Thai Patients: Providing Culturally Competent Care during Labor and Delivery

What is Providing Culturally Competent Care to Thai 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 during labor and delivery in Thai patients is holistic and incorporates cultural beliefs, attitudes, and traditions when planning and providing care

• How: The content of CC labor and delivery care for Thai patients is based on information from patient/family interviews, completed written questionnaires, if available, and facility protocols specific to CC labor and delivery care of the Thai patient. Specifically, the care includes promoting emotional support from the baby’s father or other support person during the labor and delivery if the mother desires, and encouraging the mother to request pain intervention as needed. It can also include encouraging the mother to walk and move around during labor as she prefers, questioning about use of natural and traditional remedies, arranging for visits by a clergyperson or other spiritual leader, and arranging for a private, separate area where family members and other visitors can meet. An interpreter is used as needed. (For more information about Thai culture and caring for Thai patients, see the series of related Nursing Practice & Skills)

• Where: CC labor and delivery care can be provided to Thai patients in any healthcare setting, including the inpatient and outpatient labor and delivery setting, and in the home-care setting when the mother delivers at home

• Who: CC labor and delivery care can be provided to Thai patients by any licensed healthcare clinician. These duties cannot be delegated to unlicensed clinical staff members (e.g., nurses’ aides). It is appropriate for family members to be present during labor and delivery care of Thai patients because family members can provide essential information regarding Thai cultural beliefs, attitudes, and traditions with regard to childbirth

What is the Desired Outcome of Providing Culturally Competent Care to Thai Patients During Labor and Delivery?

› The desired outcome of providing CC labor and delivery care to Thai patients 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 to be provided during labor and delivery

• receives emotional support from the baby’s father or other support person during the labor and delivery process if she so desires
• is able to express her wishes with regard to management of her labor pain and receive adequate pain control
• feels satisfied with the care received and when asked, states that the care provided appropriately incorporated Thai cultural beliefs, attitudes, and traditions

Why is Providing Culturally Competent Labor and Delivery Care to Thai Patients During Labor and Delivery Important?
› Providing CC labor and delivery to Thai patients is important because it
  • promotes clear communication and effective interaction between the patient and the healthcare team
  • allows for planning and delivery of appropriate, individualized, and effective labor and delivery care of the Thai patient
  • promotes adequate emotional support for the patient during labor and delivery
  • promotes adequate physical comfort of the patient during labor and delivery

Facts and Figures
› The cultural origin of the people who first migrated to what is now Thailand is not fully known, but is probably Southern China, with strong cultural influences from India during the first centuries AD. The population of Thailand (which was formerly called Siam) is currently over 64 million people. Historically, Thailand has remained relatively independent of Western foreign powers because it is the only Southeast Asian country that has never been colonized by Westerners. Thailand’s government is a constitutional monarchy in which the Thai king acts as a principal spiritual and cultural leader, and democratic governing power is exerted by an elected prime minister and parliament. English is widely spoken as a second language throughout Thailand. Buddhism is the predominant religion at 95%, with a small proportion observing Islam (4%) or Christianity (1%). Approximately 150,000 Thais currently live in the United States (Ross et al., 2013; United Stated Central Intelligence Agency, 2015)
› Natural and traditional remedies are widely used among Thais. Commonly used herbs include ginger, galangal, garlic, ginseng, and longan. The fruit of the Thai long pepper plant (*Piper longum*) and dried lemongrass leaves are used to reduce uterine bleeding after childbirth by strengthening uterine contractions, and tea made from roasted leaves of the *Bridelia burmanica* (“makaa”) plant is used to ease difficult childbirth. The meat of the horseshoe crab is provided to women to avoid complications after birth (Thai Institute of Healing Arts, n.d.)
• Thai persons commonly use herbal remedies for a variety of health conditions. Researchers performing a meta-analysis of data from published studies regarding use of herbal compresses by Thai patients noted a significant decrease in the time from delivery to breastmilk secretion among women using these compresses during the postpartum period. The investigators concluded that herbal compresses could be used as a treatment of choice to induce lactation (Dhippayom et al., 2015)
› Spiritual healing is an important part of traditional Thai medicine. Few researchers have, however, explored the use of Thai spiritual healing in labor and delivery care. One group of investigators conducting an interview study of 16 pregnant women living in rural Thailand found that most of the women in the study planned to rely on traditional spiritual healing practices (including prayer) to assist in their postpartum healing (Elter et al., 2014)
› Researchers conducting a survey recording the attitudes and preferences of 415 pregnant women in Thailand found that the majority of participants (86%) preferred vaginal delivery. The most common reason for this preference is a desire to participate in a natural process, followed by the belief that vaginal delivery is safer for the mother than caesarean section. The proportion of participants who wished to deliver their infants by elective caesarean section was 13%. The most common reasons given for preferring caesarean section were the fear of labor pain and the belief that caesarean sections provide a safer childbirth experience for the mother (Yamasmit et al., 2012)
› Investigators examining 120 women on the effect of having a close female relative present during labor and delivery in Thailand found that women who had a close female relative present had significantly shorter labor and reported greater satisfaction with the birth experience than those who were attended by hospital staff alone (Yuenyong et al., 2012). These findings are supported by those of other researchers, who concluded that the presence of supportive partners or family members reduces fear and pain among Thai women during childbirth and helps them experience a positive birth experience (Chuahorm et al., 2007)
› In Thailand, the rate of caesarean sections has increased above the recommended rate of 15%. Researchers conducting a study of births that occurred at a large urban Thai hospital during the period 2005–2008 found annual caesarean section rates of 31–47%. The most commonly reported reasons for undergoing caesarean section during this period were cephalopelvic disproportion, fetal distress, and breech position. The investigators concluded that further studies are needed to identify other factors that play a role in promoting the choice of caesarean section in Thailand, and noted that these factors could include patient preference and financial motivation of clinicians (Nula et al., 2010)
What You Need to Know Before Providing Culturally Competent Care to Thai Patients During Labor and Delivery

