

**[ Influence of Maternal Birthplace ]**  
on postpartum health  
and service use

Rebecca Ganann, RN, MSc  
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**[ Agenda: ]**

- Background
- Purpose Statement
- Methodology
- Discussion of Key Findings
- Implications
- Conclusions

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**[ Immigrant women face multiple risks ]**

- These risks can influence their health and the health of their families
- Face multiple barriers to accessing appropriate health services
  - Economic
  - Social
  - Linguistic
  - Cultural adjustments
- Increasing diversity in Canada with continuing immigration trends

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**National Collaborating Centre for Determinants of Health...**

- “The health of members of certain cultural groups (e.g., First Nations, visible minorities, and recent immigrants) can be more vulnerable because of their cultural differences and the risks to which they are jointly exposed”.

(NCCDH, 2007)

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**Statement of Purpose**

- To compare among women, born in and outside of Canada, at 6 weeks following postpartum discharge from hospital:
  - self-perceived health status
  - rates of probable postpartum depression
  - health service use
  - perceptions of health services
  - access and barriers to health services

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**Research Questions**

- Primary:
  - Comparing Immigrant women vs. Canadian-born women
  - Differences in:
    - Self-perceived health
    - Postpartum depression
    - Perceptions of health services
    - Access and barriers to health services

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## Research Questions

- Secondary - Among Immigrant Women:
  - Health status and risk for PPD
  - Social support
  - Language spoken at home
  - Country of origin
  - Ethnicity
  - Length of time in Canada

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## Methodology

- Secondary analysis of longitudinal cross-sectional survey
  - 2 hospitals within large urban centre
- Ethics
- Questionnaires in hospital
- Structured telephone interviews
  - 6 weeks postpartum
- Chi Square analyses ( $\alpha=0.05$ )

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## Data Analyses

- Categorization:
  - Maternal health
    - Excellent/V. Good/Good vs. Fair/Poor
  - Postpartum depression (PPD)
    - Edinburgh Postnatal Depression Scale
    - $\geq 12$
  - Social support
    - Duke-UNC Social Support Questionnaire
    - Sub-scales – Confidant, Affective Support

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### [ Immigrant Sub-groups ]

- Language:
  - English; Chinese;
  - Spanish; Slavic;
  - Romance; Other
- Ethnicity:
  - Canadian; Asian;
  - Jewish, European;
  - Other
- Country of Origin:
  - Asia & Middle East;
  - Europe, U.S.A.
  - Australia; Caribbean,
  - South & Central
  - America; Africa
- Length of time in Canada:
  - ≤ 2, 3-5, 6-10, 11+ years

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### [ Demographic Characteristics ]

- n = 1051
- Average age 33 years
- 96.7% partnered
- 7.2% family income ≤ \$19, 999
- 63.9% completed post-secondary education
- 67.6% spoke English most often at home
- 49.1% Immigrant

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### [ Discussion: Health ]

- Immigrant women more likely to rate postpartum health as poor
  - Newcomers, Asian women at particular risk
- Also ↑ risk for emotional health problems
  - Newcomers (≤ 2 years) - ↑ risk
- PPD estimates – conservative?

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**Discussion: Health services**

- Immigrants - ↓ satisfaction with
  - Community health services: Newcomers, Asian, Jewish (only postpartum)
  - Hospital services : Jewish
- Use specific providers
  - More likely to use Obstetrician/Gynecologist
  - Less likely to use Midwife

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**Discussion: Unmet Needs & Barriers to Care**

- Immigrants - ↑ likelihood to have unmet service needs related to emotional health
- Barriers:
  - Knowledge
  - Deciding not to seek care
- Among immigrants:
  - Health Status – linked with perception of services & unmet needs
  - PPD – associated with unmet needs for emotional health problems

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**Discussion: Limitations**

- Immigration status
- Barriers to care
- Immigrant population – length of time in Canada, low income

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**[ Implications: Policy ]**

- Need to address health inequities “upstream”
- Interventions based on health determinants
  - Targeted programs for disadvantaged populations
- Equitable access to health services
  - Municipal, provincial, federal
- Changes to public health program funding and guidelines (i.e., HBHC)

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**[ Implications: Research ]**

- Complex inter-relationships between variables
  - Multi-factor analysis
- Immigration status
- ↑ understanding of factors contributing to perception of health, ↑ risk for PPD
- Barriers to care

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**[ Implications: Practice ]**

- Accessible services
  - Targeted to meet needs of specific populations
- Address knowledge barriers about where to access care
- Culturally appropriate care

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## References

- The National Collaborating Centre for Determinants of Health. (2007). *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it*. Retrieved September 16, 2008 from [http://www.nccdh.ca/downloads/1\\_GenderInequityReport\\_Synthesis.pdf](http://www.nccdh.ca/downloads/1_GenderInequityReport_Synthesis.pdf)

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