

Haitian Newcomers: Considerations for Perinatal and Reproductive Health

1/21/2025

Minnesota Center of Excellence in Newcomer Health

Acknowledgment

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Learning Objectives

- Describe maternal and reproductive health disparities and concerns among Haitian populations in the U.S., including newcomers
- Discuss barriers faced by the Haitian community that can impact pregnancy care and outcomes
- Identify perinatal health care considerations for Haitian populations in the U.S., including newcomers
- List at least three Haitian cultural and traditional practices to support before, during, and after pregnancy
- Understand current challenges in reproductive health faced by Haitian newcomers



Agenda

- Introductions
- Structural Competency & Maternal Child Health Disparities
- Perinatal Care Considerations & Recommendations
 - Recent Migration
 - High Risk Pregnancies
 - Recommendations for High-Risk Screening
- Special Considerations
 - Cervical Cancer
 - Gender Based Violence
- Cultural Considerations, Traditional Practices & Barriers to Care
- Conclusions, Key Takeaways
- Q&A



Today's Speakers



Berenice Kernizan, CD

By My Side Birth Support &
The Citywide Doula Initiative
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Structural Competency & Background

Christina Pardo, MD, MPH, FACOG



Content Acknowledgment



This presentation was modified from the below curriculum. You can read more about this curriculum and initiative by scanning this QR code or going to the website:

[An Introduction to Structural Competency for Haitian-Identified Patients: History, Culture, and Access to Care](https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207) (https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207)




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An Introduction to Structural Competency for Haitian-Identified Patients: History, Culture, and Access to Care

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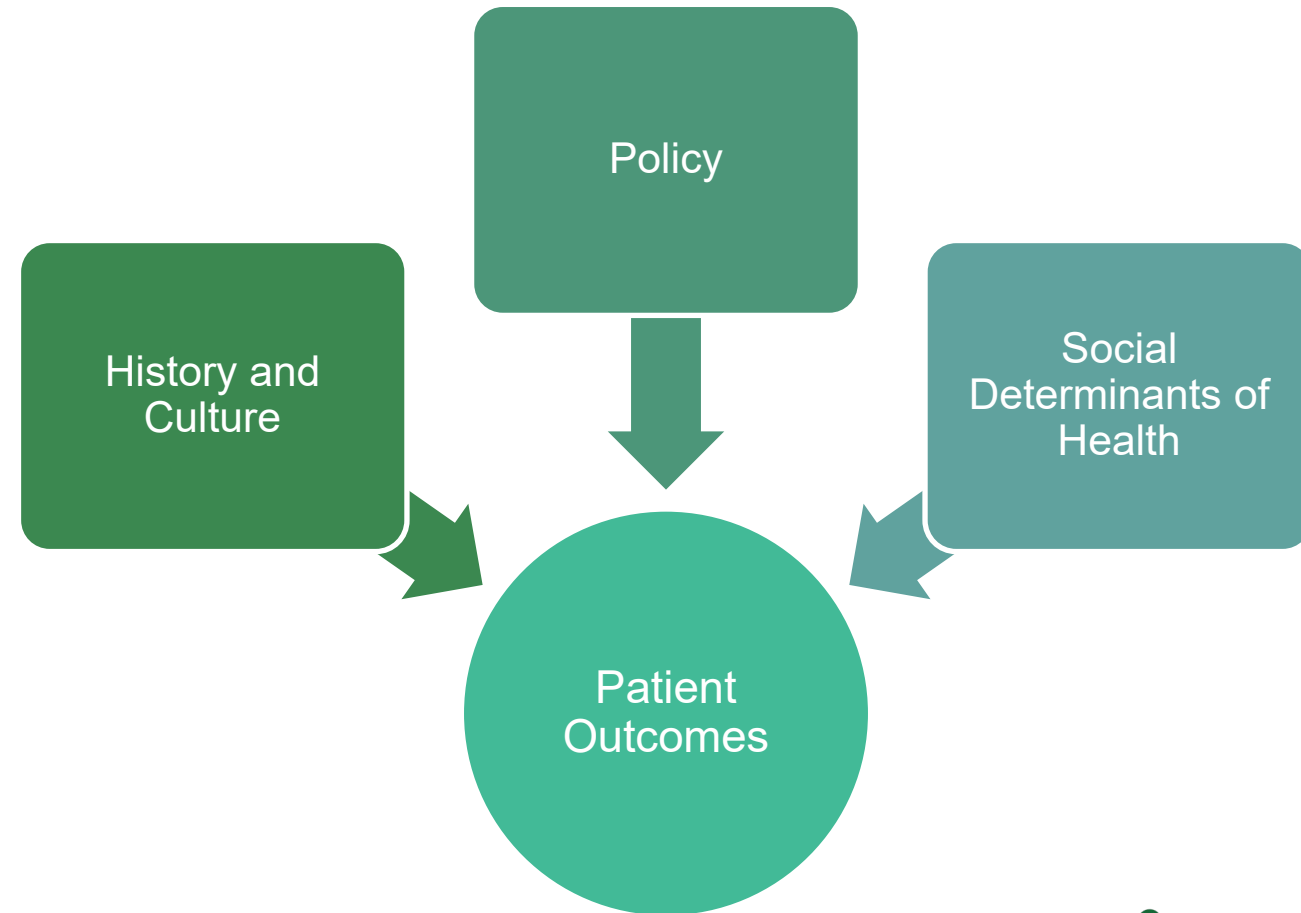


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Structural Competency

Goal of Structural Competency:

- Change the paradigm from a strictly biomedical model of care
- Social Determinants of Health
- Dispel myths that propagate stigma and bias towards the Haitian community



Disclaimers

- Haitian Identity
 - Not monolithic - diverse in race, ethnicity and socioeconomic status
 - History and culture weaves through the diverse background of its people and diaspora no matter the socioeconomic status
- This presentation provides a snapshot of Haitian/Haitian-American health in order to facilitate discussion. It should not be viewed as reflecting the health needs of all Haitian identified individuals.



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[Flag of Haiti](#), made available under [Public Domain](#)



For more information on Haitian Clinical and Cultural Considerations...

12/12/2024 Webinar: Haitian Culture and Health Screening Considerations

- Describe the history of migration of Haitians to the United States, and current drivers of migration.
- Discuss potential health issues and disparities of Haitians residing in the U.S.
- List three required or recommended components of medical screening/care for Haitian new arrivals.
- Describe two health care access problems faced by Haitians in the U.S.
- Identify at least three cultural considerations when providing care for Haitians in the United States.



Haitian Clinical Guidance
(www.health.state.mn.us/communities/rih/coe/clinical/haitian.html)

Health screening guidance for clinicians caring for Haitians, webinars and trainings, health and safety guidance, health profiles, translated materials, benefits, and other resources.



Maternal Health in Haiti

- Haiti is the most impoverished nation in the Western Hemisphere, with 65% living below the poverty line
- 47% of Haitian people lack access to basic health services
- Poverty, social determinants of health and structural inequity contribute to poor health outcomes
- Health system is fractured and has financial, human resource and material challenges
- Although there have been significant improvements, Haiti has the highest maternal mortality rate in the Western Hemisphere at 350.4 deaths per 100,000 live births in 2020.
- The contributors to high maternal mortality are multifactorial, including poor health infrastructure and access to health care services, and are as important as the underlying medical causes.
- The leading causes of maternal mortality in Haiti are:
 - Hypertension/eclampsia
 - Postpartum hemorrhage
 - Indirect causes such as malaria, HIV/AIDs, and/or cardiac disease.

