

Prenatal Care
A Seminar Series for the
Latino Migrant Farmworker Family

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Running head: PRENATAL

INTRODUCTION

This paper will describe a proposed seminar series on prenatal education for the Latino migrant farmworker family (LMFF) in the San Diego county area. The goal of the seminar will be presented, along with the objectives for the seminar as a whole. This will be followed by class sequencing, and a list of objectives for each class. Specific class content will cover the objectives listed. A brief description of the specific teaching methods to be used will follow the last class objectives. A description of the target population will then be presented. The content and organization of this seminar series is based on concepts from family health promotion, family social support, and family stress theory. The rationale and basis for this seminar will be presented in the sections on target population and theoretical foundations.

SEMINAR GOAL

Improve the health status and knowledge base of the Latino migrant farmworker family during pregnancy and throughout the postpartum period.

SEMINAR OBJECTIVES

1. Provide health education related to important aspects of pregnancy, childbirth, postpartum, and newborn care in a culturally sensitive and appropriate format.
2. Develop an expanded sense of community and social support among participants.
3. Empower the LMFF in relation to the health care system and the larger society.
4. Include family participation in all seminar classes.
5. Increase prenatal visits of pregnant Latino migrants by 90%,

6. Decrease the incidence of births to Latino migrant women who have received no prenatal care to 0%.

SEQUENCE OF CLASSES

1. Importance of Prenatal Care
2. Nutrition for the Pregnant Woman
3. Exercise During Pregnancy
4. Environmental Safety
5. Important Signs and Symptoms
6. The Birth Experience
7. Breast feeding
8. Postpartum Care
9. Care of the Newborn
10. Family Development

INDIVIDUAL CLASS OBJECTIVES

IMPORTANCE OF PRENATAL CARE

Upon completion of this class, the participant will be able to:

1. Explain what is meant by the term prenatal care.
2. Describe what happens during routine prenatal visits.
3. List four reasons prenatal care is important to the health and well being of the baby; the expectant mother; the expectant family.
4. Identify how to access prenatal care, including funding sources and procedural activities.
5. Discuss barriers encountered in accessing the health care system.
6. Develop a plan for overcoming the barriers identified.

NUTRITION FOR THE PREGNANT WOMAN

Upon completion of this class, the participant will be able to:

1. Explain the importance of good nutrition for the health of the baby; pregnant woman; family unit.
2. Describe expected weight changes of pregnant woman during the course of pregnancy.
3. Describe how to tell if a woman is gaining or losing weight.
4. Identify good sources of iron, protein, and calories from your current diet.
5. Identify the most economical places to buy food.
6. Create a 3 day menu to share with the group that is nutritious, economical, and delicious.
7. Develop a plan for including the family in meal planning, preparation, and clean up.
8. Share one favorite recipe with the group that is high in iron.
9. Discuss beliefs regarding foods women should not eat during pregnancy.
10. Develop a plan for food storage and preparation for families who have no refrigeration or stoves.

EXERCISE DURING PREGNANCY

Upon completion of this class, the student will be able to:

1. Explain why exercise is important to the pregnant woman.
2. Describe types of exercise that are acceptable for the pregnant woman; unacceptable for the pregnant woman.
3. Review your daily activities in relation to principles of health and safety during pregnancy.
4. Identify how activity tolerance will change as pregnancy advances.
5. Develop a plan for adjustments which may be needed later in the pregnancy.
6. Demonstrate exercises a pregnant woman can do to help alleviate back pain; stretch muscles; prevent muscle spasms, improve muscle tone.
7. Name three physical activities the family can do together.

ENVIRONMENTAL SAFETY

Upon completion of this class, the student will be able to:

1. Explain the importance of environmental safety for the protection of the unborn baby; pregnant woman; children, father.
2. List some of the most common poisonous materials that are kept in the home or workplace.
3. Explain how to identify whether or not a substance is hazardous to health.
4. Describe how clothes must be handled if they are exposed to pesticides.
5. Develop interventions to assure no pregnant women or children are exposed to pesticides.
6. Identify the most common sources of injury in your workplace; in your home.
7. Develop preventative actions to be taken by the family and the community in response to objective 6.
8. Explain why medications should be avoided during pregnancy.

