

How women perceived and experienced quality of maternity care?
The experiences and needs of migrant women with female genital
mutilation living in metropolitan Sydney, Australia

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Introduction

- 53000 affected women with FGM, live in Australia of which 57% of them are women of childbearing age (AIHW 2019)
- In NSW 40% of mothers who gave birth in 2017 were born overseas, 5.3% of these mothers were born in the Middle East or Africa (NSW mothers and babies 2017)
- A hospital in Sydney, indicated an increase in the prevalence of pregnant and childbearing women with FGM from 1.8% to 2.8 between 2006-2012 .

Aim and objectives

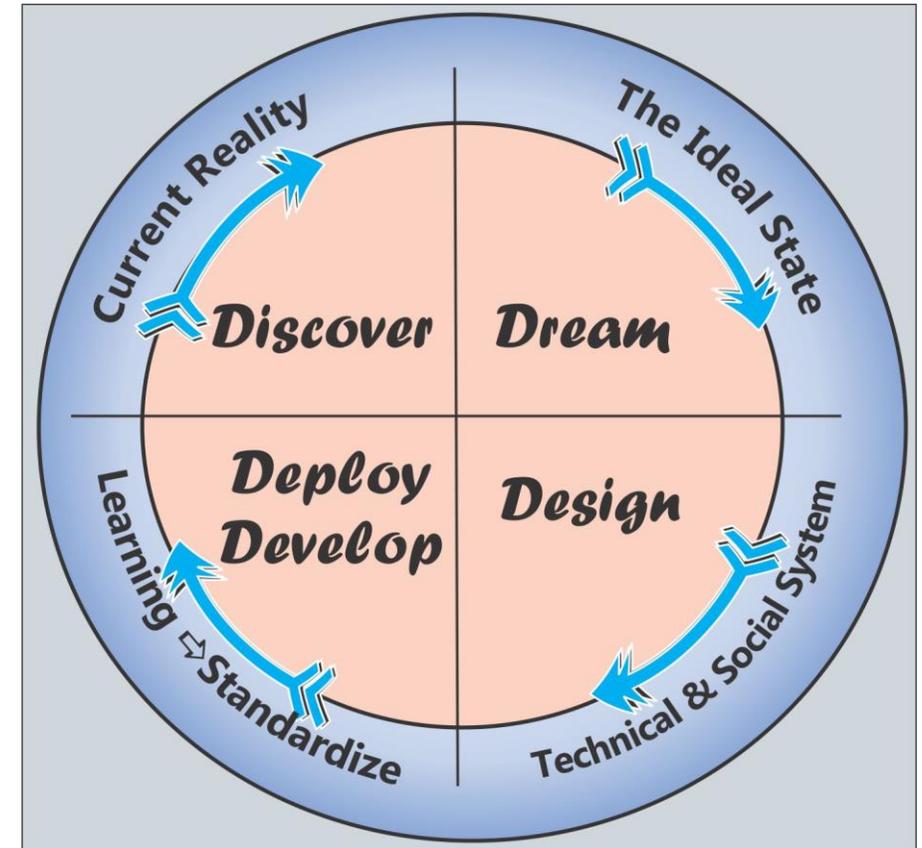
- To explore the maternity care experience and needs of women with FGM who have migrated to Australia residing in urban New South Wales (NSW)
- Identify ways of improving the quality of the maternity care for these women.
- The focus of the study was to understand the socio-cultural and health needs of these women and opportunities to improve the quality of maternity care for women with FGM in high-income countries like Australia.