[Every Mother Counts \(https://everymothercounts.org/grants/haiti-a-deeper-dive/\)](https://everymothercounts.org/grants/haiti-a-deeper-dive/)

[World Factbook, Life Expectancy at Birth \(https://www.cia.gov/the-world-factbook/field/life-expectancy-at-birth/country-comparison/\)](https://www.cia.gov/the-world-factbook/field/life-expectancy-at-birth/country-comparison/)

[Lancet: Haiti's Forgotten Emergency \(https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61259-3/fulltext\)](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61259-3/fulltext)

[PAHO Haiti Country Profile \(https://hia.paho.org/en/country-profiles/haiti\)](https://hia.paho.org/en/country-profiles/haiti)

[Barnes-Josiah, Myntti, Augustin, "The "three delays" as a framework for examining maternal mortality in Haiti \(https://www.sciencedirect.com/science/article/abs/pii/S0277953697100181?via%3Dihub\)](https://www.sciencedirect.com/science/article/abs/pii/S0277953697100181?via%3Dihub)

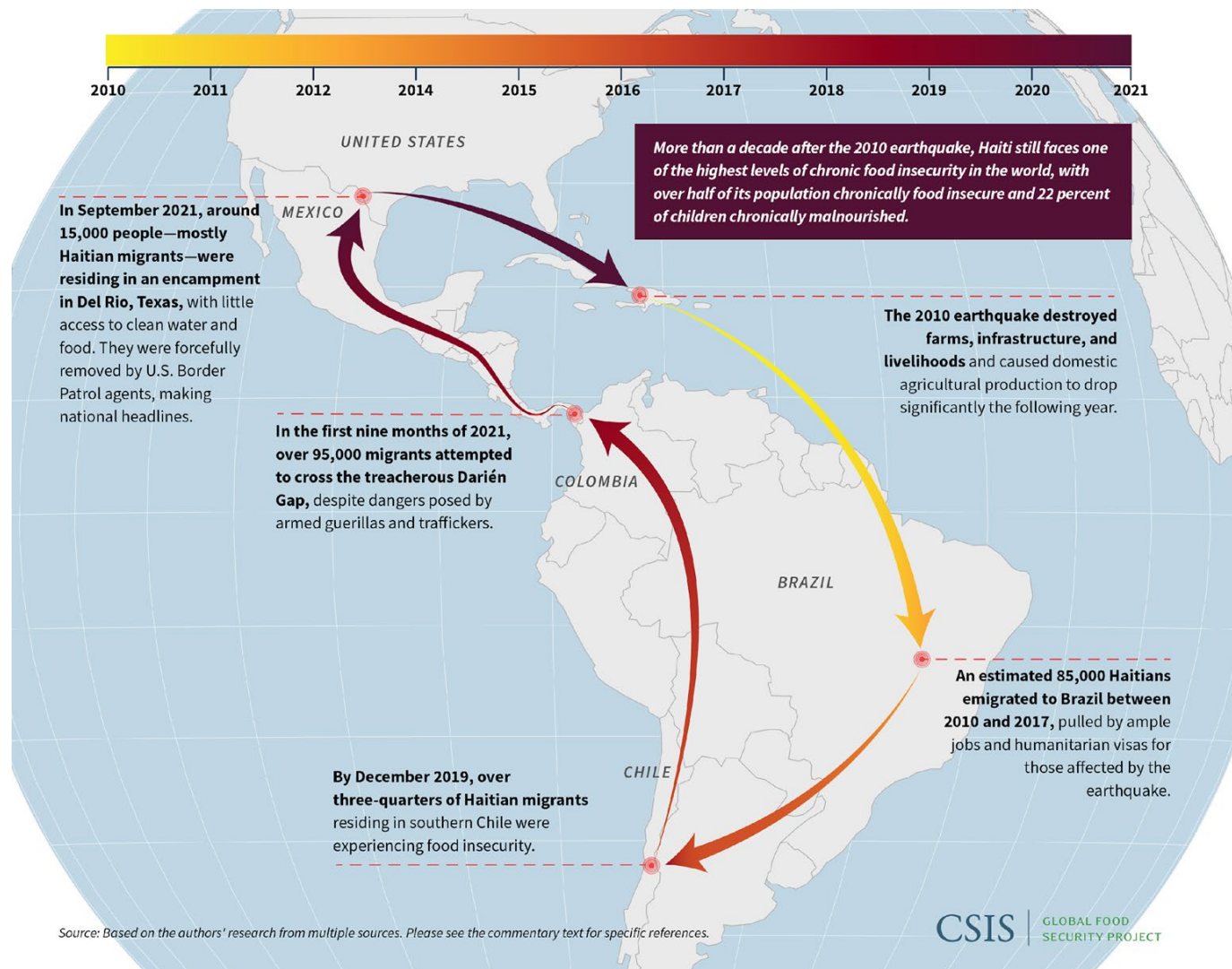
[Odell et al., "Maternal Hypertension as a Risk Factor for Low Birth Weight Infants: Comparison of Haitian and African-American Women \(https://link.springer.com/article/10.1007/s10995-005-0026-2 \)](https://link.springer.com/article/10.1007/s10995-005-0026-2)

Images taken by Christina Pardo MD, MPH, in Haiti



Migration Patterns of Haitians

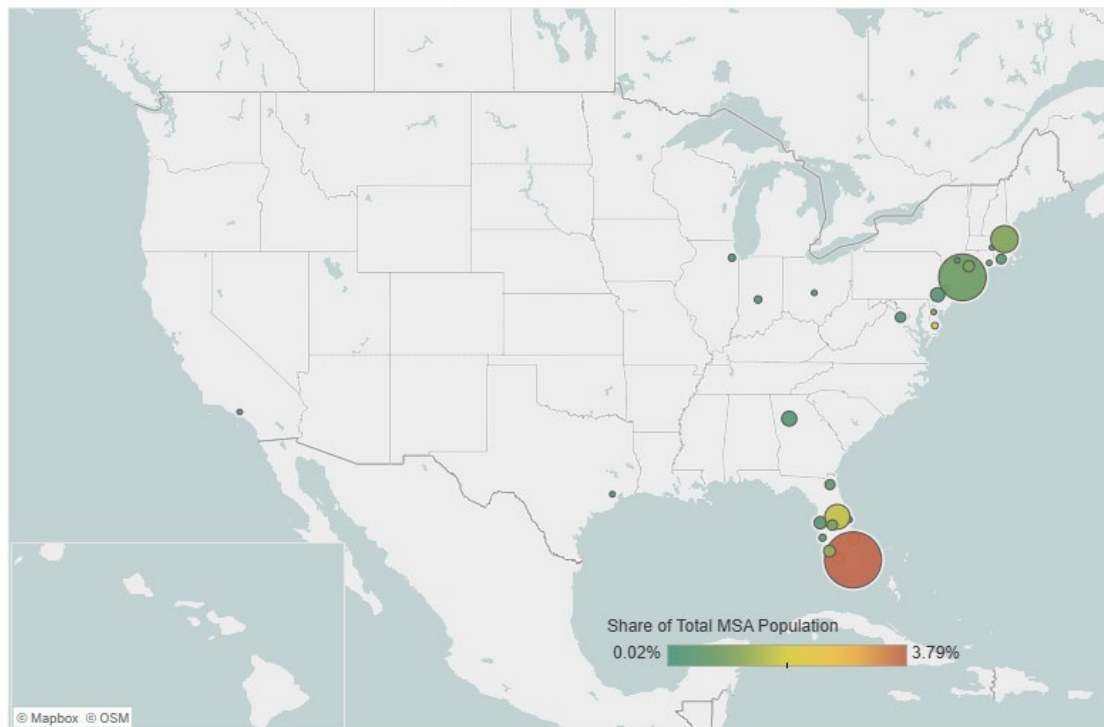
- Haitians at the U.S.-Mexico border: 53,900 in 2022 and 76,100 in FY 2023
- Haitians were the top nationality for migrants crossing the dangerous Darien Gap between Colombia and Panama



Haitian Migration to the U.S.

- U.S. is home to the largest Haitian migrant population
- According to 2010 U.S. Census, Haitians are the second highest reported among foreign born blacks
- Diaspora: 1.2 million who were either born in Haiti or reported Haitian ancestry
- Remittances: 4.5 billion in 2022, 2% of the country's GDP

U.S. Immigrant Population by Metropolitan Statistical Area (MSA), 2019-2023



Source: Migration Policy Institute: U.S. Immigrant Population by Metropolitan Area, 2019-2023
<https://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-metropolitan-area>

Figure 1. Haitian Immigrant Population in the United States, 1980-2022



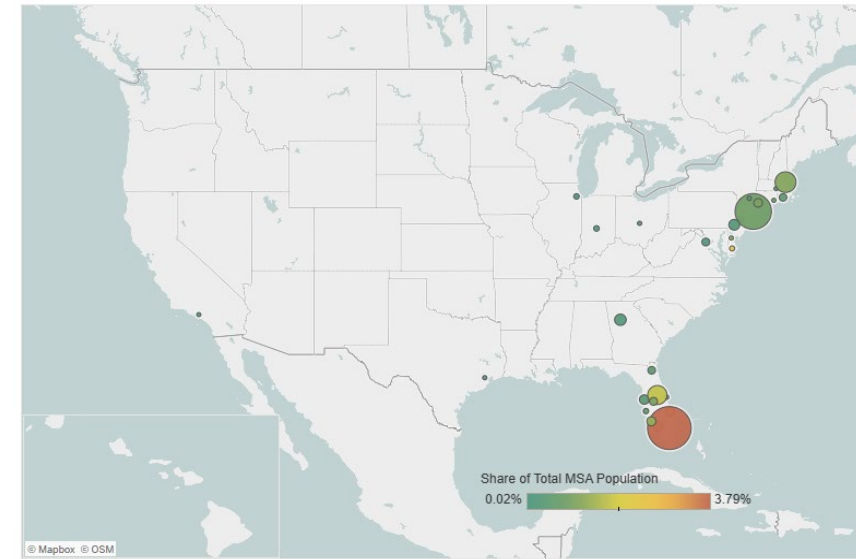
Sources: Data from U.S. Census Bureau 2010 and 2022 American Community Surveys (ACS), and Campbell J. Gibson and Kay Jung, "Historical Census Statistics on the Foreign-Born Population of the United States: 1850-2000" (Working Paper no. 81, U.S. Census Bureau, Washington, DC, February 2006), available online.

