

# CULTURAL HUMILITY CONSIDERATIONS FOR WELCOME BABY PARENT COACHES PART II

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# **DISCLOSURE**

I have nothing to disclose.

Information presented is evidence-based.

# **OBJECTIVES**



Reviewing definition of cultural humility

Reviewing techniques and intervention for increasing awareness, practice, and understanding

Key aspects of cultural humility/safety in Maternal/Child Postpartum healthcare

Examples of various cultural practices, myths in postpartum to build understanding, trust, and decrease barriers

Showing respect through intentional listening, active communication, language, humility with birthing person and family to provide safe, evidence-based care to build trust and respect

Practice breakout groups to discuss scenarios/client examples and apply cultural humility techniques

# WHERE TO START?

Explore your perceptions as a health coach that present both challenges and opportunities of implicit bias and cultural humility education

Acknowledging our own biases by incorporating strategies on self-awareness in practice, cultural humility Gain understanding, knowledge and promote increased awareness of how cultural humility decreases bias and improves the health coach provider with patient communication Promote health equity - verbalize and demonstrate changes in your practice through learned awareness of implicit bias and racism and impact it has on quality are and client outcomes

# WHAT IS CULTURAL HUMILITY

- Ongoing process of practice of self-reflection, self-exploration, self-critique
- Learning about yourself history, roots, values, beliefs
- An openness to understanding other cultures
- Willingness to learn from others; humbling oneself
- It is learning about one's own biases and becoming more accepting of others
- Commitment to understanding and respecting different points of view and each clients and families own cultural experiences
- It is how one's own background, experiences and expectations impact a situation or interaction

Adilene Rogers

#### **Poll Question #1**

What is one way that I can recognize and develop cultural humility in myself is to...

- A) Learn about other cultures
- B) Question one's own perspective and demonstrate awareness of own biases
- C) Adapt your behavior and communication style
- D) Using knowledge about different groups to inform how you interact.

# CULTURAL HUMILITY IN MATERNAL-CHILD CARE

• Involves a commitment to lifelong learning, self-reflection, and addressing power imbalances in the provider-patient relationship to ensure equitable care

 It goes beyond simply being aware of cultural differences and focuses on acknowledging one's own biases and limitations while respecting patients' unique perspectives and beliefs

• It starts with giving respect and building trust – clients will respond more positively if they feel the respect – start to build trust

 By assessing and acknowledging IB with an openness to each patient encounter we can move toward cultural humility

 We must have in our forefront that we as the healthcare provider/parent coach must practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person

• Incorporating cultural humility leads to civility and requires you to exude an egoless, nonthreatening, approachable demeanor

# CRITERIA TO WORK TOWARDS CULTURAL HUMILITY

Awareness of Bias

Inclusion,
Diversity, Equity,
Anti Racism, &
Accessibility

Acknowledgement of Diverse Perspectives of Thinking

Understanding of Race Consciousness

Commitment to
Disrupt
Microaggressions

Commitment to
Behavioral &
Policy Change &
Antiracist Practices

Commitment to Relate to Diverse Lived Experiences

# ESTABLISHING TRUST THROUGH HOME VISITS – EXAMPLES OF LACK OF TRUST

Example of lack of respect and trust:

Ignoring the birthing person's concerns

Making insensitive comments

Rushing the visit without adequate time for questions or concernsshows lack of interest and lack of caring

Dismissing the birthing person's experience or feelings

Ignoring important partner or grandmother concerns or perspective –

Taking the time to correct any myths or incorrect information while showing respect to the person sharing the information

Lack of privacy or confidentiality

# TECHNIQUES & INTERVENTION

CHOW, K. & STIEMKE, K. H. (2021).

CULTURAL HUMILITY TOOLKIT. SIERRA

COLLEGE.

**Individuation** - intentionally focusing on individual patients' information apart from their cultural/ethnic/racial group; see your patient as an individual human, not the disease or condition they have; accomplishing individual wholeness; most important is the self;

**Self-reflection** - ability to recognize or identify our own bias, feelings; acknowledgment, self-awareness; our ability to pause and critically reflect on, becoming aware of - produced transformative growth that mitigates IB and can alleviate negative consequences experienced by patients

**Replace the stereotype -** stop, think, adjust your response to the patient

**Increase opportunities for connection -** sit next to your client, listen to their stories

**Transformative work** through self-assessment and self awareness & having courageous conversations will likely be needed

**Perspective tracking/taking** - taking the perspective of the client/family; listening to their stories, shared experiences and learning from them

# TELL ME ABOUT YOURSELF? YOUR CONCERNS?



# HELP ME TO UNDERSTAND





Scenario #1 - Maria is 28 yr. old Hispanic G3 P2 woman who speaks a little English. She has iron deficiency anemia on her labs before she was discharged.

