

## Study reveals factors that shape Haitian Creole-speaking women's birth plans after C-sections

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Despite evidence regarding the benefits of vaginal birth after cesarean and recommendations to support shared decision making to reduce cesarean rates, minority women face many impediments that limit their access to appropriate health information and opportunities for such discussions.

Haitian <u>women</u> in Massachusetts have the highest rates of cesarean section and low rates of vaginal birth after cesarean, despite evidence suggesting that many are eligible to attempt vaginal birth after a previous cesarean.

Now a new study explores how Haitian women's beliefs, values and attitudes influence their <u>decision</u> making about pregnancy and birth after having had a cesarean delivery. In conjunction with the providers' views about Haitian women, the information learned was used to develop a group counseling curriculum to enhance shared decision making between the women and their <u>care provider</u>.

"Given the low rates of vaginal birth after cesarean in many non-English speaking groups within the U.S., it is vital to find ways to ensure that these groups have access to respectful maternity care and the recommended shared decision making discussions about mode of birth after cesarean," says corresponding author Somphit Chinkam, CNM MPH, DNP, clinical assistant professor of obstetrics and gynecology at



Boston University School of Medicine.

In an effort to understand a Haitian woman's unique perspectives and needs, focus groups for them and their prenatal providers were held. The Haitian women discussed where they obtained pregnancy and birth-related information; how counseling about the modes of birth options was given by their prenatal provider; whether they felt comfortable asking questions; how they planned to give birth (planned cesarean or vaginal birth) for this pregnancy; and any type of support they used to make their mode of birth decision.

Four themes were found to provide an improved understanding about the influences on both groups: Haitian culture; paucity of information; importance of family, friends and providers; and fear of pain during either mode of birth. "Being mindful of these four themes allows providers caring for Haitian Creole-speaking women to tailor their counseling and care to ensure the highest level of shared decision-making regarding mode of <a href="birth">birth</a> counseling," added Chinkam, a certified midwife at Boston Medical Center.

These findings appear online in the *Journal of Health Care for the Poor and Underserved*.

## Provided by Boston University School of Medicine

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