Topic of Interest

Obstetric care among refugee populations: reinforcing cultural humility in residency training—preliminary report

Avanthi Ajjarapu, MPH,[1] Michael Haugsdal, MD,[2] William T. Story, PhD, MPH[3]

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Background

The burden of increasing obstetric morbidity and mortality in the United States disproportionately impacts certain populations more than others, one such group being refugees. Poor obstetric outcomes among refugee communities historically have been attributed to delayed initiation of prenatal care, failure to detect co-morbidities, as well as higher rates of Cesarean sections (C-sections), stillbirths, pre-term births, and low birth weight infants in comparison to host-country mothers. Therefore, understanding the contextual nuances that play a role in these poor outcomes among refugee populations is very important.

The changing demographics experienced on a national scale as a result of recent global refugee crises is having a local impact. Healthcare providers in the Department of Obstetrics and Gynecology (OB/GYN) at the University of Iowa Hospitals and Clinics (UIHC) have faced challenges in accommodating the recent increase in refugee communities in Eastern Iowa. Unfortunately, both community members and women's healthcare providers have become increasingly aware of the inconsistent care seen in the community whether it be late entry for prenatal care or avoidable poor obstetric outcomes. As

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[1]*Carver College of Medicine, University of Iowa, Iowa City, Iowa*
[2]*Department of Obstetrics and Gynecology, University of Iowa Carver College of Medicine, Iowa City, Iowa*
[3]*College of Public Health, University of Iowa, Iowa City, IA*

***Corresponding authors:** Avanthi Ajjarapu, avanthi-ajjarapu@uiowa.edu. William T. Story, william-story@uiowa.edu.*

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a result, care tailored to the needs of this population has become imminent.

Objective:

- Describe specific barriers to care experienced by Johnson County Congolese refugee and immigrant community identified by the Congolese Health Partnership

- Propose ways to incorporate cultural humility training among OB/GYN and Family Medicine residents to address community-identified barriers to care and improve overall health outcomes in the Johnson County Congolese community

Proposed Educational and Systems Level Interventions:

Key informant interviews with healthcare providers and focus group discussions with community members conducted by the Congolese Health Partnership—a collaborative effort between UIHC, the University of Iowa College of Public Health, and leaders in the Congolese community—demonstrated issues of mistrust in healthcare providers, worry about misjudgment and overuse of C-sections, and lack of understanding about health insurance during pregnancy and childbirth.

In order to combat these challenges, this paper argues for an emphasis on cultural awareness (as opposed to cultural competency). In an effort to change the dynamic towards culture, recognizing that the provider also has a set of cultural beliefs that influence interactions with patients must be acknowledged. More specifically, we must train residents to address power imbalances that exist between a patient and provider when cultural differences exist as opposed to focusing on a fixed set of skills regarding interactions with diverse populations. Systems level changes to support the training of residents in culturally aware obstetric practices include:

- **Integrate cultural awareness training and self-reflection into curricula:** The addition of non-Western obstetric care practices (e.g., medical anthropology) to address the importance of culturally appropriate care would be beneficial to training curricula.

- **Earning community trust:** Residents should be expected to complete a portion of their training in the community setting, where they are more likely to gain exposure to refugee and immigrant patients.

- **Overcoming language barriers**: Formal didactic and case-based learning sessions should be incorporated throughout residency training in order to increase familiarity with hospital interpretation support services.

- **Trauma-informed training:** Cultural sensitivity also encompasses trauma-sensitive care. The refugee experience is often defined by experiences of violence, rape, and trauma that must be addressed and considered in the context of providing obstetric care. Therefore, lessons on trauma-sensitive and trauma-informed

care are extremely important.

- **Supportive systems:** Organizational and institutional changes must also incorporate concepts of cultural awareness and humility in order to improve refugee patient care. Ideas for this include:

- Continuity of care clinics staffed by residents with extended clinic appointment times to allow for multidisciplinary care and to facilitate emersion of residents in the challenges faced by the community and develop holistic and comprehensive birthing and prenatal care plans.

- Improving existing prenatal and obstetric care services by adopting evidence-based models of care that leverage the strengths of the community, such as group-based prenatal care and community-based doulas.

- Hiring faculty with experience and interest in culturally humble practices to set an example for residents on the importance of such work.

Conclusions

As the demographics of the communities we care for continue to change, it is our responsibility to address the new challenges that are associated with providing cross-cultural healthcare to patients from diverse backgrounds. By integrating cultural humility training into residency training, there is potential to improve patient outcomes and improve patient rapport. The ultimate hope is that specific training and capacity building on the topic of cultural humility will open dialogue and ensure that refugee communities experience quality, culturally-appropriate care, which has the potential to reduce the unequal burden of maternal morbidity and poor outcomes among refugees in Johnson County and the greater Iowa community.