

Consortium on Law and Values in Health, Environment & the Life Sciences

2013-14 Student Proposal Cover Page

Applicant Information

Applicant name:	Anjali Madeira	Email:	adotson@umn.edu
Project title:	Positive and negative perceptions of labor and birth among Burmese refugees in Thailand: Perspectives from new mothers and care providers		
Department:	N/A	College:	School of Nursing
Degree program:	Masters of Nursing	Faculty advisor name & email:	Dr. Melissa Avery avery003@umn.edu <input type="checkbox"/> NA
Dept. Head:	Dr. Mary Rowan, Director of MN program	Dept. Head's email:	rowan005@umn.edu
Dean:	Dr. Connie Delaney	Dean's email:	delaney@umn.edu
How did you hear about this funding opportunity?			
<input type="checkbox"/> VIP email <input checked="" type="checkbox"/> The Brief <input type="checkbox"/> Advisor <input type="checkbox"/> Dept. email/newsletter <input type="checkbox"/> OVPR website <input type="checkbox"/> Other			

Funding

Total amount of funding requested:	\$7,141
Executive summary (maximum 200 words)	

Improving maternal health around the world is a challenge that has received significant international attention and effort in the past decade. Lack of dignity and respect afforded to laboring mothers by care providers in many resource poor settings may contribute to global disparities seen in maternal morbidity and mortality rates. A growing body of evidence suggests high maternal stress is associated with poor birth outcomes, and more research is now focusing on understanding both positive and negative interactions with care providers and perceptions of care processes by women during labor and birth. This qualitative study aims to describe positive and negative influences on emotional state as perceived by Burmese refugee women during labor and birth. In addition, few studies have examined either the care philosophies of maternity care providers or their perceptions of the supportive needs of laboring women in resource poor settings; therefore, this study will also seek to describe providers' perspectives on women's psychosocial wellbeing during labor. A deeper understanding of the influences on laboring women's psychosocial wellbeing in resource poor settings will assist health practitioners in providing quality and respectful care to all women in labor.

Approvals

Check all appropriate approvals required for your proposal. Approvals must be obtained prior to receipt of funding. If you have applied for approval but have not yet received it, indicate that below.

IRB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Application pending	NB: IRB applications will be initiated in May if funded
Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Application pending	Approval from SoN for international student travel; IRB approval from Karen Refugee Committee in Thailand

Checklist

<input checked="" type="checkbox"/>	The proposal is 1000 words or less excluding budget, biographies, references and citations.
<input checked="" type="checkbox"/>	The proposal includes a work plan with a specific timeline using months or quarters to identify work to be done and completion dates.
<input checked="" type="checkbox"/>	The proposal includes a 1-2 paragraph biography of the applicant and all co-investigators.
<input checked="" type="checkbox"/>	The budget form is complete including the funds sought for this project, other pending applications for this project, and the amount/source of matching or other funds.
<input checked="" type="checkbox"/>	The applicant's faculty advisor is copied on the application email. Professional students w/o advisors check NA.
<input checked="" type="checkbox"/>	All necessary approvals are pending or received.

Positive and negative perceptions of labor and birth among Burmese refugees in Thailand:

Perspectives from new mothers and care providers

Anjali Madeira

University of MN

Background and Importance

An estimated 287,000 women died in 2010 as a result of pregnancy, birth, or postpartum complications. The United Nations brought maternal mortality into the spotlight by establishing Millennium Development Goal 5 in 2000: to improve maternal health, including setting a target of reducing the maternal mortality ratio by three-quarters by 2015. Although great strides have been made in improving the care and health outcomes of mothers and newborns around the world, significant disparities persist between high and low income countries (*The Millennium Development Goals Report, 2013*).

