

# NURSING PRACTICE & SKILL

## Filipino Patients: Providing Culturally Competent Care during Labor and Delivery

### What is Providing Culturally Competent Care to Filipino Patients During Labor and Delivery?

- ▶ The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with patients of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual
  - *What:* Culturally competent (CC) care of Filipino patients during labor and delivery is holistic and incorporates cultural beliefs, attitudes, and traditions when planning and providing care
  - *How:* Care planning is performed using information from patient and/or family member interviews, completed questionnaires, if available, and facility protocols specific to CC care of the Filipino woman. Providing CC care to the Filipino woman during labor and delivery can involve using an interpreter, arranging for female clinicians, educating about and encouraging the use of colostrum as the baby's first food during the first few days of his/her life, and accommodating the presence of many family members before and after the baby's birth
  - *Where:* CC care during labor and delivery can be provided to Filipino patients in any healthcare setting, including the inpatient, outpatient, and home-care settings
  - *Who:* CC care during labor and delivery can be provided to Filipino patients by any healthcare clinician and by unlicensed clinical staff members (e.g., nurses' aides) with appropriate instruction and supervision. With the permission of the patient, family members can be present for care of the Filipino woman during labor and delivery. If permission is given by the patient for family members to be present, they can also offer essential information about care during labor and delivery because CC care is holistic and incorporates cultural beliefs, attitudes, and traditions of both patients and their families

### What is the Desired Outcome of Providing Culturally Competent Care to Filipino Patients during Labor and Delivery?

- ▶ The desired outcome of providing CC care to a Filipino patient during labor and delivery is that the patient
  - understands what to expect, experiences reduced anxiety, and becomes comfortable participating in and adhering to the individualized CC plan of care
  - feels satisfied with the care received and when asked, states that the care provided appropriately incorporated Filipino cultural beliefs, attitudes, and traditions

### Why is Providing Culturally Competent Care to Filipino Patients during Labor and Delivery Important?

- ▶ Providing CC care to Filipino patients during labor and delivery is important because it
  - promotes clear communication and effective interaction between the Filipino patient and the healthcare team
  - allows for planning and delivery of appropriate, individualized, and effective labor and delivery care of the Filipino patient

### Facts and Figures

- ▶ Little evidence-based research has been published regarding care of Filipino women during labor and delivery. The following are results of 2 studies:
  - The cesarean section rate among Filipino women who gave birth in Norway is approximately double the cesarean section rate in Norway among women of all ethnicities. To examine the effect of father's physical stature on the infant's birth weight and how this affects the rate of cesarean section among Filipino women in Norway, a group of investigators examined birth outcomes among 618,444 babies born during the period 1986–1998. Findings revealed comparable increases in cesarean section rates among Filipino women married to Filipino men and among Filipino women married to Norwegian men. The investigators also noted similar rates of fetopelvic disproportion (i.e., the inability of the fetal head to pass through the maternal pelvis) in the 2 groups. Researchers concluded that factors other than the effect of the father's physical stature on the infant's birthweight likely play a role in increased rates of cesarean section among Filipino women who give birth in Norway (Vangen et al., 2003)
  - In a comparison of cervical, vaginal, and perineal laceration rates during childbirth among 17,216 women, investigators noted significantly higher rates of moderate-to-severe perineal laceration in Filipino and Chinese women compared with women of White, Black, Latino, Native American, and other ethnic groups. The researchers noted no intergroup differences between rates of cervical or

#### Author

Nathalie Smith, RN, MSN, CNP

#### Reviewers

Darlene A. Strayer, RN, MBA

Cinahl Information Systems  
Glendale, California

#### Nursing Executive Practice Council

Glendale Adventist Medical Center  
Glendale, California

#### Editor

Diane Pravikoff, RN, PhD, FAAN  
Cinahl Information Systems

November 9, 2012



vaginal lacerations during childbirth among the women included in the study. They concluded that Filipino and Chinese women are at higher risk for moderate-to-severe perineal lacerations during childbirth than are women of other ethnic groups (Hopkins et al., 2005)