» Cultural competence is a key aspect of nursing practice because nurses care for patients and families of many different cultural backgrounds. Nurses should have knowledge of cultural beliefs, attitudes, and traditions of the patients and families they serve so that they can communicate effectively and plan and provide appropriate, individualized patient care.

» In addition to asking the patient/family verbally about Thai beliefs and traditions related to labor and delivery, relevant cultural background information can be obtained by asking the patient/family to provide this information by completing 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 patient care strategies. The following cultural beliefs, attitudes, and traditions are common among Thai populations:

- Body language contributes greatly to how Thais communicate with one another. Thai men and women of all age groups typically greet one another with the “wai” gesture (i.e., putting their palms together in a prayer-like position and bowing the head slightly). Respect for older persons, which is an essential aspect of Thai culture, is indicated by younger persons performing the “wai” gesture to older persons first. Looking in a person’s eyes and speaking quietly is considered to convey politeness and respect. A distance of 1 1/2 to 2 feet between persons is traditional when two people are speaking. Hugging and kissing when meeting is not traditional in Thai culture.

- Thais greatly value the concept of kreengcaj, which is an awareness and anticipation of the feelings of others in order to avoid conflict and demonstrate kindness. For this reason, Thai patients pretend to agree with others under many circumstances because they seek to promote harmony. Clinicians can distinguish between genuine agreement and socially compliant client responses by inviting the client to respond frankly to comments or by giving them “permission” to disagree.

- It is important to understand that because Thai is a tonal language, the correct pronunciation of Thai names usually cannot be estimated from their spelling in English. For Western healthcare providers, the best course is usually to ask Thai patients how to pronounce their names and do one’s best in approximating that pronunciation. Thais commonly have short nicknames, and healthcare providers should also ask if there is a nickname that is preferred by the patient.

- The concept of respect is very important in Thai culture and is demonstrated in part by visiting people when they are ill. Consequently, Thai patients often have many family members and other visitors at their bedsides during hospitalization.

- Thai cultural beliefs, attitudes, and traditions that relate specifically to labor and delivery include the following:
  - Pregnancy is not viewed as an illness in Thailand, but as a normal life occurrence. For this reason, home births have traditionally been commonplace.
  - During a traditional home birth, an experienced female family member assists with the mother’s labor and delivery. However, most births now take place in the hospital setting, where the laboring woman is attended only by hospital staff and the father of the baby while other family members wait in an adjacent area of the hospital.
  - Fathers have traditionally been allowed to be present during birth, but this practice is often not followed in modern Thai hospitals.
  - It is culturally acceptable for Thai women to openly express their feelings of pain and discomfort during labor and delivery. There is no cultural prohibition against the use of medication to manage pain during childbirth.
  - During labor, Thai women traditionally walk and squat to hasten the birth process by relaxing pelvic muscles and stretching pelvic ligaments. Traditional birthing positions include placing a folded blanket behind the woman’s back for support and allowing the baby’s father or another support person to sit behind her, allowing her to hold onto his or her thighs during labor and delivery. In modern Thai hospitals, however, women are often limited to giving birth in the lithotomy position (i.e., lying supine with their feet in obstetric stirrups).
  - The placenta is traditionally buried by the father in what he considers to be a safe place following the birth.
  - Immediately after birth in a traditional setting, the mother has a steam bath to which lemongrass and other herbs have been added to promote uterine involution in order to reduce uterine bleeding.
  - According to traditional Thai beliefs, all windows of a house in which labor and delivery is taking place must be opened widely to promote an easy birth. During the birth process, no member of the family should drive a nail into a plank or erect a fence post because these actions are traditionally believed to cause women to have difficulty in childbirth.

» Necessary nursing knowledge prior to providing CC labor and delivery care to Thai patients includes the following:

- Principles of effective communication with patients/family members.
- Principles of general care during labor and delivery.

