

Pregnant Maori teens let down by system despite positive health-seeking behaviour

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A new study dispels the myth that young pregnant Māori women delay access to antenatal care in their first trimester.

Rather, they are engaging early with health services to both confirm their pregnancy and initiate maternity care, but system barriers are delaying timely access to screening and enrolling with a lead maternity carer.

Published today in the *New Zealand Medical Journal*, the study of 44 pregnant or recently pregnancy Māori women aged under 20 showed that, despite their youth and possible implications of finding out they were pregnant, most participants were proactive in taking steps to confirm their pregnancy, with [primary care services](#) such as the GP or a school or community-based youth specific health service.

However, this positive health-seeking behaviour was often met with inadequate information and support for young pregnant women navigating the next steps in their maternity care journey, lead author Charrissa Makowharemahihi says.

Many participants felt inadequately supported to be able to identify, confirm and enrol with a lead maternity carer (LMC). By contrast, those who received proactive support at the first interaction with [health services](#) had an appropriate maternity care pathway toward obtaining early and seamless maternity care, Ms Makowharemahihi says.

"Despite a publicly-funded maternity system, the fragmentation between primary non-LMC maternity care and LMC services had a negative impact on the pregnancy journey for many of these young women, disrupting access to early antenatal care."

The potential repercussions of this disruption are sobering, Ms Makowharemahihi says.

"Perhaps the most sobering is that babies of Māori women are almost twice as likely to have a potentially avoidable death in the weeks immediately before and after birth than babies of New Zealand European mothers."

Study co-author Dr Bev Lawton says being young and pregnant is a risk factor for poor health outcomes for both mother and baby, with teenage pregnancies often associated with increased mortality of babies before and after birth, low weight gain of the mother and premature birth.

"In New Zealand, teenage mothers are at higher risk of stillbirth and neonatal death compared to older mothers. These differences can only be partially explained by socioeconomic status. Rather, they are part of a larger picture of health disparities that suggests there are system and

health service factors contributing to differential health outcomes for Māori," Dr Lawton says.

The study used the experiences of the participants to identify where and at what point the system and services are not working well for this group of women, she says.

"Increasing our knowledge about the circumstances and range of needs of pregnant Māori [women](#) aged under 20 is necessary to avoid increasing health inequalities for an already disadvantaged population group."

Disruptions in access to maternity care could be addressed through emphasising an integrated seamless model of care with [maternity care](#) beginning at the first interaction with [health](#) care services, Dr Lawton says.

"At that point GPs could take responsibility for first trimester screening and navigation to a lead maternity carer."

Provided by University of Otago

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