

Study describes birthing differences in Somali, Sudanese and U.S women

September 1 2010

(PhysOrg.com) -- Traditions surrounding childbirth are an intrinsic part of a culture, and when people emigrate and cultures intersect, fundamental beliefs surrounding labor and delivery can collide.

In Buffalo, N.Y., where emigrant populations are expanding, physicians at the University at Buffalo who serve these populations conducted what may be the first prenatal study on labor and delivery preferences among Somali, Sudanese and U.S.-born [women](#).

Results show three major preference differences among cultures: receiving pain relief during labor; cutting the [umbilical cord](#), and breast feeding.

Differences on umbilical cord cutting and breast feeding preferences are the most dramatic, results showed: none of the Sudanese women, and only six percent of Somali women wanted their partners to cut the cord, compared to 76 percent of U.S.-born women.

The study also reveals a major difference in the use of infant formula. All of the Sudanese mothers and 96.6 percent of Somali women preferred [breast feeding](#), while nearly 50 percent of U.S. born women preferred formula feeding only.

Differences among cultures in dealing with the pain of childbirth are less dramatic. Sixty-seven percent of the U.S.-born women preferred receiving epidural analgesia, compared to 64 percent of Somalis and

12.5 percent of Sudanese women. (An epidural involves injecting [pain medication](#) into the area surrounding the spinal cord through a catheter, causing numbness below the waist.)

Results of the study were published in the June issue of the Journal of the National Medical Association.

"The value of culturally sensitive prenatal care services is high, especially if we are to improve satisfaction among our immigrant patients," says the study's senior author Myron Glick, assistant clinical professor of family medicine in the UB School of Medicine and Biomedical Sciences.

"For example, programs involving doulas caring for Somali women during labor have shown significantly improved [patient satisfaction](#) and a substantial decline in their cesarean section rates."

The information was gathered from 60 pregnant women who were seen at the Jericho Road Family Practice in Buffalo who completed a 28-question survey during a clinic visit. Thirty were from Somalia, 21 were U.S. citizens and nine were Sudanese.

A single translator for each ethnic group obtained informed consent and administered the questionnaire in the native language. Results showed that the U.S women were considerably younger than those in the two immigrant groups: 20.5 years on average among the U.S. women, compared to the Somalis (27 years) and the Sudanese (31 years).

U.S. women also reported fewer pregnancies (1.6 for whites and 3.6 for blacks), which likely reflect their younger age, compared to 4.1 for Somali women and 4.3 for the Sudanese women.

The questions covered a variety of birthing activities: type of delivery,

pain relief, labor restriction preferences, preferred birthing position, birthing place, baby's cord cutting, breast versus bottle feeding, preferred duration of hospital stay after vaginal delivery and Cesarean section, having the newborn in the room or nursery, and holding the baby immediately after [delivery](#).

Glick noted that similar studies of partners, additional immigrant populations and those holding specific religious beliefs could help obstetricians and gynecologists provide better care to the women of the various cultures now living the U.S.

Provided by University at Buffalo

Citation: Study describes birthing differences in Somali, Sudanese and U.S women (2010, September 1) retrieved 2 May 2024 from <https://medicalxpress.com/news/2010-09-birthing-differences-somali-sudanese-women.html>

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