Research questions

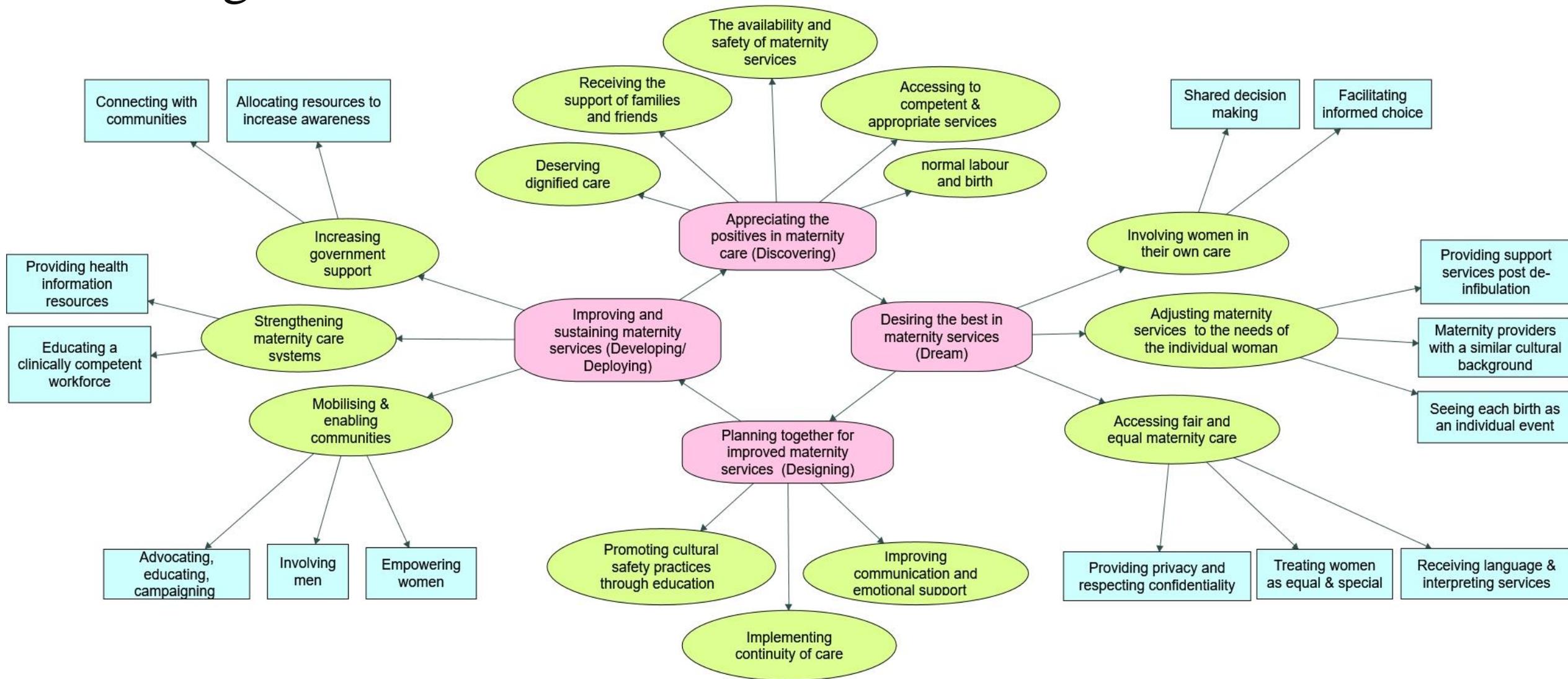
1. What do women affected by FGM perceive as quality maternity care?
2. How do women with FGM feel that their culture is acknowledged in maternity care and how could this be improved from a cultural safety perspective?
3. How do the relationships that these women have with obstetricians, midwives and other health professionals during pregnancy and after birth affect the quality of the care they receive?
4. How were health care decisions made and how do women think decision making could be improved?
5. What are women's expectations of maternity health services in Australia and were they satisfied with the care they received?
6. How can women with FGM be more involved in the co-production of maternity services and information?

Method

- A qualitative study using appreciative inquiry was undertaken to explore the positive maternity care experiences of migrant women with FGM and in discussion with these women envisage what future maternity care might and should look like.
- In total, 23 interviews and three focus groups were conducted with women who had experienced FGM and had given birth in Australia.
- A thematic analysis was applied.



Findings



Appreciating the positives in their maternity care (Discovering)

- Women talked about events or approaches that did or did not work well during maternity care.
 - being provided with respectful care
 - feeling of having a safe service,
 - receiving required information, having access to skilled health care providers, and
 - being able to have advance care planning and family support.

‘The good thing was always feeling safe, knowing there are all the facilities, medicines and machines and skills you might need available within the hospital. I really felt relaxed in both my deliveries. Overall pregnancy was a happy experience for me and I knew they would help me straightaway compared to my country where nothing is available’. (W18)

Desiring the best in maternity services (Dreaming)

- Women shared their desire for
 - individualised care,
 - involvement in their own care,
 - equal access to services and information,
 - privacy and cultural sensitivity
- Women described feeling that their vision might be limited by their narrow exposure to the Australian maternity care system

‘Women know their body and their pregnancy better than anyone else so they should listen to us. If the midwife has the knowledge, we have the experience. Please listen to us also’. (W22)

‘She said, “Oh my God, this is very dangerous” and she asked me to sign so many papers and I said OK and even though I couldn’t read English to understand what are those things I signed them’. (W11)

Planning together for improved maternity services (Designing)

- Suggestions included
 - Addressing cultural safety, information systems,
 - Emotional support, and
 - Effective communication.

