

# Born in the UK : Qualitative study investigating maternity and post natal care needs of UK-born women from ethnic minorities

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## 1 Introduction

### Research context

Longstanding history of migration in the UK  
Increasing numbers of second generation  
Research indicating poorer maternity outcomes for some ethnic groups and care related access barriers  
Most past research concentrated on migrant women  
Very little known about UK born ethnic minorities

### Objectives

To explore the maternity care needs of UK born women from ethnic minorities.

### Specific themes of interest are :

Perceptions of care needs among the UK born  
Perceptions of changes in family support between generations  
Attitudes towards risky habits  
Individual and service related factors affecting uptake of care

## 2 Methodology

### Qualitative study based on Grounded Theory design

### Respondents

UK born mothers of Indian, Pakistani, Black African, Black Caribbean and Irish background  
Partners  
Health Care Providers

### Geographical area

London (6 Boroughs)  
Birmingham  
Bradford

### Methods

Focus group discussions : mothers alone, couples  
In-depth interviews : mothers, health care professionals

### Analysis

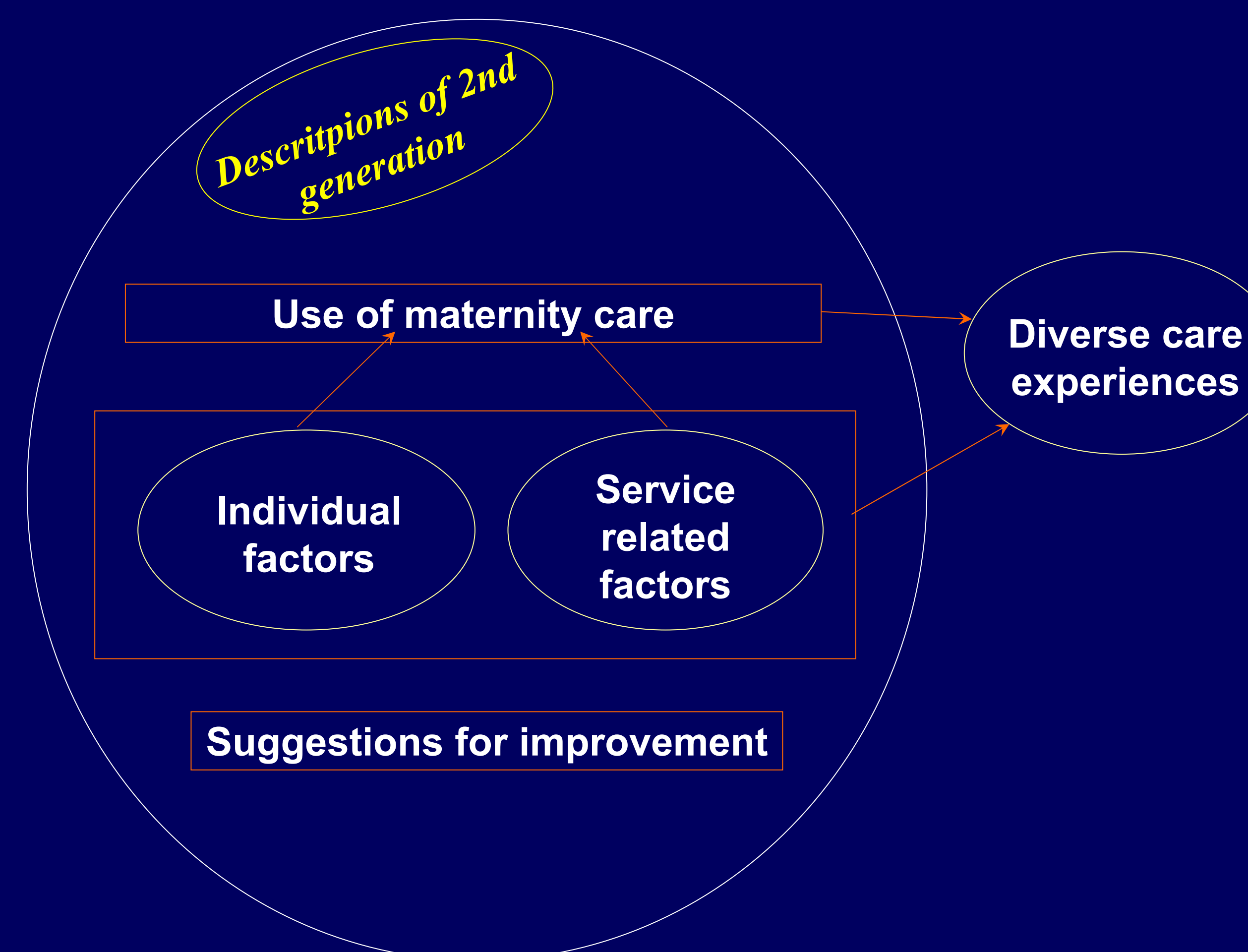
Interviews transcribed  
Open Coding (Grounded approach)  
Initial codes grouped in to higher level codes (concepts)  
Concepts linked to a core category (variable)

## 3 Preliminary Findings

### Perceptions of Health Care Professionals

8 in-depth interviews from an East London maternity unit catering for a significant proportion of black mothers

Fig 1 : Pattern of response categories emerging



### Findings - Highlights

#### Descriptions of 2<sup>nd</sup> generations

Second generation more 'on a par with the white British'  
Higher levels of knowledge than 1<sup>st</sup> generation, but low on 'common sense'  
Attitude 'very English'  
Vocal, demanding can be aggressive to some extent  
Need to do 'a lot more to appease' than the 1<sup>st</sup> generation

#### Use of maternity care

Timelier antenatal booking than 1<sup>st</sup> generation  
Good in keeping hospital appointments in general  
Accept prenatal screening if advised  
Poor attendees in antenatal classes  
Hospital delivery is the norm  
Expectations of intervention free labor

### Individual factors and care uptake

#### Biologic predispositions

#### Socio-cultural factors:

Higher levels of autonomy in decision making  
Mixed feeding patterns - breast and bottle feeding  
Indication of domestic violence in terms of mental abuse  
Better social support  
Risk behaviour - no clear picture emerged

### Service related factors and care uptake

Care organisation - long waiting time, infrastructure facilities  
Client - provider relationship : expressed to be good  
Ethnic friendly initiatives - a few listed, but no indication of their appropriateness for UK born

### Suggestions for Improvement

Varied from targeted antenatal services and improved postnatal care in the wards to improvement in infrastructure and ethnic diversity in the food provided

## 4 Expected Outcome

Information on the impact of acculturation on the maternity care needs of ethnic minority women to develop appropriate policies  
Generation of hypotheses that can be tested in further research

## 5 Key Messages

### What is already known:

Research on poorer maternity outcomes among women of some ethnic minority groups has indicated epidemiological and service related factors. While most of the research has been focussed on migrant women, very little is known about for those born in the UK.

### What this study will add:

The study is tracing the advantages and disadvantages of acculturation on maternity care experiences of ethnic minority women both in terms of the uptake of care and the factors contributing to it. Additionally, the perceptions of health care professionals are being explored as these can affect their interactions and promote or hinder access to care.