- She says she is "always anemic" when pregnant.
- Importance of Iron supplement prenatal vitamin/Fe is prescribed at discharge and reinforced
- She gets labs done and you have the results where the iron deficiency anemia worsens when you seen her.
- She states she is regularly taking her iron supplements.
- What would you do? Do you believe her? How do you obtain more information as to what is contributing to the problem? What is your assessment?

# GROUP DISCUSSION – SHARING RESULTS FROM SCENARIO #1 15 MINUTES

# KEY ASPECTS OF CULTURAL HUMILITY IN OBSTETRICS

- Showing respect
- Communication vs. Miscommunication can occur through body language, facial expression, not giving or aware of needed personal space, informal touching, pat on back, shaking hands

Q: Can you think of other ways that can be mistaken for lack of understanding or respect?

#### Group Discussion

• Assumption of cultural similarity when belonging to a group – "One size does not fit all." Strong sense of tradition vs. modern perspective. Understanding family, age, respect within the family, understanding of who provides knowledge and authority.

#### Group Discussion

Communicating with family members ie mother-in-law, grandmother, etc. – myth vs. science, tradition/old school vs. modern practice and more independence

# **BARRIERS - SDOH**

- Incorporate how SDOH impact birthing persons lifestyle, ability to care for self and newborn,
- Basic needs i.e. shelter, electricity, food security, clean water, safe environment, IPB, substance use, smoking, privacy, access to quality care, insurance, able to feed infant, hygiene and cleanliness, safety, able to purchase medications/vitamins
- Assess for PMADS
- Language barrier lack of understanding
- Trauma/Stress

# **CULTURAL PRACTICES**

# TWO COMMON NON-WESTERN BELIEFS

- The importance of hot and cold
- Necessity of confinement 30-40 days during a specific period of time after giving birth
- Rest
- Dietary restrictions
- Specific rituals and healing to restore mother's health
- Abstaining from certain activities

## REST AND RECOVERY

Rest and recovery after childbirth is crucial for both the mother's physical and emotional well-being.

#### **Rest:**

- The first 3 days postpartum are particularly important for minimizing activity and resting, as cortisol levels are elevated.
- In some cultures, like those in the Middle East, a 40-day period of rest is customary, with help provided to care for the baby, house, and other children.
- Cuarentena Latin America/Mexican 30-40-day time of rest and recovery
- Chinese 30-day rest

#### **Nourishment and hydration:**

- Adequate sleep, hydration, and good nutrition are essential, particularly for breastfeeding mothers.
- Warm foods to promote circulation

#### • <u>Japan</u>

<u>Satogaeri bunben</u> (returning home to give birth) is a practice where the mother stays at her maternal home for up to eight weeks, receiving care and support.

#### •India

<u>Jaapa</u> is a 40-day confinement period where the mother receives care, is fed special foods, and undergoes a warm oil massage.

#### •Eastern Europe:

Eastern European cultures often observe a period of confinement for the first month after birth, with the mother resting and receiving care from family.

#### Middle Eastern Cultures:

Women in the Middle East may avoid cold drinks and baths in the postpartum period, believing they can cause health issues.

# SLEEP, SEEKING SUPPORT, EMOTIONAL WELL-BEING

#### • Prioritize sleep:

- Aim for naps when the baby is napping, and don't feel guilty about taking breaks when needed.
- Listen to your body:
- It's important to pay attention to your body's signals and rest when you need to.
- Seek support:
- Having a partner, family, or friends to help with household tasks and childcare can make a significant difference in recovery.
- Emotional well-being:
- Postpartum depression and anxiety are common, so it's important to

It's essential for healthcare providers to be aware of these cultural practices and beliefs to provide culturally sensitive and effective care for postpartum mothers.

Understanding these practices can help build trust and ensure that mothers feel supported and respected during this important period.

## CONFINEMENT

#### Chinese Confinement:

A traditional 30-day period where the new mother focuses on rest, recovery, and following specific dietary and lifestyle guidelines. This includes avoiding cold foods, staying indoors, and consuming specific foods and beverages to promote healing.

#### • Japanese Confinement:

A period of 100 days where the new mother is typically confined to the home with her baby, resting and recovering. She may be cared for by family members or a hired attendant.

#### Malay Confinement:

A 44-day period where new mothers are often cared for by their mothers or mothers-in-law, focusing on rest and recovery. Specific practices may include bathing in warm water with herbs like lemongrass and ginger.