Source: Migration Policy Institute: Haitian Immigrants in the United States.
<https://www.migrationpolicy.org/article/haitian-immigrants-united-states-2022>



Haitian Health Status in the U.S.

- Poor health outcomes disproportionately affect communities of color
- Health disparities are **preventable** differences in health outcomes between populations
- Racism, structural inequity and the social determinants of health contribute to racial/ethnic disparities in health outcomes
- Situation further complicated for recent immigrants
 - Lower socioeconomic status
 - Have additional barriers as a result of foreign born and immigrant status



Maternal Health Disparities in U.S.

- In the United States, Black women have increased risk of poorer maternal health outcomes
- Compared to U.S. born blacks, studies in Boston, New York and Florida have noted that Haitians residing in the U.S. have a documented increased risk for:
 - preterm birth
 - low birth weight
 - c-sections
 - preeclampsia
 - severe maternal morbidity
- The underlying causes of these disparities are not well established but are likely a combination of sociodemographic factors and uncontrolled pre-existing medical conditions.
- Recently arrived migrants have significant exposure to stress and trauma which is likely to impact pregnancy outcomes.



<https://link.springer.com/article/10.1007/s10995-005-0026-2>

https://www.sciencedirect.com/science/article/abs/pii/S152695230900230X?casa_token=hoTN18KRoYlAAAA:mtUwn26HYvuErwF7GiXafPP5cTuhn0qMekb3oha-mbcUGcMz7u2yAwb8fqKVt49BNIA4VW55wg

<https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9584100/>

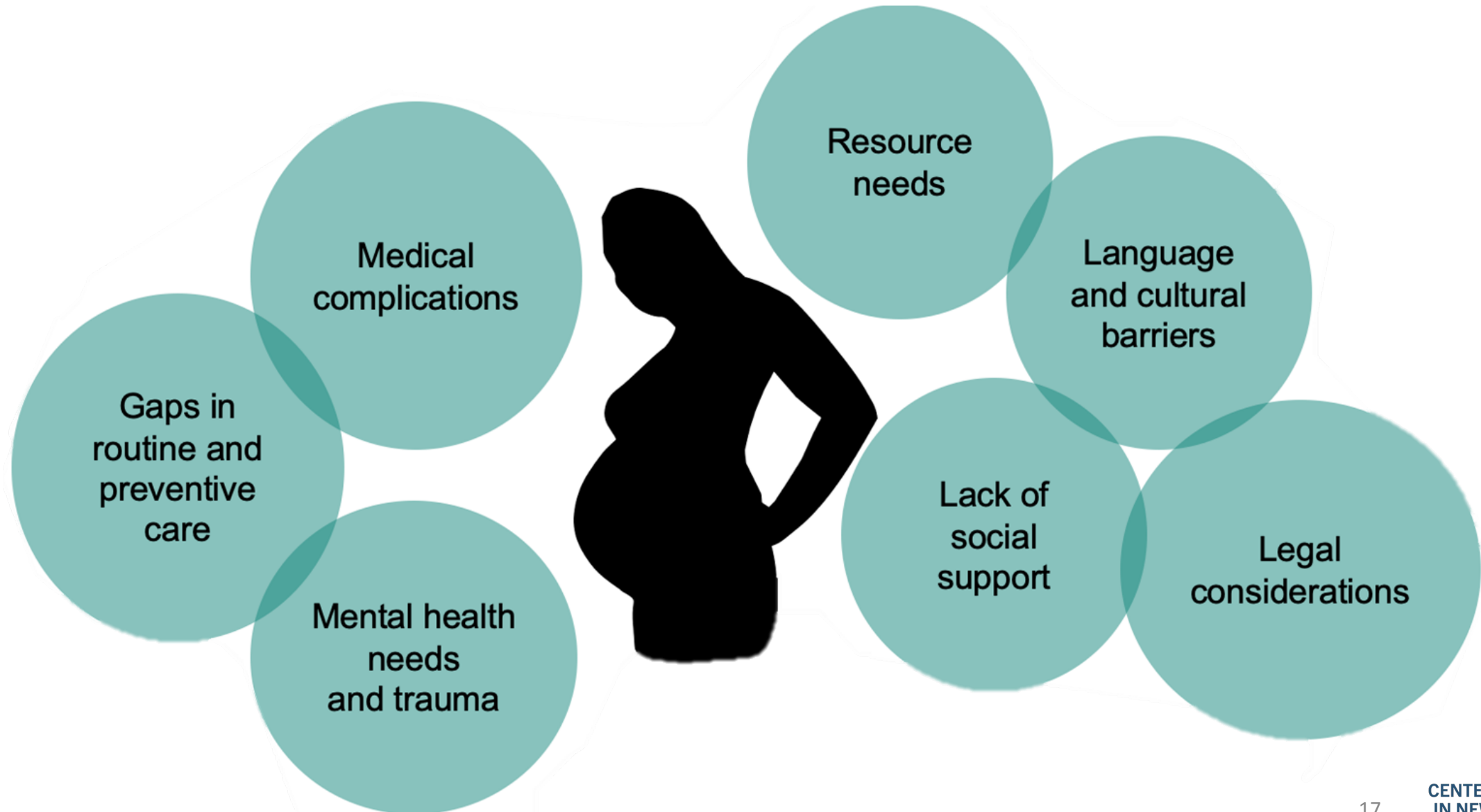


Perinatal Care & Considerations

Thamarah Crevecoeur, DrPH, CNM



Complex Medical and Social Situation



Accessing Care as a New Immigrant

- Inadequate Prenatal Care
- Mental Health
- Barriers to Navigation of Health Care System
- Health Insurance Enrollment
- Language Barriers

Social Needs of New Immigrants

- Adverse Social Determinants of Health
 - Housing
 - Education
 - Social Isolation
 - Immigration
 - Employment

Implications: Complex OBGYN

- Late entry to care
- Medical complications
 - Fetal growth restriction
 - Poor nutrition
 - Hypertension
 - Infection (HIV/Chagas/Hepatitis)

Resources and Considerations for Clinical Care

- Screening for underlying health conditions in accordance with [ACOG: Routine Tests During Pregnancy Guidelines](https://www.acog.org/womens-health/faqs/routine-tests-during-pregnancy) (www.acog.org/womens-health/faqs/routine-tests-during-pregnancy)
- Screening for infections:
 - HIV: [ACOG: Prenatal and Perinatal Human Immunodeficiency Virus Testing](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing) (www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing)
 - Tuberculosis: [CDC: Tuberculosis in Pregnancy](https://www.cdc.gov/tb/about/pregnancy.html) (www.cdc.gov/tb/about/pregnancy.html)
 - Chagas: [CDC: Chagas Disease: Optimizing Care for Pregnant Women and Children](https://www.cdc.gov/chagas/hcp/chagas-congenital/index.html) (www.cdc.gov/chagas/hcp/chagas-congenital/index.html)
 - Syphilis: [ACOG: Screening for Syphilis in Pregnancy](https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy) (www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy)
 - Lead Poisoning: [ACOG: Lead Screening During Pregnancy and Lactation](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/lead-screening-during-pregnancy-and-lactation) (www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/lead-screening-during-pregnancy-and-lactation)
- Vaccinations: [ACOG: Maternal Immunization](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/06/maternal-immunization) (www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/06/maternal-immunization)
- Fetal well-being
- Screening for Postpartum Depression: [Patient Health Questionnaire \(PHQ\), PHQ-9 in Haitian Creole](https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ9_HaitianCreole.pdf) (www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ9_HaitianCreole.pdf)

CareRef

- CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S.
- Output is based on the current CDC Domestic Refugee Screening Guidance.
- CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk.

[CareRef \(https://careref.web.health.state.mn.us/recommendations\)](https://careref.web.health.state.mn.us/recommendations)



Screening Tools for Social Determinants of Health

It is critical to inquire about health-related social needs including literacy, country of origin, migration pathway, current housing arrangement, and occupation to determine needs and barriers to accessing care.



