to the Iolanthe Midwifery Trust for their generous grant*

Ethnic minority women's needs within maternity services have been marginalized and care has been discriminatory (Atkin 2004, Ellis 2004, Hindley 2005). In addition, these women have been considered a vulnerable group (DoH 2004) with an increased risk of morbidity and mortality (CEMACH 2007, Gardosi et al 2007).

Pakistani women form the largest group of ethnic minority maternity service users (Taylor & Newall 2008). Richens (2003) conducted qualitative research of the maternity experiences of Pakistani women, which found that women wanted effective communication, information and choice. However there was little research regarding inter-generational difference within an ethnic group.

A Q methodology study was therefore conducted to explore the perspectives of first and second-generation women of Pakistani origin and their experiences of maternity services. The aim was to increase understanding and make recommendations to raise awareness of issues faced by a diverse Pakistani community. The methodology facilitated hearing the women's voices throughout the research process, which minimised researcher bias.

From the data collected, six interpretable stories emerged from the q grids (n=16) that were reinforced by the preceding interviews or focus groups (n=15). The discussion centred on the main themes of confidence, support, information, and cultural issues. It would appear from the results of this study that there were few inter-generational differences in the maternity experiences of women of Pakistani origin. But there was a breadth of opinion and experience that seemed to be influenced by level of both education and social support. While maternity service users who were more confident and empowered had few demands of maternity services, it was apparent that those who had less support or confidence and those with language barriers had additional needs.

Further research is needed but recommendations include addressing communication, support and information issues. However increased maternity service user involvement is essential for future planning and provision of maternity services, to enable appropriate and equitable care for women of Pakistani origin.

**Recommendations**

***Communication:***

- 24-hour translation service available
- Linkworkers/bilingual maternity support workers from each significant community within each Trust

- Confirmation of confidentiality from all healthcare professionals & translators
- Availability of translated leaflets and other information including pregnancy held records
- Mandatory cultural competency training for all staff (who come into contact with the public)
- More time to be factored into care for women who do not speak English

***Support/Care:***

- Needs assessment for information and support at booking with reassessment later in pregnancy
- Continuity of community midwife
- Clear care pathways for social support and appropriate referrals from midwives
- One-to-one care at delivery
- An option to stay in hospital for longer
- To observe for signs of ante/post-natal depression & refer to local support groups
- To continue to raise the profile of Children's Centres and refer as appropriate

***Information/Feedback:***

- Parentcraft classes advertised and offered locally offering a choice of times & language mediums
- Posters and leaflets in significant languages, advertising Maternity Services Liaison Committee meetings and how to join
- Maternity services Liaison Committees to have local sub-groups focusing on issues relating to each significant community
- Patient satisfaction and feedback form to be given to all women written in significant languages on discharge from hospital and/or community