IMPORTANT SIGNS AND SYMPTOMS

1. Identify common physical discomforts during pregnancy.
2. List interventions to alleviate those discomforts.
3. Describe activities the husband can do to increase the physical comfort of the pregnant wife.
4. Identify signs/symptoms which require immediate medical attention.
5. Develop a plan for attaining emergency medical care; include child care options if necessary.
6. Identify people in the community who are able to assist the family in case of emergency.
7. Describe any fears or concerns regarding impending birth of child; include siblings reactions.

THE BIRTH EXPERIENCE

Upon completion of this class, the student will be able to:

1. Describe signs and symptoms indicating the onset of labor.
2. Identify what steps will be taken once labor has begun.
3. Develop a plan to include each member of the family in the preparation for the birth.
4. Discuss special concerns related to the birth experience.
5. Review options available for the birth (i.e. home birth, going to Tijuana, hospital birth in U.S.); discuss advantages and disadvantages of each.
6. Share previous birth experiences with group.
7. Identify concerns and reactions expectant fathers have concerning the actual birth.

BREAST FEEDING

1. List three reasons why breast feeding is more beneficial than bottle-feeding.
2. Identify potential problems encountered with breast feeding; identify methods of alleviating these problems.
3. Describe the mechanics of breast feeding (i.e. latching on, proper mouth/nipple placement, different positions).
4. Explain how significant family members can assist mother and baby to breastfeed effectively.
5. Share previous experiences regarding breast feeding with the group.
6. Identify concerns or questions regarding breast feeding.
7. Identify situations when breast feeding would not be an option, describe formula use, preparation, and proper storage.
8. Review sanitary principles for bottle fed babies; identify potential problems with bottle-fed babies and remedies to those problems.

POSTPARTUM CARE

1. Identify significant family/friends who will be helping during the postpartum period; identify their activities.
2. List activities the father and siblings will be engaged in to help care for the mother and infant.
3. Identify health care needs of the postpartum mother; include diet, activity, rest, and exercise.
4. Describe some of the emotions the new mother may feel.
5. Identify signs/symptoms requiring immediate medical attention for the postpartum mother.
6. Share previous postpartum experiences with group.
7. Discuss important beliefs about the postpartum period.

CARE OF THE NEWBORN

1. Describe the general appearance of the newborn.
2. List some of the expected behaviors of newborn; include sleeping patterns, eating patterns, elimination patterns.
3. Describe proper hygiene for the newborn; include bathing, nail cutting, skin care, umbilical cord care, clothing.
4. Explain how good hygiene can be maintained if there is no access to running or hot water.
5. Explain the importance of immunizations.
6. Describe how siblings and father will be involved in care of the new infant.
7. Discuss special concerns or worries regarding newborn care.

FAMILY DEVELOPMENT

1. Identify the importance of child spacing in relation to the health of the woman; health of children; health of family.
2. Discuss barriers to child spacing and family planning.
3. Review available methods of contraception; include advantages and disadvantages of each method in relation to the individual and the couple.

TEACHING METHODS

Lecture
AV materials
Discussion

Ideally, these classes would be held in a private home or small building that gives easy access to those attending. Evening classes would be preferable due to working schedules of the men, so that they could participate also. By holding the classes away from the clinic or hospital, there would be a more friendly, informal, and natural environment. This would support the health oriented approach to pregnancy and childbirth.

Classes would be given in Spanish and start with a 30 minute lecture on the didactic material. Audiovisuals would include pictorial representations of the information presented. Emphasis would be placed on "hands on" material to demonstrate or support lecture material. For example, a blood pressure cuff and stethoscope could be used in the first class to demonstrate how a blood pressure and heart rate would be taken during a prenatal visit. Sample forms from the clinic or social services agency might be brought in to give people an idea of what kind of paper work is required. A bag of rice from 2 different stores may be brought in to demonstrate price differences.

After the lecture, the seminar leader would encourage questions and comments on the information presented. This would be 5-10 minutes for clarification or further explanation. The last 20 minutes would be for discussion. During this time, the leader would encourage people to problem solve special problems related to topic, and develop plans for the future. An atmosphere of trust, respect, acceptance, and genuine concern would be fostered.