‘If I am a midwife I make you feel good and I need to understand what you believe in so I can understand if you see FGM as a good thing or bad thing. Then I can talk to you and guide you accordingly... first you need to get a sense of what women believe in, otherwise they may not disclose anything’. (W12)

‘They’re really good for follow up and controlling you but they never communicate things [about FGM] with you. Maybe they think we are not worth it or not educated enough to understand. They should explain all the risks which may accrue during pregnancy’. (FGD3)

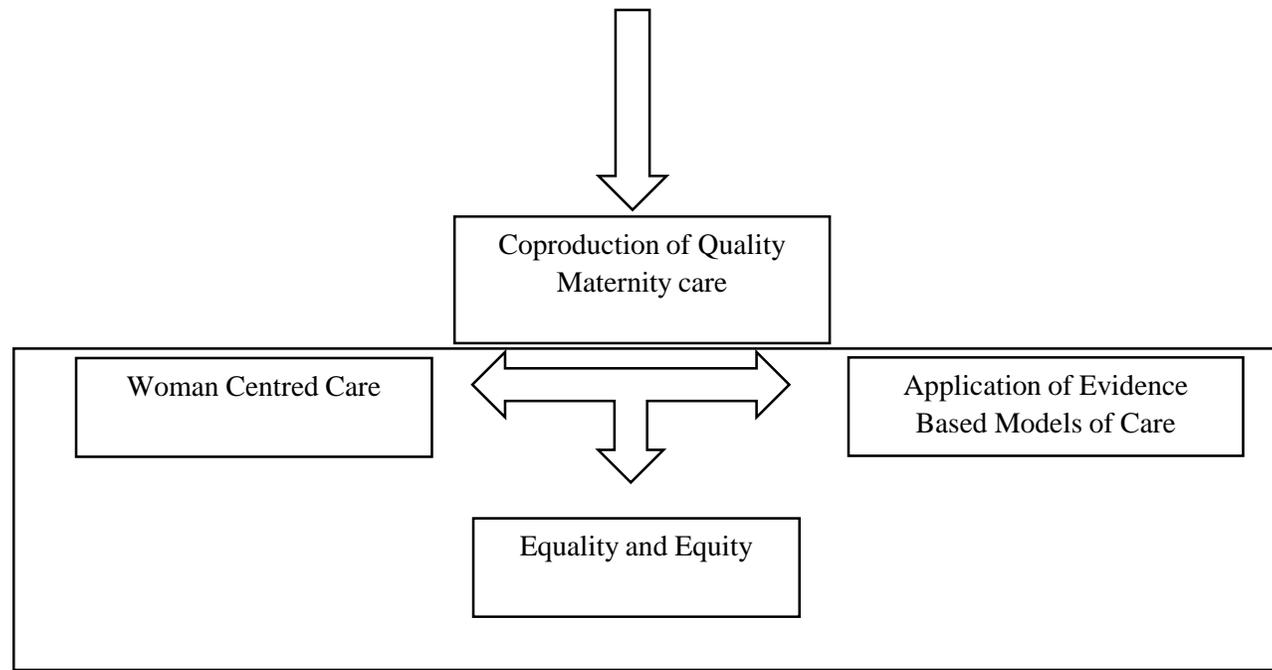
Improving and sustaining (Develop/Deploy)

- Women recognised the importance of:
 - Mobilising communities
 - Empowering women
 - Involving women in the planning and design process their care
 - Government support

'I used to be very shy to talk about my FGM but after receiving FGM training through government I started to talk about it and expressed myself and also asked and encouraged other women to talk about their issues openly. This way people in our community will also start talking about it. It will be an open subject within communities rather than a hidden problem'. (FGD3)

Co-design strategies:

- Co-design of health literacy and information resources and channels of delivery
- Co-design of appropriate modules of care (Continuity of care and Trauma informed care)
- Co-design of approaches for shared decision making with clinicians during consultations
- Co-design of education and training for health care professionals that emphasise on normal birth and cultural safety



Conclusion

- This study is the first of its kind in Australia and provides an understanding of policy, socio-cultural and healthcare gaps, and strategies required to build self-efficacy and improve maternity outcomes.
- Use of a specific framework that is underpinned by women's values and needs assure sustainable improvement of quality care for women with FGM.
- Engaging women as equals in the design and delivery of their own health care services is necessary to improve the quality of health services

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