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How to welcome a foreign baby and their parents: migrant/ refugee mental health in neonatology

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How to welcome a baby and their parents: migrant/ refugee mental health in neonatology

Presentation oultine

- **First reactions to the case**

- **A baby is never alone :** Parents, Family, Environment
  (like a Russian doll system)

- **What is a « migrant »? What is « culture »?**
  - Different types of migration
  - Migration: protective factors / risk factors for parenthood/BB
  - Culture in everyday practice, impact of cultural difference in meeting with migrant patients

- **Cultural background and parenthood:** where does the baby come from / who does it belong to?
- **Parenthood in exile:** what to look out for?

- **Crosscultural perinatal assessment**

➢ **Cultural differences: stereotypes / prejudices can undermine patient-professional alliance**

First reactions to the case 1

- **The facts we know about psychosocial risk factors:**
  - Somali family, Father since 7 years in CH, speaks French, pregnant Mother doesn't
  - Pregnant Mother goes to emergency because she cannot feel the baby move
  - Next morning, Caesarean section because of a pathological CTG
  - 32 weeks baby has to be resuscitated, intubated and transfused
  - Severe complications follow, requiring multiple and invasive interventions. In vain, baby dies.
  - Communication was difficult: father was at home with 18-months-old brother, phone translation by him
  - Nevertheless, parents express gratitude for the care provided
  - Autopsy accepted
  - We have to notice that there were 2 miscarriages before and one more death in the family a year ago

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First reactions to the case 2

- **Questions / hypothesis we have about psychosocial risk factors and culture**
  - Refugee family / Mother came through wedding? Traditional or civil marriage? Living conditions?
  - 2 miscarriages, one more death last year: are there any traditional hypothesis about the 2 miscarriages?
  - Father not with wife because nobody is around to take care of brother? = isolation? >> Wife alone at the hospital!
  - What about the pregnancy follow-up? Difficulties ? Translator? Attention paid to the psychosocial situation/ risk factors?

- **Communication (not only language translation)**
  - For Mother / Father, what is a CTG? A Caesarean section? Different high-tech interventions? Autopsy?
  - How does she/he understand all what is happening?
  - For them where is the baby now? What traditional / religious representations about what happened? What to do?
  - They are grateful, what does this mean for the professionals? They have a huge psychic work ahead of them…

➢ **Let's think what would be different with a Swiss family??**

First reactions to the case 3

- **how to help in this traumatic bereavement situation?** (easier to think afterwards…)
  - Have an interpreter and time to meet both parents together
  - Let them talk about how they feel. What can they say about everything that has happened?
  - Do they have some support? Is the family at home informed? How did they react?
  - What do they think happened to the baby? An illness? Misfortune? God's choice? Do they have an idea why it happened to them, to their baby? Do they feel some guilt, some anger?
  - What is done at home when a child dies that way? What would they like to do? Would they like to have a contact with an Imam? Do they know people from the community or family who could help?
  - Does the baby have a name? is there going to be one? How to chose? Are there traditions?
  - What did they explain to their older child? What are they going to say later?

➢ I would propose some further support, because what happened is very traumatic, for them, for their boy and for any future children.

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First reactions to the case 4

- **Answer to questions, lessons to learn: NB: what difference with a Swiss family?**
  - Always have an interpreter: during the pregnancy and the post-partum. Even more in case of problems.
  - Questions concerning culture and religion, can be asked already during pregnancy. This also has a preventive value. If asked again when difficulties arise, parents may have more ideas about what to do.
  - CTG, Ceasarian section and all technical interventions may be very traumatic and confusing for people who are not used to it. Explanations and attention +++ are very important. Same for autopsy.
  - The translator is usually accepted if proposed from the outset as part of the team. (always same one if poss).
  - 2 miscarriages and the another death the year before: Someone significant? Explore traditional theories
  - Encourage to communicate with family or community to know what to do / to share the mourning

➢ **Not necessary to know everything about culture, but useful to talk about it to help parents manage**

First reactions to the case 5

- **An experience as such is very traumatic for everyone:**
  - The parents
  - The professionals (also the interpreter!)
- All may feel, sadness, confusion, guilt.
- Everyone is confronted with the realities and hardships of life

- Very important to take time with the family afterwards but also among professionals to debrief and answer to any questions which have arisen.
- It's also an opportunity to rethink the roles of each healthcare provider in this type of situation: during pregnancy follow-up, and after birth, the respective roles of paediatricians, midwives, nurses, social workers, etc.