Lack of dignity and respect afforded to laboring mothers in many resource poor settings may contribute to disparities seen in global maternal morbidity and mortality rates. Authors of a 2010 report by USAID and Harvard School of Public Health summarized the prevalent disrespect and abuse of laboring women by facility-based providers found in several studies across multiple countries. Facility births are often safer than giving birth at home due to greater access to skilled providers and life-saving interventions; however, many women in low-income countries are choosing not to seek facility-based births for fear of becoming victims of provider abuse and disrespect, including slapping, yelling, lack of privacy during labor, and lack of informed consent for procedures (Bowser & Hill, 2010). A woman's decision not to deliver in a facility due to anxiety and fear may contribute to poor birth outcomes.

Mounting evidence shows that high maternal stress levels may contribute to poor birth outcomes (Lederman et al., 1978; Simkin, 1986; Glynn et al., 2008; Aral et al., 2014). Limited qualitative research has examined maternal perceptions during labor and delivery, including potential influence of experiences and interactions during labor on perceived stress, anxiety or fear of women in resource poor settings.

Research Objectives

The objectives of this study are 1) to describe women's perceptions during labor and birth, including care processes and interactions with care providers, and 2) to describe provider perspectives on women's psychosocial wellbeing during labor, and describe providers' philosophies of caregiving.

Methods

For this qualitative study, an ethnographic design will be used. Data collection, in the form of in-depth interviews (IDIs) and focus group discussions (FGDs) with providers and new mothers, will be conducted at two Burmese refugee camps in Thailand along the Thai-Burma border, Umpiem Mai and Nu Po. Both camps are managed by the American Refugee Committee (ARC), a disaster relief NGO based in Minneapolis.

Ms. Madeira will be based out of ARC's office in Umphang, located between Umpiem Mai and Nu Po camps approximately 65km from each. Verbal support for this research has been granted by both ARC's Headquarter office in Minneapolis as well as the ARC Country Director for Thailand. Ms. Madeira will also seek approval from the School of Nursing for international travel, as the findings from this project will also fulfill the requirement for her program thesis.

Ms. Drani, currently based out of ARC's Umphang office, will serve as the local research coordinator for this project, and assist in identifying study participants. A purposeful sampling strategy will be employed with maximum variation in participants, based on birth outcomes (gestational age at delivery, presence of referral and complications, etc.), attending provider type (Nurse-midwife, Traditional birth attendant, etc.), and demographic characteristics (distance from clinic, age, etc.).

Women living in the camp and delivering within the last two months will be invited to participate, as well as maternity care providers currently practicing in either of the two camps. Focus groups will be composed of 4-8 participants, with each focus group being comprised of only new mothers or providers (no mixed groups). At each location, two FGDs will be held—one with new mothers and one with providers. One additional FGD with new mothers will be conducted at Nu Po camp due to the camp's large population, totaling five FGDs across the two camps. From each focus group, 1-2 participants with rich personal experience related to birth and willingness to speak in more depth will be invited to take part in an IDI, resulting in 4-8 interviews. For the purposes of the IDIs and FGDs with new mothers, a local female translator will be identified and trained. A digital voice recorder will be used to assist in data collection, and later transcribed.

Data will be analyzed using NVivo 10, a software package that assists in qualitative data analysis. Themes will be extracted and used to shape presentation of findings. Initial findings will be shared with Dr. Avery to identify themes across population groups, as she will be conducting a similar study among women from different ethnic groups receiving maternity care in the Twin Cities Metro Area.

Timeline of Activities	
May 13-June 30	Complete IRB requirements
June 1-30	Seek approval from School of Nursing for international student travel
June 1-July 25	Development and pilot testing of data collection tools
July 26-August 5	Travel to Thailand for data collection
August 10	September 30: Transcription of data
September 15-November 30	Data analyses in Nvivo
October 31	Submit abstract for Academy of Women's Health Annual Congress
November 15- December 5	Write MN program Capstone paper
January 1-March 31	Write manuscript for publication
April 30	Submit financial and narrative report to Consortium
April 16-19	Present findings at conference

	Work Plan											
	2014								2015			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Submit IRB applications (to University of MN and Karen Refugee Committee in Thailand)	■	■										
Seek approval from SoN for student travel		■										
Development of interview and FGD tools		■	■									
Travel to Thailand, data collection				■								
Transcription of interviews and FGDs				■	■							
Abstract submission						■						
Data analyses					■	■	■					
Generation of report and manuscript for publication							■	■	■	■	■	
Presentation of results at Academy of Women's Health Annual Congress												■
Submit financial and narrative report to Consortium												■