## What You Need to Know Before Providing Culturally Competent Care to Filipino Patients during Labor and Delivery

- ▶ Filipinos have a richly multicultural heritage, with 150 different languages and dialects spoken in the Philippines. Tagalog is the most widely-spoken of these languages
- ▶ Filipino (which is based on Tagalog) and English are the official languages of the Philippines
- ▶ Family is the center of Filipino society and involves a complex network of relatives by blood and by affinity (i.e., through marriage or through religious rituals such as those designating a god-parent or god-child). Children and parents form the core household and extended family members (e.g., aunts, uncles, grandparents, nieces, nephews, and other relatives from the mother's or father's side of the family) are commonly included in the household
- ▶ Cultural competence is a key aspect of nursing practice because nurses care for patients of many different cultural backgrounds. Nurses should have knowledge of cultural beliefs, attitudes, and traditions of the patients and families they serve in order to communicate effectively and plan and provide appropriate, individualized patient care
- ▶ In addition to asking the patient/family members verbally about Filipino beliefs and traditions related to labor and delivery, relevant cultural background information can be obtained by asking the patient/family members to complete a written questionnaire, if available
- ▶ After information about cultural beliefs, attitudes, and traditions is obtained, clinicians use it as a basis for planning culturally appropriate strategies for patient care. The following cultural beliefs, attitudes, and traditions are common among Filipino persons:
  - General Filipino cultural beliefs, attitudes, and traditions
    - The concept of balance (“*timbang*”) is central to all traditional Filipino healthcare practices. Although terms used to describe *timbang* refer in part to temperature, they also refer to humoral pathology. According to this concept, illness and stress are due to imbalance in “hot” and “cold” and good health results from a balance between them. Examples are as follows:
      - ▶ Rapid changes between hot and cold cause illness
      - ▶ A balanced, warm environment is necessary for maintaining good health
        - The concept that warmth signifies good health typically influences Filipino patients to desire warmer environmental temperatures than patients of some other ethnicities; Filipino patients commonly request thermostat changes to increase the temperature in their inpatient room and/or extra blankets in an attempt to be warm enough
      - ▶ Cold drinks and cool/cold foods that are consumed in the morning promote illness
      - ▶ An overheated person is vulnerable to illness because rapid cooling can cause disease
      - ▶ Having a layer of body fat maintains a balanced, warm environment and protects vital energy
      - ▶ Stress, worry, and overwork cause illness
      - ▶ Emotional restraint is key to restoring and maintaining balance and health
    - Mental and physical health and illness are viewed holistically. Traditional explanations for mental illness and physical disease include mystical, personalistic, and naturalistic causes
      - ▶ Mystical causes of mental and physical illness are related to unrest of the spirit, such as those caused by ancestral retribution because of unmet obligations
      - ▶ Personalistic causes are related to retribution from supernatural forces such as an evil spirit, witch, or sorcerer. Witch doctors (“*herbularyos*”) or priests may be asked to counteract these evil forces by using prayer, incantations, and medicinal plants
      - ▶ Naturalistic causes of illness are those related to a variety of natural forces, including thunder, cold drafts, infection, and familial susceptibility to a specific illness
    - Common coping styles used among Filipinos during times of crisis or illness include the following:
      - ▶ Fatalism (“*bahala na*”), which is the view that illness and suffering are an inherent part of life and are the will of God, with which the patient, family, and healthcare clinicians should not interfere
      - ▶ Patient endurance (“*tiyaga*”), which is the ability to tolerate uncertainty
      - ▶ Flexibility (“*lakas ng loob*”), which is being honest and respectful with oneself
      - ▶ Humor (“*tatawanan ang problema*”), which is the ability to laugh at oneself in difficult times
      - ▶ Conceding to the collective wishes of the family or the Filipino community to promote and maintain group harmony (“*pakikisam*”)
  - Filipino cultural beliefs, attitudes, and traditions that relate specifically to labor and delivery include the following:
    - Filipino women often prefer to be cared for by female clinicians and other female caregivers during labor and delivery
    - Women in a traditional Filipino community in the Philippines often give birth with the help of a traditional birth attendant called a “*paltera*” or “*hilot*”
    - The patient and family members often prefer that the patient ambulates very little during the first few days after delivery in order to rest from the exertion of childbirth
    - The mother and family may not consider colostrum a suitable first food for the baby and believe it is “dirty milk” because it is more yellow in color than mature milk and it has “lain in the breast too long.” (For information about colostrum and advantages of its use as a baby's first food, see *Nursing Practice & Skill... Colostrum: Expressing, Storing, and Using in the Newborn Period – Assisting with*)
    - Because of the strong Filipino emphasis on the importance of family, many family members are often present in or near the mother's hospital room during labor and after the birth of the baby
    - Maternal bathing is often delayed until a ritual bath is taken the 15th–40th day after delivery because of the belief that bathing earlier increases risk of coagulation of uterine blood and formation of a tumor. It is believed that early bathing can also cause “*bughat*,” a condition that involves headache, eye and joint pain, alopecia, fatigue, and slowing or cessation of breastmilk production
    - Filipino folk tales and beliefs regarding labor and delivery include that swallowing a raw egg whole can make it easier for the baby to move through the birth canal