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A baby is never alone

- As much as children need their parents,
- parents need to be in a safe/secure environment to meet their child's needs

- Taking care of a baby means paying attention to the parents
- But also paying attention to their environment. Especially true with migrants/refugees.
- As healthcare providers, we have to embrace these different levels in order to provide adequate support

- Environment includes housing, papers, reference figures, extended family, cultural/religious background
- A baby is a part of his family and cultural world even before their birth (nice Swiss-cath/ good Somali-Muslim)

- Life events such as pregnancy, birth or death are always the subject of cultural representations
- Cultural/religious rituals can help to give sense to what is happening and provide support (Baptism/funerals)
- The question becomes “why did this happen to me?” rather than “what happened” (meaning>diagnosis)

- In exile, these different supports are less available
- In an emergency or severe illness, parents may lack of familiar helpful support

What is a migrant?

- A British who has come to Switzerland to work for a large company
- As well as a Somali who came as a refugee

- It means usually the distancing or even loss of:
  - Family ties, contacts between generations (grand-parents are often missing)
  - Friendships
  - Social, professionnal connections, familiar network
  - Familiar lifestyle habits
  - Mother tongue and familiar ways of expressing oneself

  - Religious / cultural landmarks of one's ethnic group are no more easily accessible

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Migrant: a dynamic definition

- **The change of location and cultural environment involves**

  - A feeling of disconnect of known landmarks
  - The need to adapt to a new environment: culture, values, social codes, religious practices, langage…

  - Can be an enrichment and a potential source of creativity
  - But also a potential source of distress and/or confusion

- Always implies an intense psychic work!

>> The birth of a child always triggers psychic conflicts / is an insightfull period (psychic transparency)

>> The birth of a child also re-activates the migration experience (losses, needs to be connected)

>> The birth of a child often reorganises the links with the culture of origin (Eg Turkish-Portuguese)

>> and when something goes wrong there will be more need to have access to family/cultural support

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Different types of migration

What migration what psychological impacts? Social determinants of mental illness

- **Types of migration:** a mix of personal, familial, social, cultural, religious reasons
  - Chosen and planned migration
  - « Economic » migration: legal // clandestine
  - Migration – to flee war or mass violence

- **Protective factors:**
  - Planned project
  - Organized departure (with family, social network…)
  - Maintaining family, social, cultural ties
  - Economic security

- **Risk factors :**
  - Forced, hastly departure, dangers, violences...
  - Braking of family, social, cultural ties
  - Poverty – precariousness

Prise en charge de la santé mentale des enfants migrants en pédiatrie

Recherche en pédiatrie: facteurs de risque pour la santé mentale chez les réfugiés. Dr. Sima Saleh

Facteurs corrélés à l'existence de sy psychologiques:

- Exposition à de la violence (au pays, sur la route, en Suisse)
- Parents avec des troubles psychiatriques (PTSD)
- Famille « incomplète »
- RMNA
- Multiple changements de lieu de vie dans pays d'accueil

Facteurs corrélés à des formes de résilience:

- Environnement familial soutenant, bonnes compétences parentales
- Bonnes conditions environnementales, soutien de la société d'accueil
- Soutien de la part de l'école
- Prédisposition de l'enfant: estime de soi et adaptabilité

➢ Rôle du pédiatre: soutenir facteurs protecteurs, diminuer facteurs stressants

Refugees: accumulation of pre-per-post migration risk factors

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Refugees: accumulation of pre-per-post migration risk factors

- Pre-migration: poverty, precariousness, violence in the country (intra-familial / war...)
- Migration: Journey +/- traumatic
- Post-migration: uncertainty, insecurity ~ asylium

- Children, even babies in particular
  - Exposed to the tribulations of the asylum procedure, threat of return...
  - Traumatic exposure in shelters, traumatised parents, news from home, bereavements...
  - Difficulties with ~chaotic schooling
  - Particular vulnerability of RMNA

>>> Children's suffering is generally underestimated

>>> Baby’s exposure also may be underestimated!!

>>> Important prognostic issues (best cost-benefit-prognosis ratio!)

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possible consequences of risk factors >> Risks for the baby

- Parents (do not forget the father) mental disorders (anxiety, depression, PTSD…)
- Poor social conditions / unsafe environment for the expected baby

- “Cultural” conflicts with the host society (not doing as expected)
- ”Internal” cultural conflict: confrontation with new values, single mother (guilt, shame, anger, sadness)
- Confusion / perplexity / mistrust due to the loss of the familiar envelope (family, culture…)

- Difficulty welcoming the baby as one’s own
- Fears: inadequate parenting, reproaches from the baby / the family, post-traumatic activation…
- Preoccupied with their own problems >> difficulty connecting with the child and recognising their needs
- Grandiose or negative projections onto the child

- **All points that are risk factors for the baby and to be explored ....**

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migration - risk factors - impact on mental health

Consequences for the mental health of parents and children: WHO

- Psychiatric disorders
- 3x+ post partum depression in migrant women
- 5x+ post partum depression in refugee women
- 2x+ de schizophrenia in second generation migrants
- Child development disorders !!
- 50-80% PTSD, Depression, Anxiety in migrants coming from war –affected countries
- Somatic disorders linked to psychiatric disorders
- Risk for the early mother/father-baby relation!

