

# Providing Obstetric Care to the Medically Uninsured: The Patient's Perspective

Catherine Jarvis, M.D.<sup>1,2</sup>, Vinita D'Souza, M.Sc.<sup>1</sup>,  
Marie Munoz, M.D.<sup>2,3</sup>, Lisa Graves, M.D.<sup>2</sup>, Vania  
Jimenez, M.D.<sup>2,3</sup>

<sup>1</sup> Herzl Family Practice Centre, SMBD Jewish General Hospital, Montreal

<sup>2</sup> McGill University, Department of Family Medicine, Montreal

<sup>3</sup> CRF, CSSSDLM, Montreal

## Background

European data suggests that uninsured prenatal patients are more likely to receive **inadequate prenatal care** and are at **risk of increased perinatal death**.

Uninsured prenatal patients in Canada may also be at increased risk of experiencing poor health outcomes.

## Background continued

Our recent study showed that uninsured pregnant women:

- presented **late** for prenatal care (average initial presentation at 25 weeks)
- were **less likely** to receive all types of prenatal screening tests
- had **fewer visits** with their health care provider (6.6 vs. 10.7,  $p=.05$ )
- were more likely to be categorized as having received "**inadequate care**" according to a modified Kotelchuck Index, (uninsured 61.9% vs. insured 11.7%,  $p=.0001$ )

## Purpose

In order to better understand these findings, we decided to ask these women about **their experience** of receiving prenatal care while uninsured.

Our objective is to describe the prenatal care experiences of these uninsured pregnant women.

# Methods

**Sample:** Uninsured women who received care at the Herzl Family Practice Centre (HFPC) in Montreal from 2004 to 2007.

**Design:** Exploratory; qualitative descriptive analysis.

**Procedures:**

- attempted to contact, by telephone, all uninsured pregnant women who attended the centre between 2004 and 2007.
- interviewed (face to face) either at the centre or at home by the same interviewer.
- the interview guide captured the uninsured women's perceptions of the medical care they received while pregnant including their access to family physicians, laboratory testing, attitudes of medical and support staff, payment and other issues.
- women also completed a short demographic survey.
- interviews were audio taped and transcribed.
- transcripts and the interviewer's field notes are being analyzed for thematic content with NVivo 7 software.

## Findings

**This research is in progress.**

Of the 43 uninsured women who received care at HFPC between 2004 and 2007, we were able to contact only **eight** (17%).

All eight agreed to be interviewed.

# Preliminary Findings

- 1. When uninsured, these women found it easy to access the care of a physician at HFPC.**

# Preliminary Findings

- 1. When uninsured, these women found it easy to access the care of a physician at HFPC.**

*“I went there (to the community clinic) ... they said they don't do it no more to people who don't have insurance ... so they sent me to the Herzl clinic ... so I went there and I explain everything ... and the lady at the front desk, I talk to her and they explain ... they give me everything ...they give me a thing to come back to see a doctor.”*



## **Preliminary Findings continued**

- 2. Most did not experience discrimination by staff at our centre.**

## Preliminary Findings continued

### **2. Most did not experience discrimination by staff at our centre.**

*“I think they treated me even more special than others. I had that kind of feeling. They cared and they tried to help me.”*

## **Preliminary Findings continued**

- 3. All women felt a financial burden when having to pay for services and thus subsequently, some began to self-manage their own care.**

## Preliminary Findings continued

- 3. All women felt a financial burden when having to pay for services and thus subsequently, some began to self-manage their own care.**

*“(in the last weeks of pregnancy), I needed to see the doctor every week, and I said (instead) every two weeks, if I think I am ok, I cancelled my appointment.”*

## **Preliminary Findings continued**

- 4. With regards to improving the situation for other pregnant uninsured women, besides receiving free service, some women agree that group care may be more beneficial.**

## Preliminary Findings continued

**4. With regards to improving the situation for other pregnant uninsured women, besides receiving free service, some women agree that group care may be more beneficial.**

*“... you can know you’re not alone, there are other women in the same situation and you feel more comfortable, you’d all be together.”*

# Demographic Information



# Demographic Information

Current age	Country of origin	Pregnancies	Children delivered	First pregnancy & delivery without insurance	Years in Montreal	Highest level of schooling	Family Income
32	China	1	1	yes	6	Masters	20-40K
31	St. Vincent	3	3	no	9	High School	40K plus
34	Grenada	1	1	yes	11	College	0-20K
34	St. Vincent	1	1	yes	7	High School	0-20K
29	Tunisia	2	2	yes	8	University	20-40K
40	St. Lucia	3	3	no	7	Combined school	no comment



## Summary

---

Information about the prenatal care of uninsured persons in Canada is absent from the medical literature.

This study will begin to **document uninsured women's perceptions of the prenatal care** they received.

## Implications

This information may be valuable in planning ways to improve **access to timely and appropriate medical care** for uninsured pregnant women.

# Acknowledgments

This work is supported by a Janus Research Grant and the Herzl Research & Development Fund.

We thank Dr. Charo Rodriguez, Dr. Danielle Groleau and Ms. Janique Johnson- Lafleur for their valuable feedback.

# Providing Obstetric Care to the Medically Uninsured: The Patient's Perspective

Catherine Jarvis, M.D.<sup>1,2</sup>, Vinita D'Souza, M.Sc.<sup>1</sup>,  
Marie Munoz, M.D.<sup>2,3</sup>, Lisa Graves, M.D.<sup>2</sup>, Vania  
Jimenez, M.D.<sup>2,3</sup>

<sup>1</sup> Herzl Family Practice Centre, SMBD Jewish General Hospital, Montreal

<sup>2</sup> McGill University, Department of Family Medicine, Montreal

<sup>3</sup> CRF, CSSSDLM, Montreal