- ▶ Necessary nursing knowledge prior to providing CC care to a Filipino patient during labor and delivery includes the following:
  - Principles of effective communication with patients/family members
  - Principles of standard labor and delivery care
- ▶ Preliminary steps that should be performed before providing CC care to a Filipino patient during labor and delivery include the following:
  - Review the facility-/unit-specific protocol for providing CC care during labor and delivery, if one is available
  - Review the treating clinician's orders regarding providing CC care during labor and delivery
  - Verify completion of facility informed consent documents
    - Typically, the general consent for treatment executed by patients at the outset of admission to a healthcare facility includes standard provisions that encompass providing CC care during labor and delivery
  - Review the patient's medical history/medical record for information about
    - any allergies (e.g., to latex, medications, or other substances); use alternative materials, as appropriate
    - the patient's cultural beliefs, attitudes, and traditions related to health care
  - Gather the following supplies:
    - Personal protective equipment (PPE; e.g., sterile/nonsterile gloves, gown, mask, eye protection), as appropriate because exposure to body fluids is anticipated during labor and delivery
    - Equipment for taking vital signs
    - A facility-approved pain assessment tool
    - If available but not completed during the admission process, a facility-approved questionnaire for assessing the patient's/family's cultural beliefs, attitudes, and traditions related to healthcare
    - Written information in the patient's first language (e.g., Tagalog or Filipino), if available, to reinforce verbal education

## How to Provide Culturally Competent Care to Filipino Patients during Labor and Delivery

- ▶ Perform hand hygiene and don PPE as appropriate
- ▶ Identify the patient according to facility protocol
- ▶ Establish privacy by closing the door to the patient's room and/or drawing the curtain surrounding the bed
- ▶ If the patient is alert and oriented and one or more family members are at the bedside, introduce yourself and explain your clinical role;
  - Determine whether the patient/family require special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
    - Follow facility protocols for using professional certified medical interpreters, either in person or by telephone, when a language barrier exists
  - Explain that you will be providing CC care during labor and delivery and the purpose of this care
  - Assess for knowledge deficits and anxiety regarding provision of CC care during labor and delivery; answer any questions and provide emotional support, as needed
  - If requested by the patient, ask family members and other visitors to leave the room to promote privacy
- ▶ For information on providing care during labor and delivery unrelated to CC care of Filipino patients, see *Nursing Practice & Skill... Pain Assessment in Labor and Delivery: Performing* and related topics
- ▶ Perform a thorough assessment of the patient's general health status, including taking vital signs and evaluating for pain using a facility-approved pain assessment tool
- ▶ Administer prescribed medication as appropriate and as desired by the patient (e.g., nonopioid analgesics); if appropriate, allow sufficient time for a therapeutic level of the medication to be reached before initiating further assessment
- ▶ Assess/verify the cultural identity and cultural beliefs, attitudes, and traditions of the patient/family
  - If a written questionnaire has been completed, initiate a discussion to verify and enhance the individualized patient/family member input
  - If a written questionnaire is available and not yet completed, provide the patient/family with the tool and assist in its completion, as appropriate
  - If a written questionnaire is not available, initiate a discussion of cultural factors affecting health care by asking questions about preferences, including the following:
    - What treatment does the patient prefer when she has labor pain?
    - Does the patient have any concerns about the temperature of the room in which her care is being provided?
    - Would the patient prefer having female care providers?
    - Are there cultural reasons to avoid breastfeeding during the first few days of the baby's life?
    - Will a large family group will be present at the hospital before and after the baby is born?
    - Are there cultural reasons to avoid bathing during the hospital stay after delivery?
    - Are there any other cultural factors or beliefs the patient/family would like to explain before proceeding?
- ▶ Monitor labor and the level of the patient's pain and administer prescribed analgesia; educate about and assist with performing nonpharmacologic strategies for pain relief (e.g., relaxation exercises, guided imagery, breathing techniques)
- ▶ Promote the warmth and physical comfort of the patient by maintaining an appropriate room temperature in accordance with cultural beliefs and providing additional blankets if requested
- ▶ Arrange for female clinicians to provide patient care, if preferred by the patient
- ▶ Educate about the importance of feeding colostrum by breastfeeding during the first few days of the child's life to promote immunity, a healthy intestinal environment, and normal neurologic development. Explain that the health qualities of colostrum are not affected by its color or how long it has been present in the breast
- ▶ If many family members will be present at the hospital before and after the baby's birth, follow facility protocols to arrange for a conference room or another large room where the extended family members can gather while visiting
- ▶ Following delivery, assist with patient hygiene and do not encourage bathing if the patient states that she prefers not to bathe
- ▶ Remove PPE and perform hand hygiene

- ▶ Document providing CC care during labor and delivery in the patient’s medical record, including the following:
  - Date and time the CC care was performed
  - Description of the specific CC care performed
  - Patient preference for female clinicians, if appropriate
  - Patient assessment findings, such as
    - level of pain experienced by the patient
    - strategies initiated to alleviate pain (e.g., nonopioid analgesic medications administered; nonpharmacologic interventions performed) and patient response
    - patient/family response to the CC care performed during labor and delivery
    - any unexpected events or outcomes, interventions performed, and whether or not the treating clinician was notified
  - All patient/family member education, including topics presented, response to education provided, need for follow-up education, details of any barriers to communication, and/or techniques that promoted successful communication