Innovations in Interdisciplinary Work

Key staff members involved in this study hold degrees in public health, mental health, and nurse-midwifery and have worked on maternal health issues in a variety of capacities including clinical care, clinical training of new providers, academics, international community development, health systems strengthening and clinic management. This diversity of background and perspectives will be invaluable to understanding the context of maternity care and the influences of positive and negative interactions and perceptions of women on their psychosocial wellbeing during labor and birth.

Implications for Improving Care

With mounting evidence that maternal stress, often a result of disrespectful and abusive maternity care, contribute negatively to birth outcomes, it is important to dedicate resources to furthering this research as well as developing appropriate interventions to support pregnant and laboring women. This study seeks to add to the body of knowledge on perceived positive and negative influences on women’s psychosocial well-being, and

perceived levels of stress, anxiety and fear during labor. Inserting the voice of women into a discussion on how maternity care should be provided, especially in resource poor settings where women often lack the opportunity to decide the circumstances of their care, will be critical to advancing the goal of providing quality and respectful care to all women in labor.

Biographies of Key Staff

Anjali Madeira, MPH

Anjali Madeira earned her BA in Biology from Bowdoin College. Through a fellowship with IndioCorps in 2006, she worked for two years with a local women's collective in rural India managing a reproductive health clinic and conducting community research. In 2009, Anjali earned a MPH in Maternal and Reproductive Health at Johns Hopkins University, Bloomberg School of Public Health, where she received a Capstone Award for her thesis on the use of pictorial medication labels to improve health literacy among pregnant women in India. Since receiving her MPH, Anjali has also consulted with organizations such as the Rural Healthcare Initiative and the World Bank, traveling to Ukraine, Darfur, and Sierra Leone to contribute to health systems research and monitoring and evaluation of health program activities, and she has worked on reproductive health programming as either staff or consultant with ARC for the past 4 years. Anjali is currently in the MN program at the School of Nursing and has been pre-approved to begin the DNP program in Nurse-Midwifery in the Fall of 2015. She plans to combine her research background with her clinical training to improve maternal and reproductive health in underserved communities in the US and abroad.

Magdalen Mura Drani

Magdalen has been practicing as a Nurse-Midwife for the past 10 years. She also earned a diploma in Mental Health Nursing from Butabika School of Psychiatric Nursing in Uganda in 1992. Currently serving as the Reproductive & Child Health – Community Health Education Lead Coordinator for ARC in their refugee camp

locations in Thailand, Magdalen facilitates annual midwifery trainings for local women living in the camp and evaluates maternal and child health services provided in the camp clinics. In this position for the past year, Magdalen has developed excellent working relationships with local women and health providers. In the past, she worked as a Nurse Manager and Clinical Instructor in Uganda, and, through United Nations Population Fund (UNFPA) and other NGOs, has provided clinical training services in midwifery for women in Laos, Liberia, and Thailand.

