Identifying Cultural Practices in Childbirth & Integrating Traditional Beliefs with Western Biomedicine

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Introduction & Objectives
- 4%-6% of women develop Post-traumatic Stress Disorder (PTSD) as a result of childbirth¹
- One in nine women will experience postpartum depression²
- Mothers specifically report cultural sensitivity of clinic staffs as a barrier to healthcare when patient is not part of the local dominant culture³
- Ultimate goal is to elevate cultural sensitivity levels of LVHN Department of OB/GYN clinicians to foster an inclusive hospital environment for all patients
- This project created provider education material that:
  1. Outlined cultural practices surrounding childbirth
  2. Provided methods to integrate traditional beliefs with Western biomedicine

Methods
- Systematic reviews of MEDLINE and AnthropologyPlus
- Total of 22 articles found
- Majority of articles published after 2010
- Data categorized into five racial/ethnic groups
- Single, functioning provider education material created
- Provider education material distributed to LVHN Department of OB/GYN

Traditional Belief/Practice | Period of Pregnancy | Racial/Ethnic Groups that Hold Belief | Potential Clinical Implications
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Pregnancy viewed as a natural process | Ante-Partum | Hispanic/Latinx, Non-Hispanic Black/African American, East Asian | May seek less prenatal care since pregnancy is not seen as needing medical assistance
Pregnancy viewed as a “ritual” process | Ante-Partum | Hispanic/Latinx, East Asian | Hot foods, often high in protein, may be avoided during pregnancy
Women may experience pain | Ante-Partum | Hispanic/Latinx, Non-Hispanic Black/African American | Women may consume dairy, starch, or other food items
Cultural value on modesty | Peri-Partum | East Asian | Women may not expose pain emotionally
Males may assume passive role in childbirth or not be present for delivery | Peri-Partum | Hispanic/Latinx, East Asian, Middle Eastern, South Asian | Female labor attendees may assume active role
Cultural value on uncleanness | Peri-Partum | Hispanic/Latinx, East Asian, Middle Eastern, South Asian | Women may feel uncomfortable in hospital gowns
Postpartum period of rest generally observed | Post-Partum | Hispanic/Latinx, East Asian, Middle Eastern, South Asian | Mother waited on by family members. May be confined to bed or prescribed a specific diet that varies by individual cultures
Bathing and hair washing may be limited | Post-Partum | Hispanic/Latinx, Non-Hispanic Black/African American, East Asian, Middle Eastern | Increased risk for infection following delivery
Delivered celebration of baby | Post-Partum | East Asian, South Asian | Baby may not receive special treatment
Colostrum may be considered “sweet” or “unhealthy” for baby | Post-Partum | Hispanic/Latinx, East Asian, Middle Eastern, South Asian | Baby may not receive important nutrients contained in colostrum

Figure 1. Summary of major traditional beliefs surrounding childbirth held by multiple Non-Western cultures

Figure 2. Proposed methods to apply cultural sensitivity in clinical setting

Conclusions
- There is both diversity and continuity of traditional practices between various cultures
- Wide variety of cultural beliefs reinforces need for cross cultural care to understand nuances
  1. Important to always view patient as an individual
  2. Culture evolves and changes
- Similar practices between diverse cultures suggest that Western biomedicine may not be the only lens to view pregnancy/childbirth through

Future Directions
- Apply cultural information found in provider education material to clinical setting
- Use information as a starting point to initiate conversations about patients’ individual cultures
- Make simple accommodations to develop a welcoming hospital environment (i.e. offering warm water following delivery)
- Further research into perceptions of childbirth held specifically by LVHN patients

References & Acknowledgments

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