- **Thrive Screening Tool** (<https://sirenetwork.ucsf.edu/tools-resources/resources/boston-medical-center-thrive-screening-tool>)
Social Determinants of Health Screener for primary care patients developed by Boston Medical Center



- **PRAPARE Screening Tool** (<https://prapare.org/the-prapare-screening-tool/>)
Translated into [Haitian Creole \(PDF\)](#); screening questionnaire to identify health-related social needs



- **Ask Where: Communication Guidance for Clinicians Implementing Immigrant Child Health Screening in Primary Care** (www.health.state.mn.us/communities/rih/coe/askwhere.pdf)
Guidance on having conversations about country of origin and migration pathway



Place Patient Sticker Here

Thrive Screening

Please fill this form out and bring it to the exam room. You don't have to answer these questions but your answers will help us take better care of you. Thank you!

Please circle your answers:		
	Do you currently live in a shelter or have no steady place to sleep at night?	Yes / No
	Do you think you are at risk of becoming homeless?	Yes / No
	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Often true / Sometimes true / Never true
	Within the past 12 months, you worried whether your food would run out before you got money to buy more.	Often true / Sometimes true / Never true
	Is this an emergency, do you need food for tonight?	Yes / No
	Do you have trouble paying for medicines?	Yes / No
	Do you have trouble getting transportation to medical appointments?	Yes / No
	Do you have trouble paying your heating or electricity bill?	Yes / No
	Do you have trouble taking care of a child, family member or friend?	Yes / No
	Are you currently unemployed and looking for a job?	Yes / No
	Are you interested in more education?	Yes / No

Would you like help connecting to resources? Please circle below.

Housing / Shelter	Food	Paying for Medicines	Transportation to medical appointments	Utilities	Child care / Daycare	Care for Elder or disabled	Job Search / Training	Education

Additional Considerations

- Systems Community Based Approach to addressing social needs
- Case Management
 - Housing
 - Transportation
 - Immigration
- Building interdisciplinary bridges to care
 - Primary Care
 - Pediatrics
 - Specialty Care

Boston Medical Center Programming

- Group Care
 - Centering Pregnancy
- Teaching Kitchen
- Mental Health Support
 - Chronic Traumatic Stress Treatment
 - Individual Mental Health Treatment
 - Haitian Mama Group

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Specialty Considerations: Cervical Cancer Gender Based Violence

Dominique Guillaume, MSN, AAHIVE



Cervical Cancer: Background

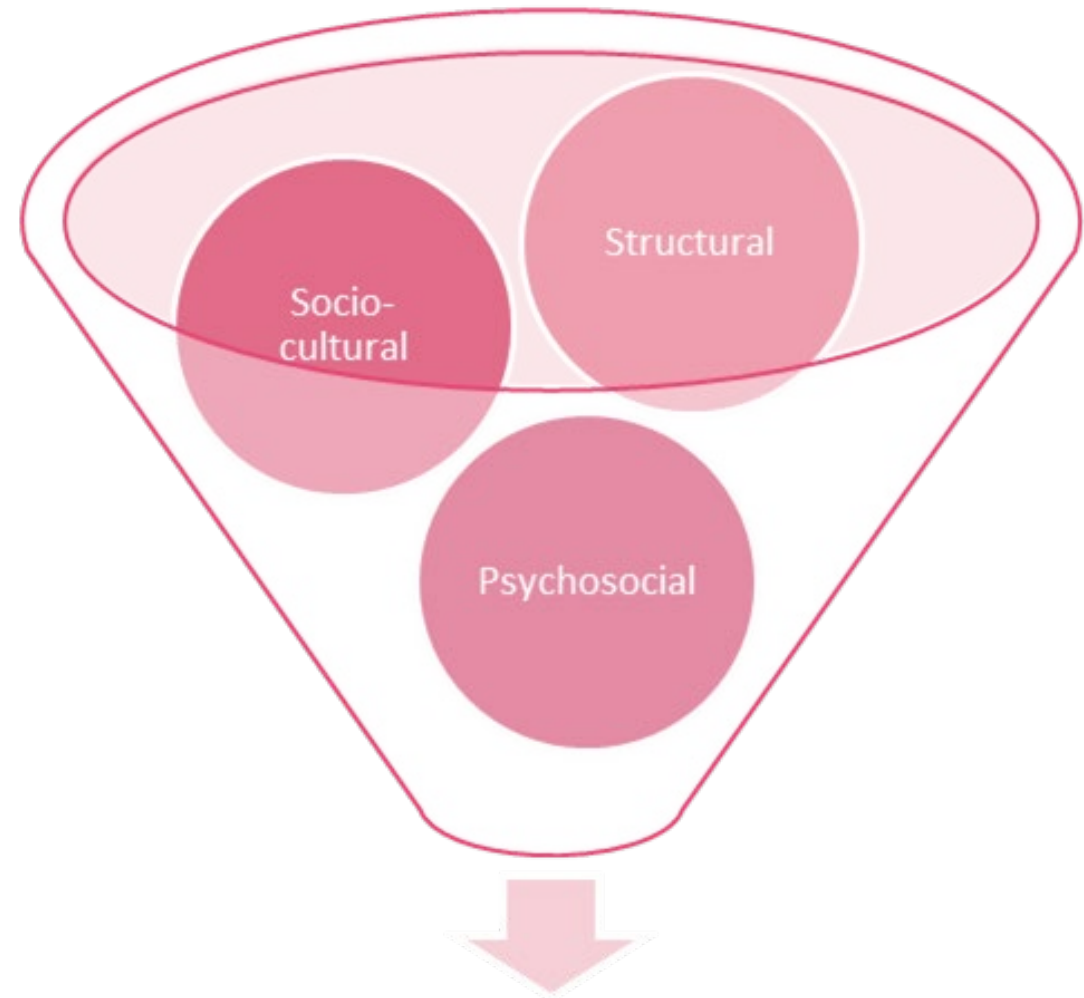


Cervical Cancer

- Cervical Cancer is the 4th most common cancer in women worldwide
- In the U.S., Cervical cancer rates have declined, but 'African American' women have higher mortality rates
- Haitian women experience an increased risk of developing and dying from Cervical cancer compared to U.S. born Black women
- Compared to U.S. born blacks, Haitian women are less likely to receive Cervical cancer screening

Barriers to screening among Haitian Immigrants:

- Structural: factors that limit a women's ability to seek out screening
 - Lack of insurance
 - Language
 - Financial
- Psychosocial: fear and modesty associated with the physical aspects of obtaining a pap test as well as with knowing a cancer diagnosis
- Sociocultural: beliefs that define illnesses as symptomatic



Disparities in Breast and Cervical Cancer screening among Haitian Immigrant



Cervical Cancer in Haiti

- Cervical cancer primarily caused by human papillomavirus (HPV)
 - Settings with high HIV burdens have high cervical cancer burdens.
 - Synergistic relationship between HIV and cervical cancer.
- Cervical cancer and HIV in Haiti
 - >15% of new cervical cancer cases.
 - 2.2% HIV prevalence rate.

(Izudi et al., 2016)

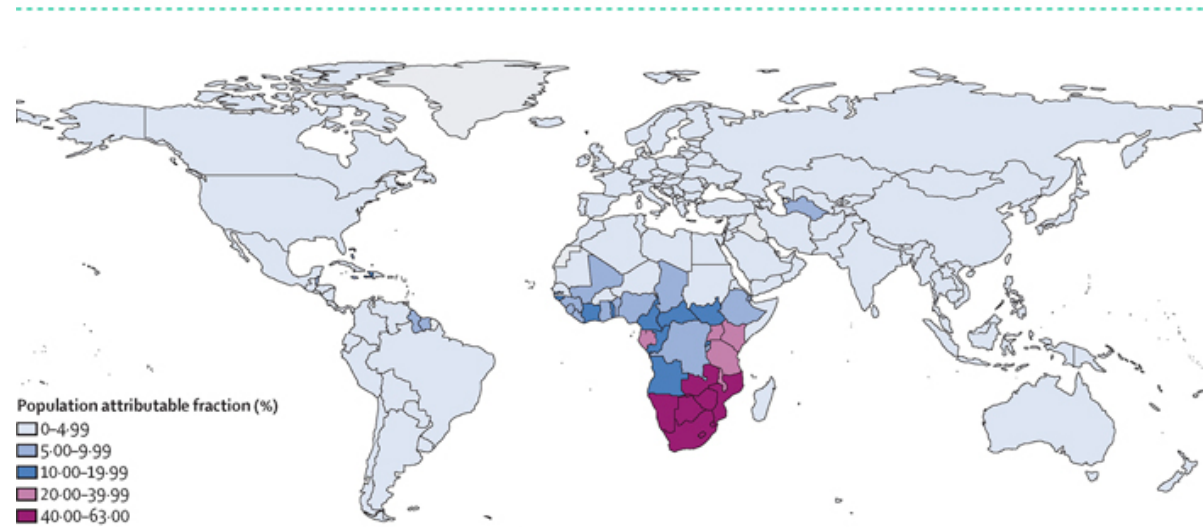
(Arbyn et al., 2020)

(Joseph et al., 2024)

(DeGennaro et al., 2018)

Figure 1

Population attributable fraction of women with cervical cancer living with HIV, 2018.²



Note: Reproduced under the terms of the Creative Commons CC-BY license 3.0. This figure was originally published in Stelzle D, Tanaka LF, Lee KK et al. Estimates of the global burden of cervical cancer associated with HIV. *Lancet Glob Health* 2021; 9: e161-69.