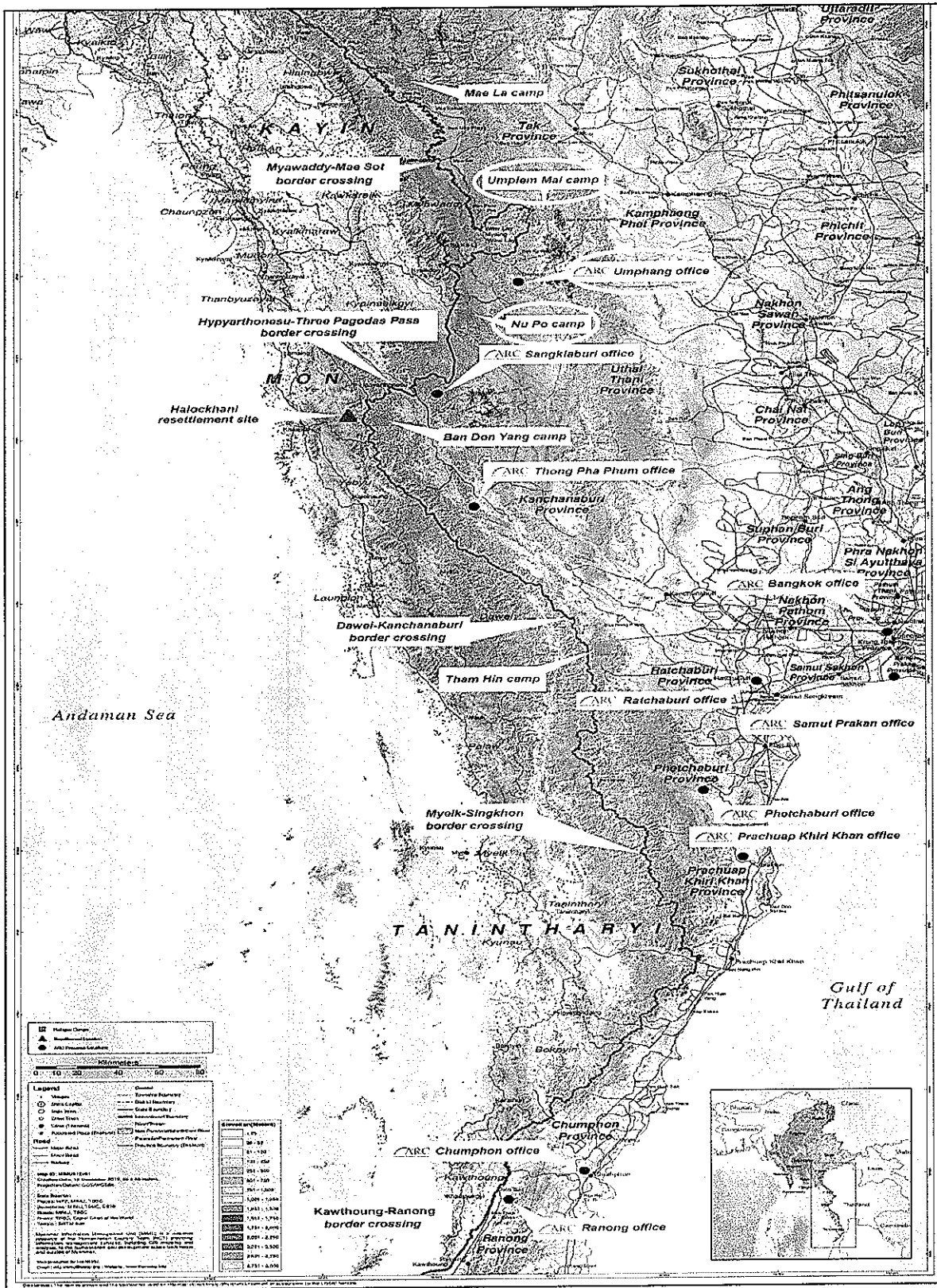
Melissa Avery, PhD, CNM, FACNM, FAAN

Dr. Avery is Professor and Chair, Child and Family Health Co-operative Unit in the School of Nursing at the University of Minnesota. She directs the U of MN nurse-midwifery program and has 25 years full-scope clinical midwifery experience. Her current research is examining care practices during pregnancy to enhance maternal confidence for physiologic labor and birth. Dr. Avery has been a pioneer in distance education technologies, leading two large HRSA funded projects to redesign five graduate nursing specialties from face-to-face to hybrid online, including nurse-midwifery. Currently she is partnering with faculty colleagues to develop simulations for midwifery education including interprofessional opportunities. She was inducted into the U of MN Academic Health Center Academy for the Scholarship of Teaching and Learning in 2009 and is past President of the American College of Nurse-Midwives.