#### Middle Eastern Confinement:

In countries like Jordan, Lebanon, Egypt, and Palestine, a 40-day period is customary where a new mother is cared for by others, allowing her to rest and recover.

# NATIVE AMERICAN/SOME ASIAN CULTURES

# LOOKING AWAY DEMONSTRATES RESPECT FOR THE SPEAKER WHERE DIRECT EYE CONTACT SHOWS DISRESPECT



# Respecting Privacy of a Muslim Woman

- A male doctor may not examine a female patient without a chaperone.
- No part of the body is exposed unless there is a need to do so.
- No physical contact by male medical staff except as required for medical treatment.

How do you approach assessing her breasts for engorgement?

# **EVIL EYE**

- Envy or envious looks may bring on illness
- Mother may appear disinterested in baby, or discourage compliments
- Greece and other parts of the Mediterranean, one sees glass baubles (also called "God's eye") to ward off the Evil Eye, or evil spirits.
- Any compliment must be accompanied by some sort of disclaimer, so that the baby does not become ill.
- Belief in the evil eye is widespread throughout Central America, the Mediterranean, the Middle East, Africa and Asia.
- In Puerto Rico, if one compliments a baby, one adds "God bless him or her," and touches the baby, to protect the baby.

# POSTPARTUM CULTURAL TRADITIONS

- Approximately one month
- Rest, stay warm, avoid bathing & exercise
- Eat "warm" foods
- Failure to follow results in aches/pains/illness
  - Many Asian and Latin American cultures

# BREAST/CHEST FEEDING

- Colostrum may be seen as "bad" or "dirty" milk
  - Latin Americans, Vietnamese
- Women plan to bottle-feed until the "good" milk comes in
- Use of a pacifier

Educate on supply and demand



# SCENARIO #2 – WHAT WOULD YOU DO???

30 YR. OLD BLACK BIRTHING PERSON, G1 P1, HERE IN LA FOR 5 MONTHS FROM BELIZE WITH SISTER AND GREAT AUNT. SHE IS 2-WEEKS POST-OP; LIVES IN A MOTEL; LIMITED ENGLISH

SHE IS APPREHENSIVE, FEARFUL, MISTRUSTFUL OF THE HEALTHCARE SYSTEM

SHE WANTS TO BREASTFEED BUT DOES NOT HAVE FAMILY SUPPORT WHO WANTS HER TO GIVE FORMULA.

SHE DOES NOT THINK SHE HAS ENOUGH BREASTMILK. USES A PACIFIER

IN YOUR ASSESSMENT SHE IS MILDLY DEHYDRATED,

DOES NOT KNOW HOW TO OBTAIN A GOOD LATCH AND SWALLOW

FEELS STRESSED WITH LACK OF FAMILY SUPPORT



# SHARING FROM GROUPS – 15 MINUTES

# HELP ME TO UNDERSTAND

- When There Seems to be a Barrier- ASK
  - Sometimes there is no way to know what is happening
  - The patient and family are looking for respect and sensitivity
- Nervous in clinical or unfamiliar environments
- Reluctant to question providers
- Language barriers heighten sense of helplessness and loss of control

# **BELIEF SYSTEMS**

#### Causes of diseases

- Loss of soul
- Upset body balance
- Germs
- Spirit possession
- Punishment for sins

# PERSPECTIVE OF PRESENT VS. FUTURE VS. HEALING PRACTICES

- US Western Medical system vs. Alternative/Homeopathic/Naturopathic/Shamanism healer
- Preventative care
- New technology and Medication
- Client may have a present time orientation only follows course of treatment if symptomatic but may discontinue treatment if feeling better
- Day-to-day subsistence cannot worry about tomorrow when is not able to provide or afford current treatment; economic hardship causes a more present time orientation find it difficult to look forward or consider disease prevention when just trying to make it each day
- Generational differences Baby Boomers vs. Millennials vs. GenZ,
- Various cultures farm worker, factory worker, migrant, undocumented, in the Armed forces, immigrant vs.citizen
- Family/friend support vs. being all alone coping

Again, the more you know and understand your client as a health coach, the more you and your client can be equal partners working together.

# QUESTIONS TO ASK - MYTHS

- What do you call your condition?
- What do you think caused it?
- What concerns do you have re: condition?
- What have you done to help feel better? Rest, foods, medications, heat, cold, medication, etc.
- How can I help you?