TARGET POPULATION

In the San Diego area, most migrant farmworkers are from Mexico and have little to no formal educational background (Regional

Task Force on the Homeless, 1991). The health and well being of farmworkers and their families is lacking in terms of access to adequate health care, consistent follow up, and health promotional activities geared toward prevention and alleviation of the most commonly encountered health problems (Kerr & Ritchey, 1990; Tan, Ray, & Cates, 1991; Watkins, Larson, Harlan, & Young, 1990).

Migrant farmworkers and family members are more likely to enter prenatal care later in pregnancy and receive fewer prenatal visits than is recommended (Watkins et al, 1990). They are also less likely to use family planning methods than any other population using clinic services. Studies have found dietary intakes of migrant women and their families to be below Recommended Dietary Allowances for calories, protein and iron (Watkins, et al, 1990). Prenatal care for migrant mothers is difficult, and many of the pregnancies are high risk (Trotter, 1988). There are large numbers of pregnancies in both very young and much older women. The absence of prenatal care, especially early in pregnancy is common, as are multigravid women (Trotter, 1988).

Some of the more frequently encountered barriers to prenatal care include lack of transportation, lack of finances, language barriers, class and cultural disparities, physicians who are perceived as more interested in money than client welfare, a lack of Latino doctors and nurses, long waiting time for care, and discrimination (Caudle, 1993; Funkhouser & Moser, 1990; Watkins, et al, 1990).

In an effort to alleviate some of these problems and improve health care for the migrant family, the role of peer health or outreach worker has been developed and utilized in several areas (Bray & Edwards, 1994; Warrick, Wood, Meister, & de Zapien, 1992; Watkins et al, 1990). These programs have been very successful in bridging the culture/language gap between patient and health care system as well as in improving health outcomes. The seminar series presented here is developed with the "promotora" (health promoter)

in mind. The promotora is from the same cultural background as the target population, has demonstrated an interest and ability in health promotion, is bilingual, and receives specialized training and experience in all aspects of the job. The role of the family health nurse is to develop the curriculum, educate, train, and supervise the promotoras, serve as a resource for the promotora, and evaluate program effectiveness.

THEORETICAL FOUNDATIONS

FAMILY HEALTH PROMOTION

Family health promotion involves behaviors and activities families undertake in an attempt to improve their well being or quality of life (Bomar, 1990). Multiple factors will influence a family's decision and ability to seek out health promoting activities. These variables include external/social forces (economy, transportation, health legislation) and internal familial factors (values, perceived benefits, interaction with the health care system). As discussed earlier, the LMFF faces multiple external barriers for family health promotion. Objectives throughout the seminar series are geared toward minimizing the external forces with the development of solutions, presentation of options, and use of additional resources. Emphasis in the seminar is placed on strengthening internal family factors which would promote family health.

It has been noted that most health promotion activities are geared toward the middle classes (Bomar, 1990). Lack of funding or scarce resources is usually the reason given for this inequity (Regional Task Force on the Homeless, 1991; Trotter, 1988). Early detection of pregnancy induced problems and identification of high birth risks usually lowers health care costs by prompt interventions. Hopefully, the promotora programs will show cost effectiveness over time. One of the problems with health promotion classes geared toward the lower economic classes is that there is a large culture gap between those developing and implementing the programs, and those receiving them (Bomar, 1990; Tripp-Reimer, & Afifi, 1989).

Use of the promotora would help to bridge this gap. Although still developed by health care professionals, the implementation would be by a peer, someone who would be able to translate not just the language, but the concepts in an effective manner.

FAMILY STRESS THEORY

Although there is controversy in labeling pregnancy and childbirth a "crisis", there is no doubt that it is a time of increased stress for the family (Mercer, et al, 1988; Miller, & Sollie, 1980). Families construct and share meanings about the specific stressful situation, their identity as a family, and their view of the world (Patterson, & Garwick, 1994). According to Patterson (1994), a major part of the adaptation process is defining the situation, or attributing meaning to the event that has occurred.

Most Hispanics view the family as the most important source of emotional strength and personal support (Caudle, 1993; Trotter, 1988). Pregnancy and child birth are viewed as very joyful, positive events within the culture. This joyfulness may be negated, at least partially, in the case of the LMFF as a result of living far from extended family, uncertainty regarding job status, and perceived hostility from the dominant culture. Multiple opportunities will be given during the seminar to share concerns and worries regarding the birth of the baby. Having the support of other LMFF will help to strengthen the positive meaning assigned to pregnancy and childbirth. One of the overall objectives of the series is to encourage development of extended social networks, share common experiences (including frustrations and fears), and develop coping strategies.