## Other Tests, Treatments, or Procedures That May Be Necessary Before or After Providing Culturally Competent Care to Filipino Patients during Labor and Delivery

- ▶ If available, written assessment of patient satisfaction with CC care during labor and delivery is requested using a questionnaire for evaluation of the degree to which the care provided incorporated cultural beliefs, attitudes, and traditions. The questionnaire for the Filipino patient should be made available in both English and her primary language (e.g., Tagalog or Filipino). The completed information can be used to revise the facility protocols for CC care of Filipino patients, as appropriate

## What to Expect After Providing Culturally Competent Care to Filipino Patients during Labor and Delivery

- ▶ The Filipino patient understands and cooperates with all aspects of the CC care provided during labor and delivery
- ▶ The Filipino patient experiences reduced anxiety related to labor and delivery
- ▶ The Filipino patient feels satisfied with the care she received and when asked, states that the care provided appropriately incorporated her cultural beliefs, attitudes, and traditions

## Red Flags

- ▶ If a patient states that she intends to ingest a raw egg because of the cultural belief that doing so allows the baby to pass more quickly through the birth canal, strongly caution her that this practice is not appropriate because it increases risk for *Salmonella* poisoning due to widespread contamination of chicken eggs by *Salmonella* in the United States
- ▶ If the patient requires a translator, arrange for the services of a professional medical translator to protect patient privacy. If a family member translates, his/her knowledge of confidential medical information can violate the patient’s legal right to privacy of healthcare information

## What Do I Need to Tell the Patient/Patient’s Family?

- ▶ Provide the following information using a translator, if appropriate:
  - Educate the patient/family members about what to expect during and after receiving CC care during labor and delivery. Encourage questions
  - Explain how to contact the treating clinician after discharge to home if questions or problems arise
  - Provide written information, if available, to reinforce verbal education
  - Encourage the patient/family to adhere to scheduled follow-up clinician visits and diagnostic tests; if known, provide written instructions with dates and times of scheduled appointments

## References

- Children Mercy Family Health Partners. (2010). Cross-cultural health care resource guide. Retrieved from <http://www.fhp.org/fhpdocs/CrossCulturalResourceGuide.pdf>
- Heppner, D. (2011). Birth the Filipino way. Retrieved from <http://www.findadoulatoday.com/articles/filipino.asp>
- Hopkins, L. M., Caughey, A. B., Glidden, D. V., & Laros, R. K., Jr. (2005). Racial/ethnic differences in perineal, vaginal and cervical lacerations. *American Journal of Obstetrics and Gynecology*, 193(2), 455-459.
- Manalo Atuel, T., Dauz Williams, P., & Tamba Camar, M. (1988). Determinants of Filipino children’s responses to the death of a sibling. *Maternal-Child Nursing Journal*, 17(2), 115-134.
- Pacquiao, D. F. (2008). People of Filipino heritage. In L. D. Purnell, & B. J. Paulanka (Eds.), *Transcultural health care: A culturally competent approach* (3rd ed., pp. 175-185). Philadelphia, PA: F. A. Davis Company.
- Semics, LLC. (2007). Culture and health among Filipinos and Filipino-Americans in Central Los Angeles. Retrieved from [http://www.esipa.org/happening/documents/Culture\\_Health\\_Report.pdf](http://www.esipa.org/happening/documents/Culture_Health_Report.pdf)
- Shapiro, M. E. (n.d.). Asian culture brief: Philippines. Retrieved from <http://www.ntac.hawaii.edu/downloads/products/briefs/culture/pdf/ACB-Vol2-Iss3-Philippines.pdf>
- Small, R., Rice, P. L., Yelland, J., & Lumley, J. (1999). Mothers in a new country: The role of culture and communication in Vietnamese, Turkish and Filipino women’s experiences of giving birth in Australia. *Women and Health*, 28(3), 77-101.
- Stanford School of Medicine. (2012). *Culturally appropriate geriatric care: Fund of knowledge*. Health beliefs and behaviors. Retrieved from [http://geriatrics.stanford.edu/ethnomed/filipino/fund/health\\_beliefs/index.html](http://geriatrics.stanford.edu/ethnomed/filipino/fund/health_beliefs/index.html)
- Vangen, S., Stray-Pedersen, B., Skrondal, A., Magnus, P., & Stoltenberg, C. (2003). High risk of cesarean section among ethnic Filipinos: An effect of the paternal contribution to birthweight? *Acta Obstetrica et Gynecologica Scandinavica*, 82(2), 192-193.