➢ **Refugee pregnant women, especially single mothers and unaccompanied minors should undergo systematic assessment during pregnancy**

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race, ethicity, religion, culture…

- **Race**: is a social construct that has no genetic relevance.
  - But this does not rule out racism…

- **Ethnicity**: a group of people who identify with each other on the basis of perceived shared attributes that distinguish them from other groups (language, traditions, religion…) Aargauer, Genfer, Somalis…

- **Religion**, definition seems easier, but each group and then each person practice differently

- **Culture**: the way of life, the general customs and beliefs of a particular Group. E.g.: ordinary behaviour and habits, attitudes toward each other, moral and religious beliefs…
  - Ontological cultural representations: a baby is a human only when he talks
  - Etiological cultural representations: (Eg: albino baby)
  - Therapeutic cultural representations: traditional treatment

➢ **These representations are complementary to medical ones**

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Culture lies between the singular and the collective

- Psychic functioning and cultural components are intertwined and contribute to psychological balance
- The values and ways of my culture/religion will also be a resource on which to lean in the high points of my life, whether happy or unhappy

Ex: Marriage, birth or death are still highly ritualised throughout the world.

These rituals provide a supportive, structuring envelope and help through crisis.

- Culture, like education, is passed on through intergenerational learning

- **Cultural difference** between professional and migrant patients

➢ = we are not shaped by the same cultural envelope. What makes sense to me may not necessarily make sense to them. And vice versa.

➢ In the clinic, I'll have to approach the different ways of seeing things, ask the patient for explanations and give them in return.

➢ I'll need to familiarise myself with the other person's world and help them to familiarise himself with mine.

How to welcome a baby and their parents: migrant/ refugee mental health in neonatology

Culture lies between the singular and the collective

- Catholic parents baptise their child
- A Wolof mother massages her baby
- A Muslim or Jewish parent circumcises their son

- ➢ What are the similarities / differences?
- ➢ What are the impacts on parenthood?
- ➢ As professionals, how do we react to the differences?

(we could be more talkative in our own language than with an interpreter,
more open to baptism than circumcision,
more familiar with medical treatments than traditional care…)

How to welcome a baby and their parents: migrant/ refugee mental health in neonatology

Who does the baby belong to?

In what world will the baby grow up?

Where does the baby come from?

If he dies, where is he going to?

Parenthood in exile: what to look out for?

- **The aim is to detect the risk factors and to support resilience factors.**

- **This concerns**
  - the social context
  - The parents situation and family context
  - The cultural / religious background
  - The follow-up of the pregnancy, health of the baby
  - The need for more support (social, legal, somatic, psychiatric)
  - The need for an interpreter

- **Important to pay attention to our own stereotypes/prejudices about the patient's culture/religion**

Cross-cultural perinatal assement 1

- **Social context:**
  - Country of origin, language, dates of departure and of arrival in Switzerland
  - Reasons for migration: obvious ones and unspoken ones
  - Staying alone / with family
  - Residency status: permit, asylum seeker, paperless… (need for MC, social worker, lawyer…)
  - Accomodation: shelter, appartment, stable / unstable
  - Income, financial-social support
  - Social-medical network
  - Support among familiy, friends, community

➢ **is it safe and secure enough to welcome a baby?**

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Cross-cultural perinatal assement 2

- **Parenthood, culture and pregnancy:**
  - Somatic and mental health of both parents,
  - How do they feel as parents to be far from home?
  - How is the pregnancy going, follow-up? Wanted/ planned pregnancy?
  - Pregnancy known and accepted by families? Connections with the home family for each of the parents
  - Connection with the cultural/religious background for each of the parents
  - Parents both here, married (traditional / civil) ? Formal recognition of the child (≠ CH and culture…)
  - How do they imagine their child?
  - Are there any points of conflict about the baby to come (cultural taboo, illness, fears…)
  - How do the parents lean on cultural ressources /values to protect their baby to come (rituals, prayers…)
  - Are any birth rituals planned or desired?

➢ Do parents feel secure enough and able to rely on their cultural ressources to welcome their baby?

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To approach the cultural/religious background can be helpful

- **Evoking the culture / environment of origin / values of life**
  - connects to the past, to one's family, to one's culture
  - May bring back happy memories which can be beneficial
  - Allows the re-discovery of precious values, ways of doing things, culinary specialities, etc.
  - Can provide resources for coping with crises (mourning rituals or life rituals with children)

- Allows us to imagine what a family goes through and brings us closer to their emotional experience
- **Fosters an encounter that can restore a precious humanity**

- **Don't be afraid to get close to the experiences of others... It is part of global pediatrics!**

Des grands-mères grecques s'occupent avec tendresse du bébé d'une réfugiée, à Lesbos, en Grèce, le 16 octobre 2015. © Lefteris Partsali

Some values are universal…

Thank you

Grazie mille

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Merci beaucoup

Murakoze cyane

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