FAMILY SOCIAL SUPPORT

Hispanic families usually emphasize interdependence, affiliation, and cooperation (Council on Scientific Affairs, 1991). Familialism is an important cultural value which remains strong throughout life. As a result of migration, LMFF are separated from family of origin. This can be especially difficult for the pregnant woman, who traditionally relies heavily on her mothers' advice and

support throughout pregnancy, childbirth, and the postpartum period (Alcalay, Ghee, & Scrimshaw, 1993). Social support of the family unit becomes very important for the LMFF, especially during pregnancy.

Kane (1988) states the basis of family support lies within the interactional realm. She describes reciprocity or sharing of resources with others while being able to ask for and receive help from others, as the first and initially most important interactional factor. During the course of the seminar, participants are encouraged to share information and resources with each other, and to develop problem solving strategies. Over the course of the series it is hoped that strong social ties and support will develop among group members.

Additional characteristics of interaction include communication, intimacy, frequency of interaction, and trust (Kane, 1988). The promotoras described by Warrick (1992) developed strong interpersonal commitments to the participants. The participants described the role of promotora as teacher, friend to the family, and advocate for the community (Warrick et al, 1992). In a study from a different population group, Giblin (1990) found that social support factors positively predict attaining prenatal care. With the continued encouragement and support from the family, group, and promotora, the pregnancy and birth of a new baby should be a positive and healthy experience.

CONCLUSION

Although there is currently no family health promotion program such as this for the LMFF in the San Diego area, it remains a viable and positive option. One of the great strengths of Hispanics is the strong commitment to family. Current trends in nursing theory as well as American society are geared toward strengthening the family unit (something we seemed to have lost). A program such as this might encourage learning on both sides.

References

- Alcalay, R., Ghee, A., & Scrimshaw, S. (1993). Designing prenatal care messages for low income Mexican women. Public Health Reports, 108(3), 354-362.
- Bomar, P.J. (1990). Perspectives on family health promotion. Family and Community Health, 12(4), 1-11.
- Bray, M.L., Edwards, L.H. (1994). A primary health care approach using Hispanic outreach workers as nurse extenders. Public Health Nursing, 11(1), 7-11.
- Caudle, P. (1993). Providing culturally sensitive health care to Hispanic clients. Nurse Practitioner, 18(12), 40-51.
- Council on Scientific Affairs (1991). Hispanic health in the United States, Journal of the American Medical Association, 265(2), 248-252.
- Funkhouser, S.W., & Moser, D.K. (1990). Is health care racist? Advances in Nursing Science, 12(2), 47-55.
- Giblin, P.T., Poland, M.L., & Ager, J.W. (1990). Effects of social supports on attitudes, health behaviors and obtaining prenatal care. Journal of Community Health, 15(6), 357-368.
- Kane, C.F. (1988). Family social support: Toward a conceptual model. Advances in Nursing Science, 10(2), 18-25.
- Kerr, M.J., & Ritchey, D.A. (1990). Health-promoting lifestyles of English speaking and Spanish speaking Mexican American migrant farm workers. Public Health Nursing, 7(2), 80-87.

- Patterson, J.M., & Garwick, A.W. (1994). Levels of meaning in family stress theory. Family Process, 33(Sept), 287-303.
- Regional Task Force on the Homeless (1991).
- Tan, G.G., Ray, M.P., & Cate, R. (1991). Migrant farm child abuse and neglect within an ecosystem framework. Family Relations, 40, 84-90.
- Tripp-Reimer, T., & Afif, L.A. (1989). Cross-cultural perspectives on patient teaching. Nursing Clinics of North America, 24(3), 613-619.
- Trotter, R.T. (1988). Orientation to Multicultural Health Care in Migrant Health Programs. Austin: National Migrant Resource Program, Inc.
- Warrick, L.H., Wood, A.H., Meiser, J.S., & de Zapien, J.G. (1992). Evaluation of a peer health worker prenatal outreach and education program for Hispanic farmworker families. Journal of Community Health, 17(1), 13-26.
- Watkins, E.L., Larson, K., Harlan, C., & Young, S. (1990). A model program for providing health services for migrant farmworker mothers and children. Public Health Reports, 105(6), 567-575.