

# Immigrant women's perspectives of shared antenatal care

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Australian research suggests that non-English speaking immigrant women evaluate less favourably than other women shared antenatal care involving a hospital and a hospital accredited general practitioner.<sup>1,2</sup> We aimed to explore why immigrant women have these negative perceptions.

## Methods

We used qualitative research methods. From July to November 2001, staff at antenatal clinics of three Melbourne metropolitan hospitals invited 34 immigrant women from the backgrounds representing the majority of hospitals' shared care patients (Arabic, Turkish, Vietnamese, Somali, and Bosnian) to participate in the study. Women were purposively recruited for interviews, with recruitment continuing until no new themes emerged. Because six women declined to be interviewed, 28 women were ultimately interviewed by bilingual researchers. Interviews lasted for 45–60 minutes each, and were audiotaped, transcribed, translated and thematically analysed. Supplementary qualitative data on immigrant women's shared maternity care experiences were elicited from eight hospital staff.

## Results

About half of the women strongly preferred hospital based care only based on a belief in its superior care. They did not know that GPs required accreditation by the hospital to engage in shared care with it. They believed that specialists had better clinical expertise, and expected sophisticated medical technology to be used at each appointment. This contributed to their under valuation of the expertise and competence of GPs (Table 1).

## Discussion

Such limited findings cannot be generalised to the total shared care population with certainty. Nevertheless they suggest that some concerns of immigrant women might be addressed by adequate information provision. As a practical outcome of this study, shared care booklets were developed in community languages. The content drew on information gathered from the interviews, and women's comments on drafts of the booklets were incorporated in the final versions.

## Acknowledgments

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**Table 1. Typical comments (translated)**

- I would have liked to have been monitored by a 'real' doctor, a specialist in the hospital.
- I prefer to go to hospital...doctors there seem to have more experience.

## Implications of this study for general practice

- At first antenatal appointments in hospitals, immigrant women need assurance of the competency of shared care GPs.
- Immigrant women should be assured that hospitals providing antenatal care accredit participating GPs.

## References

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