

POLICYLAB

RESEARCH AT A GLANCE | FALL 2024

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

IMMIGRATION POLICIES AND PRENATAL CARE: PERSPECTIVES OF PHILADELPHIA IMMIGRANT BIRTHING PEOPLE

WHAT IS THE PROBLEM:

Since 2016, enactment of more punitive immigration policies resulted in more people avoiding health care and other public services in the U.S. Avoiding these services may result in worse health and birth outcomes for pregnant people.

In the U.S., Latiné¹ immigrant birthing people experience many barriers to health care. Since the 1970s, there has been a rise in punitive and exclusionary immigration policies that are known to impact immigrant health. The 2019 “public charge” rule change, which expanded the rules by which immigrants could be denied access to permanent legal status in the country, was widely publicized. Passage of policies such as that one have well-documented “chilling effects” that lead to decreased health care utilization among immigrants, including those who are pregnant.

Even after punitive policies are reversed, as the expanded “public charge” rule was in 2020, fear of deportation and other legal consequences, confusion, and misinformation continue to prevent immigrant families from utilizing health care even when eligible.

WHAT WE ASKED:

What are the prenatal care experiences of immigrant Latiné birthing people who had babies after the 2019 expansion of the public charge rule?

How can health care providers and health systems make pregnant immigrants feel more comfortable attending prenatal care visits?

WHAT WE DID:

We interviewed 24 currently or recently pregnant immigrant Latiné people living in greater Philadelphia in early 2022. Study participants were predominantly from Mexico and Central America and were recruited from both clinical sites and the community at large.

The research team, which included representatives from two community-based organizations that serve pregnant immigrants in the area, collaboratively developed an interview guide with a trauma-informed approach that prioritized participants’ psychological safety. The research design was a community-engaged qualitative study that used inductive thematic analysis of translated semi-structured interview transcripts.

“**At the clinic I went to they didn’t speak Spanish and the doctor, well, not even the receptionists spoke Spanish. I don’t remember what I went over there for, but I saw a doctor. But the truth is, that visit was so unpleasant that I never went back.**”



Study participants were predominantly from Mexico and Central America.

1 Latiné (pronounced Lateeneh) has been proposed as an *inclusive gender-neutral alternative* to Latino/a that is able to be pronounced in Spanish, and thus is preferred by many Latin Americans over Latinx.

WHAT WE FOUND:

Most participants engaged in timely and regular use of prenatal care. However, participants also voiced four key reasons for wanting to avoid or delay health care, especially when they were not pregnant:



Fear

Participants discussed being “full of fear” accessing prenatal care because they heard it may result in deportation or other immigration consequences.



Mistreatment

Participants avoided health care because of previous negative experiences or concerns they would be mistreated due to their immigration status.



Cost

Many participants avoided health care due to financial concerns.



Language barriers

Some avoided health care due to stress and uncertainty around care that was not in their preferred language.

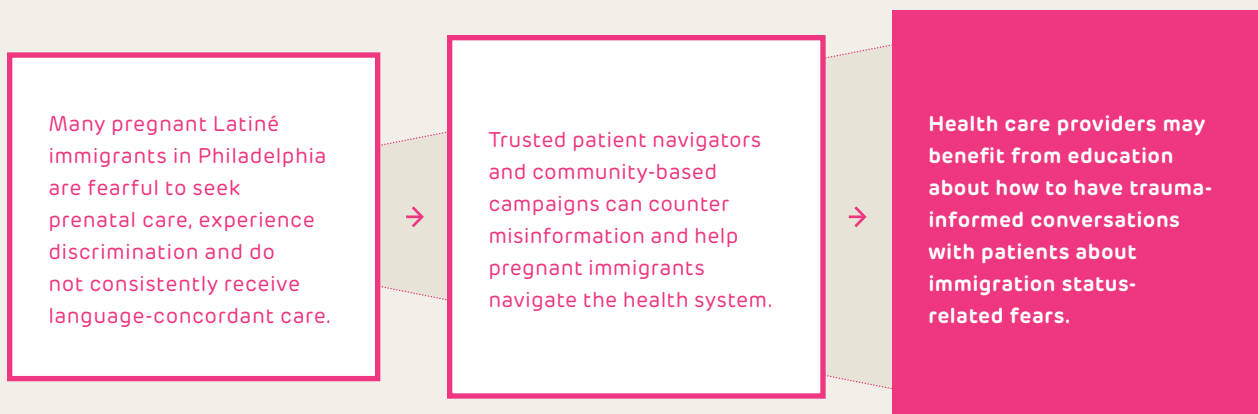
The study confirms the ongoing need for intervention in four ways:

- 1 Participants expressed a strong desire to learn about immigrants’ health care rights directly from providers during clinical encounters and through signage in clinical spaces.
- 2 Interpreters can help mitigate fears of punitive policies, highlighting the need to expand the interpreter workforce and train office staff who interact with patients to work with interpreters.
- 3 Patients want and trust patient health navigators to give them accurate information about their health care rights.
- 4 Community-based campaigns can counter widespread misinformation especially around the financial aspects of receiving prenatal care.