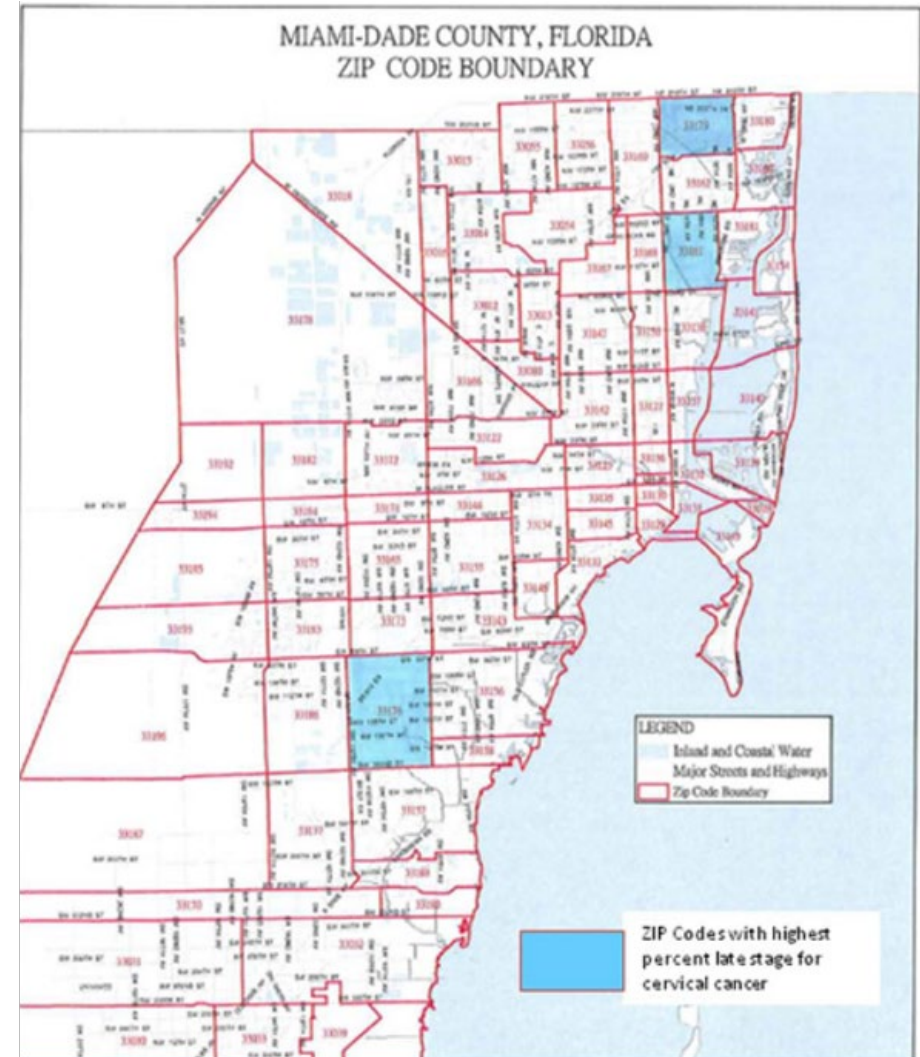
Cervical Cancer among Haitian Women in the United States

- Cervical cancer and HIV burdens among Haitians in the U.S.
 - High cervical cancer incidence rate (> 4 times national average).
 - Higher rate of late-stage cancer diagnosis.
 - HIV prevalence rate (2.2%).

(Kobetz et al., 2018)

(Cyrus et al., 2018)

(Hoffman et al., 2012)



Cervical Cancer Prevention in Haiti and the U.S.

	Haiti	United States
Cervical Cancer Screening	<p><i>MSPP Guidelines:</i></p> <ul style="list-style-type: none"> • Cytology based screening recommended per MSPP. • Visual Inspection with Acetic Acid (VIA) primary screening method in most settings. • HPV DNA self-sampling with limited availability. 	<p><i>USPTSF Guidelines:</i></p> <ul style="list-style-type: none"> • Every 3 years with cervical cytology alone in women ages 21 to 29 years, and then every 5 years with clinician- or patient-collected high-risk human papillomavirus (HPV) primary screening in women ages 30 to 65 years.
HPV Vaccination	<ul style="list-style-type: none"> • HPV vaccines are not included in Haiti's national vaccination schedule 	<ul style="list-style-type: none"> • Routine HPV vaccination recommended between 9-26 years old • Individuals between 26-45 years eligible depending on clinician recommendation.

(USPSTF, 2024)

(Ministère de la Santé Publique et de la Population, 2016)

(Guillaume, et al., 2022)

Haitian Women Cervical Cancer Prevention Study (HWCaPS) Findings



Sample Demographics (N=151)



Age

Mean age +/- 31.30 years



Marital Status

78.15% (n=118) married or with a partner



Migration timeframe

77.85% (n=116) migrated <1 year prior



Number of Children

51.66% (n=78) No children
48.34% (n=73) at least 1 child



Origin in Haiti

39.07% (n=59) from *Northern Department*
32.45% (n=49) from *Western Department*



Cervical Cancer

51.66% (n=78) Never screened
48.34% (n=73) Screened



Patient-level Barriers to Cervical Cancer Prevention

- Cervical cancer awareness v. knowledge.
- Knowledge and uptake of preventative measures.
 - HPV vaccine awareness (n=17, 11.26%).
 - History of pap smear (n=73, 48.34%).
- Myths and misconceptions.
 - Getting hit in the stomach causes cervical cancer (n=77, 50.99%).
 - Certain sexual positions can cause cervical cancer (n=95, 62.91%).
- Negative emotions (i.e. fear, anxiety).
 - Defensive avoidance '*ignorance is bliss.*'
 - Skewed disease risk perception (n=6, 4.00%).

Patient-level Barriers to Cervical Cancer Prevention

- Spirituality
 - Prayer preventing cervical cancer (n=101, 69.18%).
 - Supernatural causes of cancer (n=89, 59.33%).
- Gender dynamics
 - Heightened STI risk (n=92, 60.93%).
 - Needing partner's permission (n=83, 55.70%).
- Cultural influences
 - Natural agents (e.g. plants, herbs) for gynecologic health (n=104, 68.87%).
 - *Fey twompet, fey asosi, kalbas kouran, pwa kongo, jirof*
 - Commercial agents (e.g. Boric acid, *Borasol*) for gynecologic health (n=81, 53.64%).

Patient-level Barriers to Cervical Cancer Prevention

Domain	Exemplar Quote
Traditional Health Practices and Beliefs	<p>“Fey twompét is really good, really really good! Especially when someone has ekoulman which is when they have a discharge coming out of them...they boil fey twompét with kalbas kouran and clean themselves inside.” – 36-year-old woman from Anse-a-Veau ; not agreeable to the HPV vaccine</p>
Spiritual and Supernatural Beliefs	<p>“It is a false cancer [referring to cervical cancer] ...the ougan buys a specific cut of the beef and makes a recipe out of it and then you see the woman has [vaginal] discharge that is soaking her underwear that has a terrible odor. They can give you an illness in any form...evil exists!” – 38-year-old woman from Anse-a-Veau ; not agreeable to the HPV vaccine</p>
Gender Dynamics	<p>“Women are worried about their health because you do not know where the illness came from and many times as a woman you are not aware of what your husband is doing...after awhile you see that you become ill and you realize you contracted AIDS, cancer, or something else that affects your cervix.” – 33-year-old woman from Cap Haitien ; agreeable to the HPV vaccine</p>
Societal Perceptions and Stigma	<p>“ There are people who have very serious illnesses, and they do not want other people to know that they are sick so they hide the illness. This makes me...sad. This is why I believe so many Haitian women do not want to tell you when they are sick...they do not want you to uncover their illness.” – 45-year-old woman from St. Louis du Nord; not agreeable to the HPV vaccine</p>

Patient-level Barriers to Cervical Cancer Prevention

- Slower acculturation and societal integration
 - Black immigrants, female, non-English speaking.
 - '4H' stigma.
 - Acculturation levels are relevant towards cervical cancer burdens.

