

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6227

### **Title**

*What Does Culturally Competent and Safe Perinatal Care Look Like? Lessons from an Ethnographic Study at the Maison Bleue*

### **Priority 1 (Research Category)**

Women's health

### **Presenters**

Kathleen Rice, PhD, Canada Research Chair, Hannah Shenker, MD, CCFP, Vania Jimenez

### **Abstract**

**Context:** The Maison Bleue is an organization in Montreal whose mission is to reduce social inequalities by helping a vulnerable pregnant woman, and by fostering optimal development of their children. They use prevention-based approach termed "social perinatal care." Data shows that their approach is effective in achieving key benchmarks (e.g., better birth outcomes; cost effectiveness). However, the content of the work that primary healthcare providers do at the Maison Bleue remains poorly understood, limiting capacity to transpose and/or scale up the model.

**Objective:** To explore how primary care providers at the Maison Bleue understand and implement culturally safe and competent care, and to identify challenges to providing such care.

**Study Design and Analysis:** Ethnographic methodology, using interviews and ethnographic observations; thematic analysis component.

**Setting or Dataset:** 18 in-depth interviews with healthcare providers (physicians, nurses, social workers, child psychologists, midwives; translators, administrators); 40 hours of observations of team meetings.

**Population Studied:** Primary care providers.

**Intervention/Instrument:** N/A

**Outcome Measures:** N/A

**Results:** Care providers identified the Maison Bleue's interdisciplinary model, shared values among providers, and efforts to foster two-way exchange with clients as being integral to providing culturally competent and safe care. Tensions were apparent between a notion of "culture" as an asset to be

mobilized (e.g., connecting isolated women from similar backgrounds), and as a threat to clients' wellbeing. Topic areas that were challenging for providers to navigate included corporal punishment of children, infant feeding practices, contraception, domestic violence, and patriarchal gender norms in families.

Conclusions: Interdisciplinary, non-hierarchical care may be crucial for providing holistic care to vulnerable perinatal care patients. Efforts to teach and provide culturally competent and safe care should have a clear idea of what is meant by culture. Care providers need support in navigating cross-cultural differences in parenting practices, and cross-cultural gender norms.

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