

Submission to: HSE Review of Maternity and Gynaecological services in Dublin city and surrounding counties
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This Cairde submission to the HSE sets out six key areas relevant to improving delivery of maternity and gynaecological services to minority ethnic women as evidenced by Cairde through its work.

What are the key requirements in improving minority ethnic women's experience of maternity and gynaecological services?

1. Targeted Investment in Improving Maternity and Gynaecological Services

A comprehensive investment in improving maternity and gynaecological services at a national level is required in order to respond to the diverse needs of minority ethnic communities. This requires:

- The provision of adequate resources to maternity and gynaecological service providers to explore the specific needs of minority ethnic groups, and then tailor their services to match those needs in a comprehensive way across the country;
- The provision of adequate resources at community level for minority ethnic groups to engage with maternity and gynaecological service providers to negotiate change in service delivery, and monitor impact of change;

2. Improvements in Maternity and Gynaecological Services

In the short term, some immediate improvements can be made while developing a national comprehensive response as set out above:

- **Information** should be developed and disseminated to minority ethnic communities including information on the range of services available, a directory of women's health services; how the system operates in Ireland; the range of supports available for vulnerable women; how to complain in the event of racism, and how to access interpreting services.
- **Culturally appropriate services** should be developed by adapting existing services to suit the needs of different groups, as appropriate. There is a general sense that some maternity and gynaecological services have improved in the last five years. However, there are issues that still impact on women accessing services; such as women being able to access a female doctor. There should be openness for including some different maternity and gynecological practices as requested by women, in order to

ease the tensions of women who are not familiar with the Irish health system. Also, some communities require access to different cultural practices after birth, including male circumcision. Incorporating such practices should be discussed with ethnic minority communities.

- **Anti-racism and interculturalism training** for staff should be delivered in order to improve service delivery.

3. Specific Measures for Women experiencing Poverty and Social Exclusion

- Particular supports need to be developed for women needing maternity and gynaecological services who are in **vulnerable situations** such as undocumented women, women in violent relationships, and trafficked women. At present such women often do not link in with services for fear of deportation, at great risk to their health. Specific measures to facilitate such women to access information, supports and services need to be developed.
- **Women parenting alone** in Ireland without a family support network around them, require specific supports during the time of birth, such as fostering for other children during hospital birth and intensive follow-up support.
- Some women accessing maternity and gynaecological services have experienced **female genital mutilation** and require additional supports to deal with this issue. Information and awareness-raising on this issue is also needed for health professionals.

4. Building Participation

If the maternity and gynaecological services to are to be improved, then new measures to include minority ethnic groups in health service planning and delivery must be established. This must be underpinned by resources and strategies to build the capacity of ethnic minority communities to engage with health service planners. This involves structured funding for ethnic minority communities to develop mechanisms to identify their needs and engage with health service planners and service providers in order to contribute to the improvement of service delivery.

5. Information, Data and Targets

Some pilot initiatives are currently taking place to implement an ethnic identifier system in some maternity hospitals. Appropriate data and statistics are required for evidence-based service delivery specifically targeted at the needs of ethnic minority women. Maternity and

gynaecological services should prioritise the development a data collection system which monitors the ethnicity of all service users, and tracks accessibility of services and outcomes for ethnic minority women with a view to developing targeted initiatives to improve outcomes for all. This must be developed in partnership with ethnic minority communities to ensure appropriate and ethical use of such information.

6. Addressing Racism

Improving maternity and gynaecological service delivery must include anti-racism and interculturalism measures, incorporating the following:

- training for personnel at all levels on race equality and interculturalism;
- assessing impact of current system of service provision and making necessary amendments to ensure accessible culturally appropriate service provision (including incorporating cultural practices, interpretation, translation and mediation services);
- developing effective systems for minority ethnic women to address racism and discrimination;
- positive action initiatives for the employment of ethnic minority community members across all sectors; as well as other elements as appropriate.
- resources for ethnic minority communities to work in partnership with maternity and gynaecological services to develop, design and implement this overall anti-racism and intercultural strategy.

About Cairde...

Cáirde is a community development organization working to tackle health inequalities among ethnic minority communities by improving ethnic minority access to health services and by improving participation in health planning and delivery.

Cáirde's key action areas are:

1) Improving Access

Health Information and Advocacy

Objective: To provide relevant, accurate and culturally appropriate health information to the target population to enable them to access and use primary care services.

2) Improving Delivery

Participation

Objective: To build and support ethnic minority participation in the planning and delivery of primary care.

3) Influencing Planning

Research & Policy

Objective: To influence the development of primary care through relevant research, data, policy submissions and participation on key structures.

In seeking to meet its aims and objectives, Cairde initiates programmes and actions which model community development approaches to tackling health inequality and which address the wider factors that influence health at the community level. These programmes include:

Health Information & Advocacy Centre

Ethnic Minority Health Forum

New Community Partnership (NCP)

Community Development and Health Project

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