Structural Barriers to Cervical Cancer Prevention

- Immigration status.
- Insurance status.
- Language barriers → compensation through family members, peers.
- Medical trust/mistrust.
- Neighborhood influences.
- Challenges navigating complex health care system.



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SYSTEMATIC REVIEW



Exploring engagement in cervical cancer prevention services among Haitian women in Haiti and in the United States: a scoping review

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ABSTRACT

Problem identification: Haitian women in Haiti and in the United States experience a disproportionate burden of cervical cancer, however their uptake of cervical cancer prevention services remains concerningly low.

Literature search: A comprehensive search on bibliographic databases coupled with a grey literature search was conducted. A total of 401 studies were identified, with 28 studies retained after following Arksey and O'Malley's Scoping Review Guidelines.

Data evaluation/synthesis: Knowledge levels of HPV and cervical cancer, along with preventative measures was alarmingly low. Traditional health practices, cultural worldviews, and social networks had an influence on the uptake of cervical cancer prevention. Health systems barriers were found to be a prevalent barrier among Haitian women in the U.S.

Conclusions: Future health promotion interventions developed for Haitian women must address personal, cultural, social, and structural factors with an emphasis on modifying knowledge and beliefs to improve engagement in cervical cancer prevention behaviors.

KEYWORDS

cervical cancer prevention;
immigrant women;
gynecological;
minorities;
behavioral health;
cancer type;
age/life course

Background

Cervical cancer remains a leading cause of cancer-related deaths among women globally.¹ Infection with high-risk strains of the Human Papillomavirus (HPV) transmitted through sexual contact, is the primary cause of cervical cancer. HPV vaccination is the primary prevention measure against infection with high-risk HPV subtypes; secondary prevention measures include screening (e.g. Papanicolaou tests, Visual Inspection with Acetic Acid, HPV-DNA detection tests). High-income countries such as

Gender-Based Violence



Gender-Based Violence in Haiti

- Unprecedented surge in GBV against women in Haiti.
 - 1 in 3 women reporting forced or pressured sex.
 - 63% of women and young girls across Port-au-Prince forced to relocate due to violence.
 - Surge in gang violence has reached other departments.
- Push factor for migration to the U.S.

(UNFPA, 2023)

(The Global Initiative Against Transnational Organized Crime (GITOC), 2023)

(Partners in Health, 2023)

(Amédée et al., 2024)

Gender-Based Violence in Haiti

- Traditional gender roles heightening gender inequities.

“...It is the woman who does everything. While I’m pregnant, I have to be the one fetching and carrying water, I have to clean the house. The man is sitting playing dominoes. And I’m not in the position to tell him that he needs to work to help me...because he may want to beat me [if I tell him this]! This is how I should be supporting a household? I’m the one supporting the household and at the same time I need to also know exactly how to pleasure my man while in bed? At the same time, he must find food to eat. If there is 1,000 Gourdes, then it must last the entire month and you must give him food!”
– 33-year-old woman from Fort Liberte

- Increased poverty and survival/transactional sex.

“The women do not have work they do not have anything, so they get with anyone they find. It is after awhile they realize that the man is a gang member. Or it is when the man tells the women that because he is a gang member, she is obligated to sleep with him. You don’t know how many women this gang member has even slept with.”
– 37-year-old woman from Cap-Haitien who migrated to the U.S. from Chile

- Gender dynamics either shift or are maintained upon migration.

“The realities in comparing foreign countries and Haiti are not the same...let me talk about Chile. A man has multiple women, if you get those women pregnant you will face problems because you will be obliged to care for those children financially. However, in Haiti they [the government] just does not care about that.”
– 24-year-old woman from Anse-à-Veau

Care Considerations

- Tailored community-based interventions
 - Group settings to discuss health topics
- Building trust
 - Language-specific health information and services with an emphasis on Haitian Creole!
- Culturally-relevant interventions
- Case management and linkage to resources

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Cultural Considerations & Traditional Practices

Berenice Kernizan, CD



Cultural Considerations



Cultural Considerations



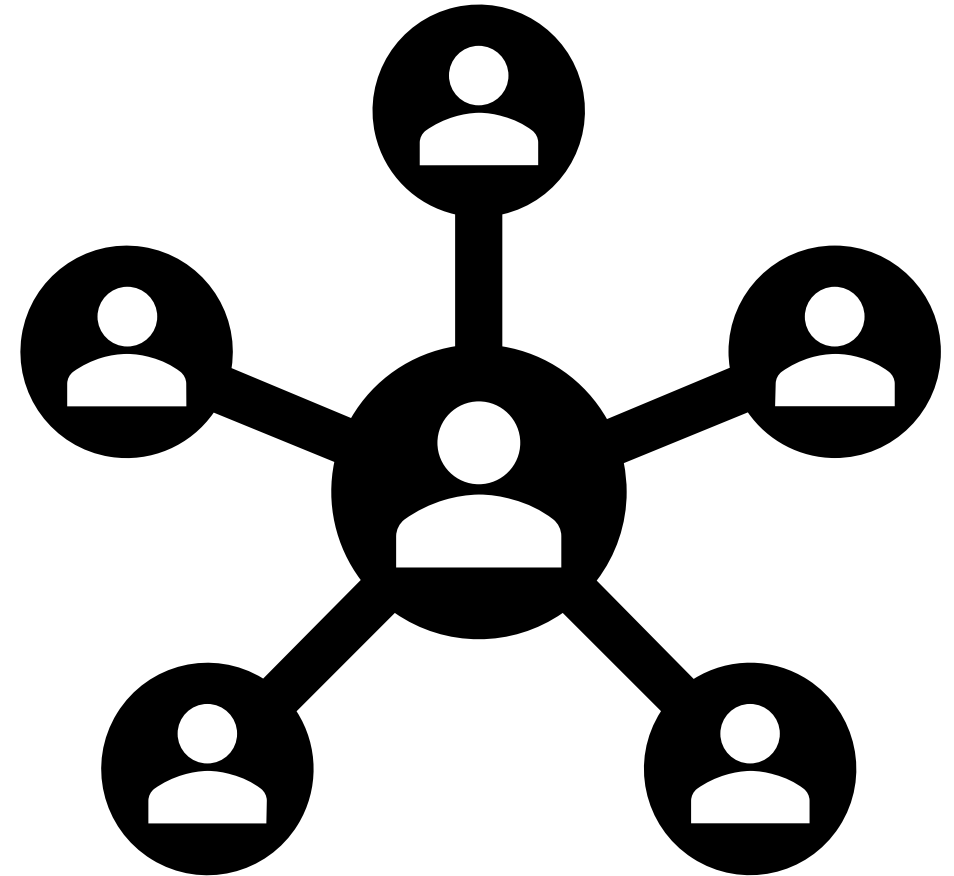
Shared decision making



“It takes a village”

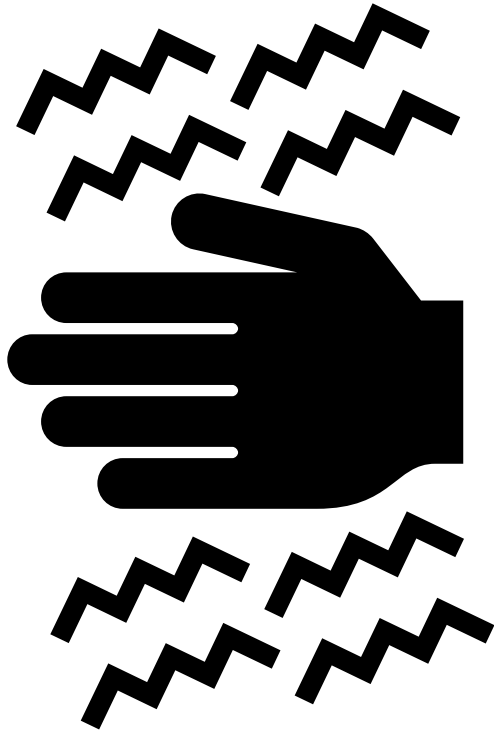


Multigenerational households



Cultural Perception of Illness

If your hands are itching... is it a sign of coming wealth?



