

# Improved care needed for mothers from ethnic minority groups

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(Medical Xpress)—Women in some disadvantaged communities are missing out on support that could potentially reduce high rates of infant mortality, according to an exploratory study at the University of Leeds.

Early results from research into social networks and [infant deaths](#), funded by the Economic and Social Research Council, have shown that a nationwide programme of social and community-based support for [teenage mothers](#) is working well, but that support available to [new mothers](#) and mothers-to-be in [ethnic minority](#) groups, where infant death rates are also relatively high, is patchy.

The number of children who die before reaching the age of one is known to be much higher for some [women](#). In the UK, rates of infant mortality for teenage mothers, and women born in Pakistan and the Caribbean, are 28%, 81% and 128% higher than the national rate respectively.

Over the past few years the rate of infant deaths to teenage mothers has reduced by nearly two thirds. The model of care used to support teenage mothers through pregnancy and the initial months of motherhood should now be adapted for all disadvantaged mothers and mothers-to-be who are at risk of having children who don't survive infancy, according to Dr Ghazala Mir from the University of Leeds, who is leading the work.

Dr Mir said: "We have seen for ourselves that there are some pockets of really good practice and [healthcare workers](#) tell us that teenage mothers are really benefitting from the structured programme of support and risk reduction strategies that are already in place. This level of support, which sets out clear pathways for continuity of care, should be made available routinely to women in all high risk groups."

Working in collaboration with healthcare workers, and women who have lost a child within a year of giving birth, Dr Mir and her team are now looking at more ways of supporting women from [disadvantaged backgrounds](#) and developing solutions to the problems identified by the study.

"Together with healthcare practitioners, we're now moving forward to help address some of the key concerns, and feedback from the bereaved women we have spoken with offers us valuable insight into how we can best support communities at risk, to help bring down [infant mortality rates](#)," Dr Mir explained.

One suggestion from the group of women has been to develop a more comprehensive checklist for healthcare professionals, to highlight their

specific needs, and act as a prompt to ask women specific questions which may help target potential risk factors.

"Lack of understanding about risk reduction strategies and warning signs was seen as a particular problem. It was felt that women, their families and support networks often lacked this knowledge so did not suggest or call for earlier assessment or intervention. It was suggested that more information should be available among mothers and healthcare workers alike about possible signs to look for within high risk groups, especially at key times such as the labour admissions process," Dr Mir continued.

Another concern raised by the mothers was the need for interpreters when language support is needed, rather than a reliance on using relatives or spouses. This was particularly an issue when it involved decision-making at times of bereavement or choices about care, and especially when there was a need to translate medical language in detail."

Dr Mir added: "Advocates are also vital for women who are feeling vulnerable, and even more so when partners may be unable to speak on their behalf. This led to significant discussions about the need for diversity of staff within maternity and health visiting services, and how this is key to improving understanding, support and care. Appropriate bereavement support can also depend on understanding the needs of families from different ethnic backgrounds"

The research study is also focusing on the people and places that women go to for advice and support, within and outside of their social group, to identify how such relationships and social networks may be used to convey important health messages.

"Our findings show that these women rely most heavily on their immediate family members, on people they feel they can trust, for advice on pregnancy and childbirth. We want to learn more about what

works, and what doesn't, so that we can work with bereaved women and our healthcare partners to develop solutions to fill the gaps," said Dr Mir.

Provided by University of Leeds

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