#### CULTURAL HUMILITY WITH THE LGBTQA1+ CLIENT

- Using appropriate terminology
- Gender neutral language and the importance of honoring clients
- Pronouns and identifying with making assumptions

**Gender**: Refers to the rules and norms that a society assigns to varying degrees of maleness and femaleness. In US is usually expressed in binary construct. Many believe this is overly simplistic and harmful to those whose gender identity and /or expression falls outside this simple dichotomy.

**Sex:** Combination of biological markers and anatomic characteristics. Assigned at birth.

#### GENDER IDENTITY AND GENDER EXPRESSION

• Gender Identity – how one thinks of themselves

• Gender Expression – how one presents to the outside world

# DECODING LGBTQ1A+

- Lesbian
- Gay
- Bisexual
- Pan sexual
- Transgender
- Queer
- Intersex
- Asexual

#### **PRONOUNS**

He/Him/His

Be mindful of the words you use Be patient centered and ask • What name do you prefer? • What gender pronoun do you prefer?

She/Her/Hers

They/Them/Theirs

KNOW WHEN AND HOW TO APOLOGIZE WHEN MISTAKES ARE MADE TO REASSURE THE CLIENT THAT ARE RECEIVING COMPASSIONATE CARE

LANGUAGE IS VERY POWERFUL LANGUAGE DOES NOT DESCRIBE REALITY LANGUAGE CREATES THE REALITY IT DESCRIBES

**DESMOND TUTU** 



Describe how self-understanding influences one as a person and as a coach

Recognize the processes to encourage self-reflection and discusses how to apply assessment tools in one's own practice.

The way one treats their clients is a reflection of their own needs, strengths, defense mechanisms, and coping styles.

The courage to face one's own fears, limitations, and strengths is central to being a competent parent coach

Self-understanding is accumulated through experiencing consistencies in information about oneself. This is not an easy self-introspection, doing exercises practice

#### SELF-REFLECTION AND UNDERSTANDING ONE'S OWN BEHAVIOR

- Implications of disrespect and abuse in maternal health services
- Growing movement to humanize childbirth and promote cultural humility
- Reports of disrespect and abuse have been widely reported by women seeking health services, including maternity care, across the globe.
- Evidence indicates offenders are often health care professionals who do not consider their behavior inappropriate and believe they are acting in the interests of both mother
- few role models who humanize childbirth and demonstrate cultural humility.
- Strategies which aim to foster competencies in humanized childbirth and cultural humility among health providers are lacking in current health professional training programs

# STRATEGIES FOR IMPROVEMENT



Support/Promote/Respect patient autonomy

2

Listen to your patients/clients and family members when they are telling you something about themselves, sharing a concern, providing information

3

Do not make assumptions/judgements

4

Promote healthcare providers doulas, lactation consultants

5

Promote breastfeeding and provide postpartum support for racial/ethnically diverse population needs

### **SUMMARY**

Practice individually and collectively with compassion and respect for the inherent dignity, worth and unique attributes of every person.

Promote, advocate for and protect the rights, health and safety of patients.

Change perspective in seeing your patients as individuals, not a face, not a culture, not a color, not a race, religion, etc.

Recognize others and go beyond ourselves

Caring is grounded in equity, belonging, connectedness

Effective communication is the cornerstone of quality care and patient safety Focus your communication on being more patient-centered not provider centered

- Reflect on our own attitudes and actions fears, myths and how they affect others
- Create a non-threatening space for sharing by defining ground rules, i.e. no judgmental comments allowed, sharing stories with each other and asking ourselves "How do you think that person felt or affected their health?
- Reframing automatic thoughts that may stigmatize or stereotype others
- Take a closer look is your thought based on fact or opinion, or gossip



- Recognize your own biases and limitations
- Identify other possible explanations based on your cultural understanding of others
- Acknowledge & respect diverse perspectives and experiences
- Seek common ground bridge your differences
- Avoid cultural stereotyping
- Admitting when one does not know and is willing to learn from their clients



# CONCLUSION – CONTINUOUS NEED TO IMPROVE PROVISION OF EQUITABLE CARE

Emphasis in caring for clients from a wide variety of cultures is very relevant in today's global environment

Greater need for providers/health coaches to approach cultural difference with humility

Becoming more familiar with cultural safety and humility as well as some competence has a positive impact on the birthing persons and their families that we care for

Helps us shift in how we understand culture and how to better provide care for those with different cultures

In this way our clients can better participate as a full partner in their care, and we can better support and understand their responses, choices, and compliance or lack thereof

#### REFERENCES

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- www.hms.harvard.edu/coewh/cultural/index.html
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- http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvIID=3
  - Us Dept of Health and Human Services, Office of Minority Health, multiple useful links
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