- Different cultures have varying perceptions of symptoms, and their possible types of causes.
- Attention should be given to a patient's and community's spiritual understanding of the illness.
- It is important consider more than cultural background – there are also other differences, including generational, urban/rural background, how recently they came to the U.S.

Barriers to care

Systemic

“We have great doctors in Haiti but lack resources”

Funding

Navigating new health systems

“Telehealth should be explained. I prefer in-person appointments.”

Technology

Language Equity

Access to adequate medical translation services.



Traditional Practices



Traditional practices



Midwives

Birth attendants

Ambulation & light meals in labor

Medical interventions (high-risk cases)

Warm food to fuel the body

& More

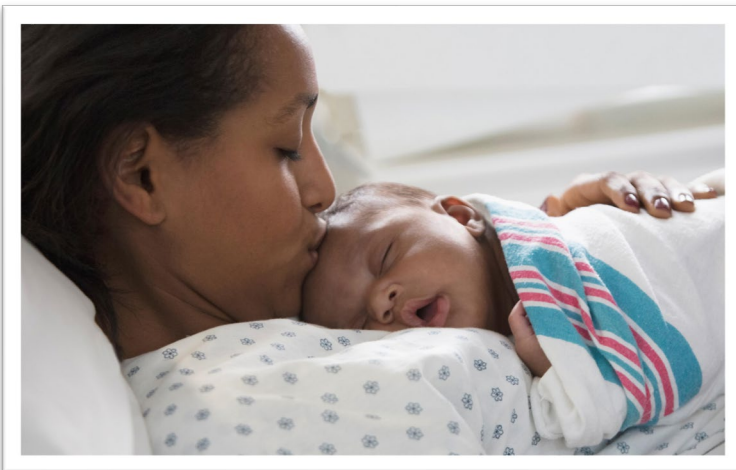
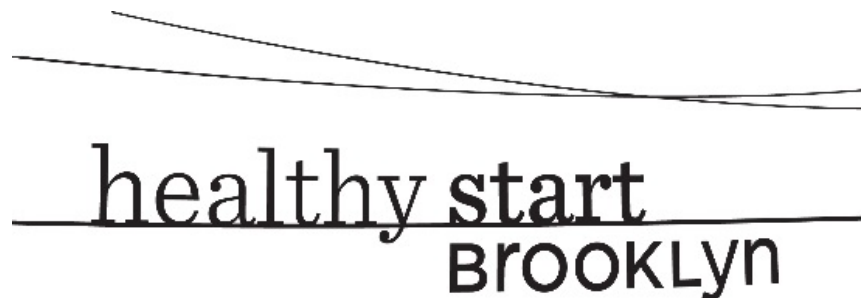


Photo credit: Foundation for the Advancement of Haitian Midwives.

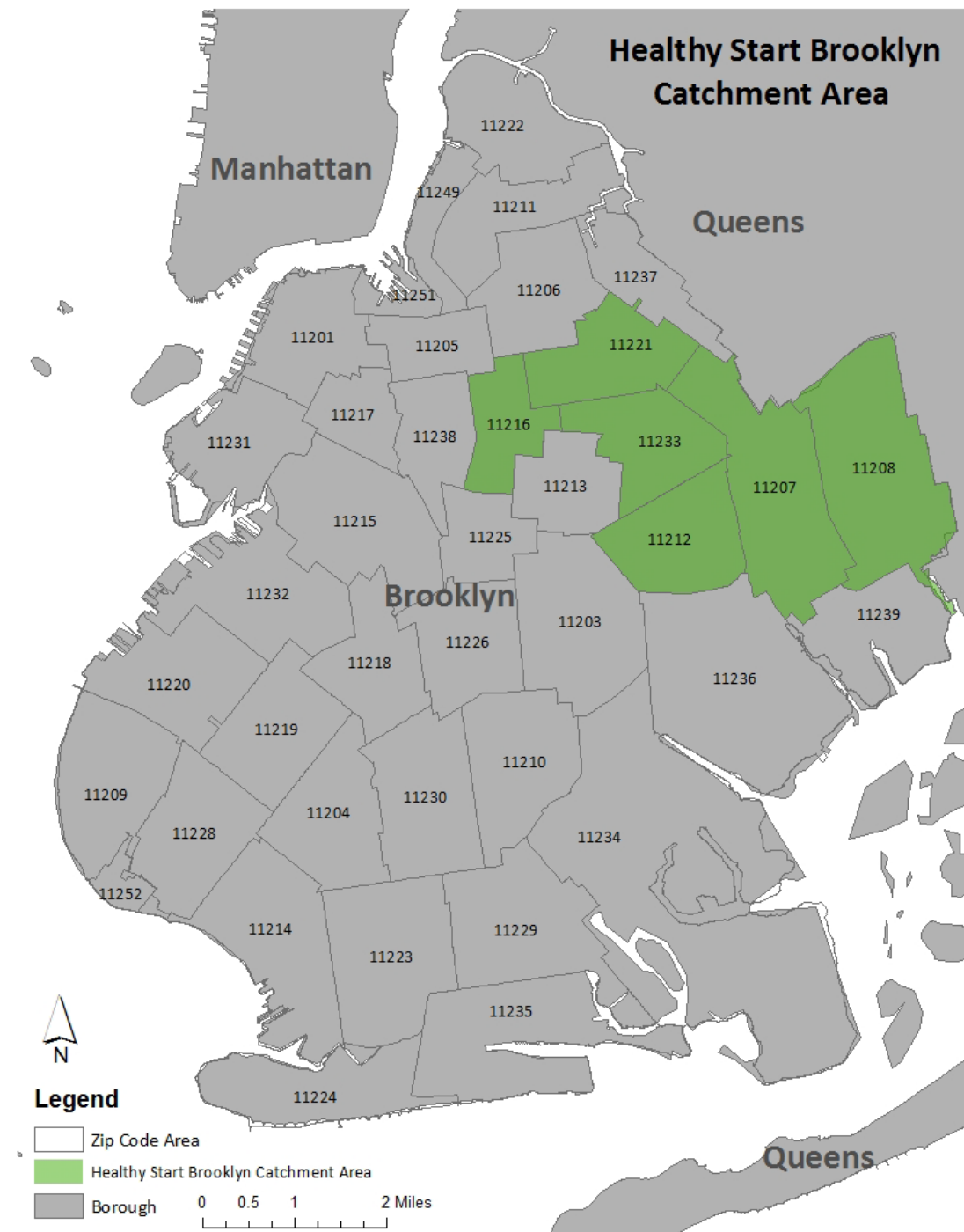


Doulas: By My Side Birth Support Program



Healthy Start Brooklyn

- Federally funded since 2001
- Serving areas of Brownsville, Bed-Stuy, East New York
- Mission to:
 - Improve birth outcomes
 - Reduce disparities
 - Increase access to services



Healthy Start Brooklyn Programs

**Childbirth
Education**



Doula Support



Fatherhood Support



**Mental Health
Support**



**Parenting
Education**



Family Foundations



healthy start
BROOKLYN

A Doula is...

A professional trained to provide non-clinical:

- Emotional
- Physical
- Informational

Support to women during pregnancy, birth, and postpartum.



Photo credit: Foundation for the Advancement of Haitian Midwives.

What Doulas Do



Photo credit: Foundation for the Advancement of Haitian Midwives.

During your pregnancy

- Birth plan
- Educates on informed consent
- Resources

During labor and childbirth:

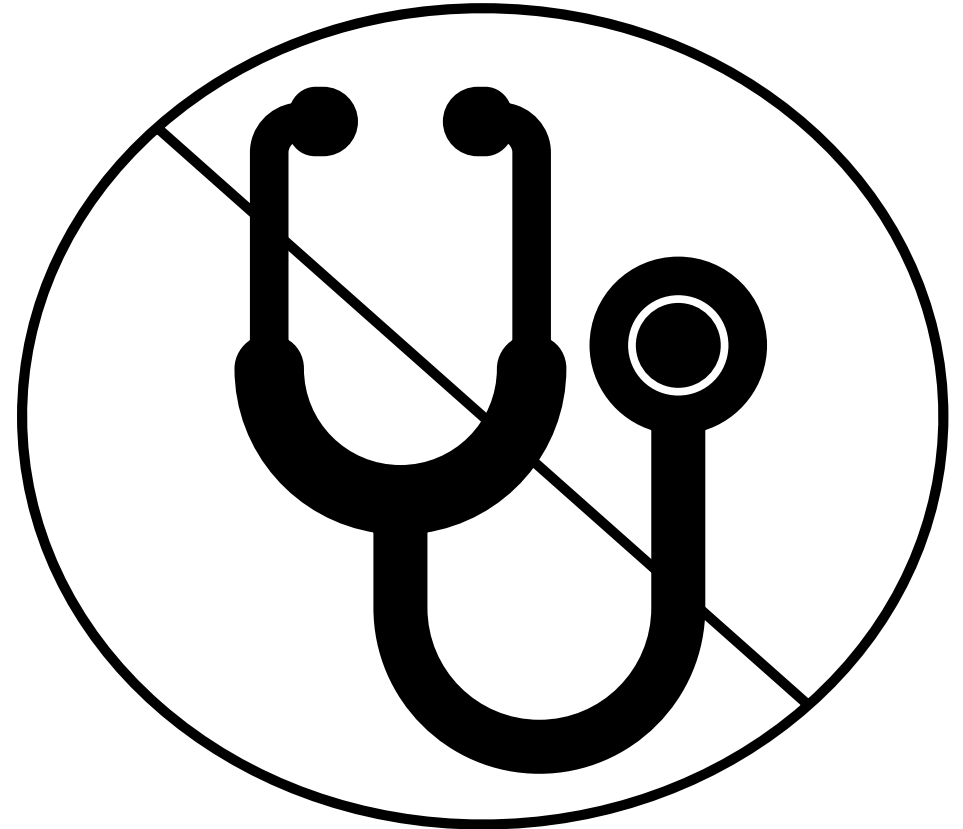
- Birth partner
- Comfort measures
- Advocacy