References

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- Enkin, M., Kerise, M.J.N.C., Neilson, J., Crowther, C., Duley, L., & Hodnett, E. A guide to effective care in pregnancy and childbirth, 3rd Ed. Oxford (UK): Oxford University Press, 2000: 249.
- Glynn, L. M., Schetter, C. D., Hobel, C. J., & Sandman, C. A. (2008). Pattern of perceived stress and anxiety in pregnancy predicts preterm birth. *Health Psychology*. 27, 43–51.
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- Simkin, P. (1986). Stress, pain, and catecholamines in labor, Part I: a review. *Birth*. 13, 227-233.
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<http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf>

Appendix A- Map of proposed data collection sites



Anjali Mcdermott

Consortium on Law and Values in Health, Environment the Life Sciences
 Budget for Student Proposals

Project Title: Positive and negative perceptions of labor and birth among Burmese refugees in Thailand:
 Perspectives from new mothers and care providers

Instructions: Provide justification along with costs.		Requested funding	Matching/ other funding	
Category	Description & justification	Amount	Amount	Source
1	Your stipend 182 hrs X hourly rate of \$20/hr. <i>Estimate of hours:</i> 10 hrs/month May-June= 20hrs 25hrs/month July-August=50hrs 15 hrs/month Sep-Dec=60hrs 12 hrs/month Jan-Mar=36hrs 16 hrs in April Total hrs = 182 hrs <i>School of Nursing Graduate Assistant rate is \$17.42- \$27.14 DOO</i>	\$3,640	\$0	N/A
2	Research Subjects Participant incentives at \$7/participant X 30 participants	\$210	\$0	N/A
3	Supplies & Services Translator at \$15/day X 6 days (3 days in each location) <i>Minimum wage in Thailand is \$10/day, looking for individual with medium to advanced skills, therefore budgeting 150% of minimum wage.</i>	\$90	\$0	N/A
	Local research coordinator at \$10/half-day X 7 half-days <i>Minimum wage in Thailand is \$10/day, Ms. Drani has advanced skills and degree, therefore budgeting 200% of minimum wage.</i>	\$70	\$0	N/A
4	Equipment Digital voice recorder for taping interviews and discussion groups (http://www.amazon.com/Olympus-VN-702PC-Voice-Recorder/dp/B006ZW4HY2/ref=sr_1_1?ie=UTF8&qid=1397706436&sr=8-1&keywords=olympus+digital+voice+recorder on April 15, 2014)	\$46	\$0	N/A
	12-month student license for NVivo 10, qualitative analysis software program (http://www.qsrinternational.com/products_nvivo_pricing_pricelist.aspx on April 15, 2014)	\$120	\$0	N/A
5	Travel Round-trip flight from Minneapolis, MN to Bangkok, Thailand	\$1,800	\$0	N/A
	Expenses in country (10 days) <i>Roundtrip bus or train from Bangkok to clinic locations - \$50 X 2 locations = \$100</i> <i>Estimated public transportation costs to and from airport and public transportation terminals in Bangkok = \$50</i> <i>Food and housing in transit (including Bangkok)- estimated \$40/day X 4 days = \$160</i> <i>Housing in Umphang, Thailand- estimated \$20/day X 7 days = \$140</i> <i>Food and incidentals in Umphang- estimated \$20/day X 7 days= \$140</i> <i>(Estimated per diem is lower than US State Dept rates for Thailand of \$106/day)</i>	\$450	\$140	American Refugee Committee to provide in-kind support for housing in Umphang
	Academy of Women's Health Annual Congress April 16-19th, Washington DC <i>Registration- \$195</i> <i>Membership- \$90</i> <i>Housing- \$0 (will stay with family and commute to conference hotel)</i> <i>Local Transportation (metro)- \$8/day X 4 days = \$32</i> <i>Roundtrip airfare from Minneapolis- \$250</i>	\$567	\$0	N/A
Subtotal research expenses (2-5)		\$3,353	\$140	
TOTAL BUDGET		\$6,993	\$140	

Budget Guidelines

1. Stipend justification. You must justify the amount of stipend you are requesting by identifying the number of hours you plan to work on the project and the hourly wage used for research assistants in your department. Include fringe benefits.
2. For colloquia, identify the number of speakers and the amount of honoraria you will provide.