“

There are many things that we are so uninformed about, that sometimes you’re very afraid that they will charge us a lot of money, that the police will kick us out or whatever. So, sometimes it’s just [helpful] if the doctor talks to us about that... and says nothing will happen to you here, everything stays between us.”

WHAT IT MEANS:



STUDY METHODS

We conducted a community-engaged qualitative study using inductive thematic analysis of semi-structured interviews. We recruited currently or recently pregnant immigrant Latiné people in greater Philadelphia from an obstetric clinic, two pediatric primary care clinics, and two community-based organization client pools. Thematic saturation was achieved with 24 people. The study's measure was participants' pregnancy narratives and their perspectives on how health care providers and systems could make prenatal care feel safer and more comfortable for immigrants.

RELATED POLICYLAB WORK

Mercado O, Nelin TD, Arias-Oliveras A, Montoya-Williams D. Inequities Faced by Children in Immigrant Families in United States NICUs. *Neoreviews*. (2024) 25 (4): e237–e244. doi: 10.1542/neo.25-4-e237. <https://policylab.chop.edu/article/inequities-faced-children-immigrant-families-united-states-nicus>

Barreto A, Formanowski B, Peña M, et al. Preterm Birth Risk and Maternal Nativity, Ethnicity, and Race. *JAMA Netw Open*. 2024;7(3):e243194. doi:10.1001/jamanetworkopen.2024.3194. <https://policylab.chop.edu/article/preterm-birth-risk-and-maternal-nativity-ethnicity-and-race>

PUBLICATION

Montoya-Williams D, Barreto A, Laguna-Torres A, et al. Philadelphia Latine Immigrant Birthing People's Perspectives on Mitigating the Chilling Effect on Prenatal Care Utilization. *Med Care*. 2024 Jun 1;62(6):404–415. doi: 10.1097/MLR.0000000000002002.

BIBLIOGRAPHY

- Haley JM, Kenney GM, Bernstein H, Gonzalez D. One in five adults in immigrant families with children reported chilling effects on public benefit receipt in 2029. *Urban Institute*. 2020 June. <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>
- Rosenquist R. The public charge rule's chilling effect on public benefits utilization in 200 words. PolicyLab. 2020. <https://policylab.chop.edu/blog/public-charge-rule-s-chilling-effect-public-benefits-utilization-200-words>. Accessed June 27, 2024.
- Viladrich A. Beyond welfare reform: Reframing undocumented immigrants' entitlement to health care in the United States, a critical review. *Soc Sci Med*. 2012 Mar 1;74(6):822–9. <https://pubmed.ncbi.nlm.nih.gov/21745706/>
- Tome R, Rangel MA, Gibson-Davis CM, Bellows L. Heightened immigration enforcement impacts US citizens' birth outcomes: Evidence from early ICE interventions in North Carolina. *PLoS One*. 2021 Feb 3;16(2):e0245020. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0245020>
- Torche F, Sirois C. Restrictive Immigration Law and Birth Outcomes of Immigrant Women. *Am J Epidemiol*. 2019 Jan 1;188(1):24–33. <https://academic.oup.com/aje/article/188/1/24/5144386>
- Nwadiuko J, German J, Chapla K, Wang F, Venkataramani M, Vaidya D, Polk S. Changes in health care use among undocumented patients, 2014–2018. *JAMA Netw Open*. 2021 Mar 1;4(3):e210763. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777033>
- Ettinger de Cuba S, Miller DP, Raifman J, Cutts DB, Bovell-Ammon A, Frank DA, Jones DK. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Aff Sch*. 2023 Jul 10;1(2):qxad023. <https://academic.oup.com/healthaffairsscholar/article/1/2/qxad023/7206916>
- Capps R, Fix M, Batalova J. Anticipated "chilling effects" of the public-charge rule are real: Census data reflect steep decline in benefits use by immigrant families. *Migration Policy Institute*. 2020 Dec. <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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