After you give birth:

- Helps you with breastfeeding and caring for your newborn
- Postpartum care plan (new parent and baby)
- Supports you with self-care options

What Doulas Don't Do

- Doulas **don't** diagnose medical conditions or perform clinical tasks
- Doulas **don't** make decisions for the client or project the doula's own values/goals onto the client



By My Side Birth Support Program

- Free professional support during labor and delivery, plus 7 home visits
- Breastfeeding support
- Screenings and referrals for needed social services
- 1,800+ births since program began, in 2010



Photo credit: Foundation for the Advancement of Haitian Midwives.



Citywide Doula Initiative Mission

The Citywide Doula Initiative, or CDI, works to improve access to doula support by:

- Providing no-cost doula care in underserved neighborhoods citywide
- Expanding and strengthening the doula workforce
- Supporting hospitals in becoming more doula-friendly



CDI Mission

To reduce inequities in birth outcomes in New York City by developing and providing doula services to residents of TRIE neighborhoods, thus improving

Infant Outcomes:

- Preterm birth
- Low birthweight
- Breastfeeding
- Mother-baby bonding
- Infant mortality

Maternal Outcomes:

- Cesarean birth
- Satisfaction with birth experience
- Perinatal depression
- Severe maternal morbidity
- Maternal mortality

Impact of Doula Support

HEALTH BENEFITS^{2,3}



9% drop in use of pain medication



31% less use of Pitocin



34% fewer negative birth experiences



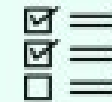
40 minutes shorter labor



28% fewer cesareans



12% more spontaneous vaginal births



Higher Apgar scores



Increased breastfeeding with prenatal and postpartum doula care

Client Eligibility and Our Website

Clients must:

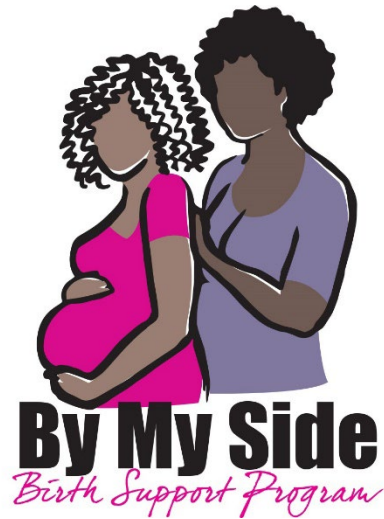
- Live in either one of the TRIE neighborhoods (zip code) OR a shelter
- Be income-eligible for Medicaid



Our website :
nyc.gov/health/HSB



Community Based Doula Organization Partners



Case Study



Case Study

G.G. is a 31-year-old pregnant woman having her 4th baby presenting at 32-weeks of pregnancy to BMC Labor and Delivery Triage with her 5-year-old child around the December 25th holiday. She recently arrived from Chile and did not yet establish prenatal care in Boston.

In triage she was diagnosed with severe pre-eclampsia and was admitted to the hospital until delivery. Because G.G. does not have any family or friends nearby and there is a history of domestic violence with father of the baby, her son was removed by DCF for voluntary foster placement.

There were arrangements made for her child to visit her during admission on the Christmas holiday. However, due to an emotional reaction, the child was unable return to the foster placement. Ultimately, a Haitian contact leaving in Brockton volunteered to take care of child for a limited time. G.G. had a preterm vaginal delivery at 34 weeks. Her baby was admitted to the NICU. During that time, she roomed in the NICU with her newborn and was unable to reunite with her older child. She was referred to social work during her postpartum period for depression and housing. She will be following up with the Immigrant Refugee Health Center in the next few months



Interactive Slido Word Clouds

www.slido.com

#coehaiti

yzkkp7

Join at
slido.com
#coehaiti

 Passcode: **yzkkp7**



Clinical Pearls

- Addressing psychosocial needs is just as important as physical needs
- A full history and physical are important for every patient
- Catch up vaccines may be necessary
- Screen for underlying health conditions
- High risk pregnancies may require testing additional to routine screening
- High risk pregnancies may need additional testing for the following conditions:
 - HIV
 - Tuberculosis
 - Chagas
 - Syphilis
 - Lead Poisoning
- Use medical interpreters for all care

Cultural Pearls

- The Haitian community is diverse with a rich history and culture that informs view of the world and themselves
- Haitians face many health disparities and barriers to accessing care
- Providing resources and medical interpreters in the individual's preferred language is imperative
 - [Community First Equity:](https://www.communityfirstequity.com/resources)
<https://www.communityfirstequity.com/resources>



Photo credit: Foundation for the Advancement of Haitian Midwives.



Concept of Health

The traditional concept of health is based on the balance and equilibrium of many factors:

- Familial relationships: being in harmony with friends and relatives
- Spiritual well-being: Prayer, good rapport with spiritual world
- Illness is sometimes believed to be a result of wrongdoing
- If a person looks well, they may be considered healthy
- Many Haitians believe that God is the ultimate decider of health, illness, life and death.
 - May be manifested as 'passivity' concerning health decisions
 - "Aprè Bondye se Dokte"- "After God is Doctor": an additional contributing factor towards perceived passivity is the general high regard for physicians and their recommendations



Painting by Claude Dambreville, Haitian writer and painter



Haitian Communication Tips for Providers

- Greet everyone present when entering a room
 - May have expectation for health care professional to greet (“Mr.”, “Mrs.”, “Ms.”, or “Dr.”)
- Like health care professionals to engage in social conversation in addition to health topic, as opposed to being highly task-oriented or time-focused, which may be considered insensitive
- Some Haitians may appear quiet, apprehensive or reserved
 - May keep comfortable distance and/or minimal eye contact (prolonged eye contact is considered rude)
- Ask open ended questions. Nodding along with healthcare provider is not always a sign of understanding.
- General mistrust of interpreters

MN COE: Haitian Clinical Guidance

- **[Haitian Clinical Guidance](http://www.health.state.mn.us/communities/rih/coe/clinical/haitian.html)**
(www.health.state.mn.us/communities/rih/coe/clinical/haitian.html)
was created with the input of most of our speakers from today's presentation
- You can find additional cultural and clinical information
- There is also a repository of links, including translated materials



Translated resources

[Expand All](#)

General resource hubs ^

- [CDC: Health Education and Communication Tools](#)
Translated resources about infectious diseases and other health topics from CDC in various languages, including Spanish
- [CDC Resources in Languages Other than English](#)
- [Medline Plus: Health Information in Haitian Creole \(Kreyol ayisyen\)](#)
Search/find various health topics, arranged by topic
- [Vermont Language Justice Project: Haitian Kreyol YouTube Playlist](#)
Translated Haitian Creole videos on a variety of health and non-health topics (some may be Vermont-specific)

Topic-specific resources ^

- Aging
 - [National Institute on Aging: Looking for Health Information for Older Adults in Multiple Languages?](#)

Thank you!



Questions?



Center of Excellence Reminders!

- **[Subscribe to Center of Excellence in Newcomer Health Updates](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463)**
(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463)
for training announcements and other guidance and resources.
- Upcoming trainings at
[Trainings: Minnesota Center of Excellence in Newcomer Health](http://www.health.state.mn.us/communities/rih/coe/webinars.html)
(www.health.state.mn.us/communities/rih/coe/webinars.html)



Thank You!

**Please remember to
complete your
evaluation**