» Preliminary steps that should be performed before providing CC labor and delivery care to Thai patients include the following:
• Review the facility-wide and/or unit-specific protocols for providing CC labor and delivery care to Thai patients, if available
• Review the treating clinician’s orders related to providing CC labor and delivery care to Thai patients
• 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 labor and delivery care to Thai patients
• Review the patient’s medical history/medical record for information regarding
  – 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 and labor and delivery care
• Gather the following supplies:
  – Personal protective equipment (PPE; e.g., sterile/nonsterile gloves, gown, mask, eye protection), as appropriate
  – Equipment for taking vital signs
  – A facility-approved labor pain assessment tool
  – Pain medication, if prescribed, and appropriate means (e.g., an electronic pump for administration of epidural analgesic) by which to administer it
  – 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 preferred language (e.g., Thai), if available, to reinforce verbal education

How to Provide Culturally Competent Care to Thai Patients During Labor and Delivery

› Perform hand hygiene and don PPE as appropriate
› Identify the patient according to facility protocol
› If the patient is in the hospital setting, 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 present, introduce yourself to the patient/family members and explain your clinical role
• Determine whether the patient/family members 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 labor and delivery care and the purpose of this care
• Assess for knowledge deficits and anxiety regarding provision of CC labor and delivery care; 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 labor and delivery care unrelated to CC care of Thai patients, see Nursing Practice & Skill … Pain Management in Labor and Delivery and related Nursing Practice & Skill, Quick Lesson, and Evidence-Based Care Sheet topics
› Perform a thorough assessment of the patient’s general health status, including taking vital signs and evaluating for pain due to labor contractions using a facility-approved labor pain assessment tool
• If the patient is in pain and/or other distress, provide prescribed analgesia and other treatment/patient care, as appropriate, and defer performing cultural-related assessment or speak with family members regarding this assessment
› Initiate assessment/verification of cultural identity and cultural beliefs, attitudes, and traditions of the patient and family members with regard to labor and delivery
• 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, including those related to labor and delivery, by asking questions about the pregnant woman’s preferences, including the following:
  – “What is the proper pronunciation of your name in Thai? Do you prefer to be addressed by a nickname?”
  – “Would you like the father of your baby or another support person to be present during the birth of your child?”
  – “Do you have concerns about managing your labor pain during your baby’s birth?”
  – “Do you prefer to walk around or otherwise change positions while you are in labor?”
–“Are you using any natural or traditional health remedies? Specifically, are there any herbal teas that you would like to drink after the birth of the baby?”
–“Would you like to have the facility chaplain or your personal clergyperson visit while you are in the hospital?”
–“Do you expect to have a large number of visitors while you are hospitalized?”
–“Are there any other cultural factors or beliefs you or your family members would like to explain before proceeding with labor and delivery care?”

Provide individualized labor and delivery care to Thai patients, which typically includes the following:
• Advocate for the presence of the baby’s father or a supportive family member during the labor and delivery if the patient desires this support
• Assist the patient in safely walking and changing position as she desires during labor and delivery according to facility protocol
• Explain to the patient that it is acceptable for her to be outspoken in expressing her feelings of pain and discomfort during labor and delivery, and that doing so is important to the clinical staff members because the goal is to maintain her comfort with prescribed analgesia and promote an uncomplicated delivery of a healthy infant
• If the patient is using natural or traditional remedies, verbally express acceptance of the patient’s decision to use these. Explain that the treating clinician needs to know of all natural and traditional remedies used so he/she can evaluate for potential adverse interactions with any medications being prescribed
• If the patient and family desire, arrange for the facility chaplain or their clergyperson to visit them in the hospital
• If the patient states that she expects many visitors while she is in labor and after the baby is born, follow facility protocols to arrange for a conference room, if possible, where the visitors can meet to avoid crowding in the mother’s room
• Notify the treating clinician if the patient reports using natural or traditional remedies. (For details, see Red Flags, below)
• Remove PPE if used, discard appropriately, and perform hand hygiene
• Document providing CC labor and delivery care the patient’s medical record, including the following:
  • Date and time the CC labor and delivery care was performed
  • Description of the specific information provided in CC labor and delivery care
  • Patient assessment findings, including the patient’s level of labor pain, pain management interventions provided, and efficacy of interventions
  • Patient/family member response to the CC labor and delivery care provided
  • 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, barriers to communication, and techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Providing Culturally Competent Care to Thai Patients During Labor and Delivery
• If available, written assessment of patient satisfaction with CC labor and delivery care is requested using a questionnaire to evaluate the degree to which the care provided incorporated Thai cultural beliefs, attitudes, and traditions. This questionnaire for a Thai patient should be made available in both English and Thai. The questionnaire results can be used to revise the facility protocols for CC care of Thai patients, as appropriate

What to Expect After Providing Culturally Competent Care to Thai Patients During Labor and Delivery
• The patient understands and cooperates with all aspects of the CC labor and delivery care
• The patient experiences reduced anxiety related to undergoing labor and delivery and receiving care
• The patient receives emotional support from the baby’s father or another support person during labor and delivery if she desires
• The patient is able to express her wishes with regard to management of labor pain and receives adequate pain control
• The patient feels satisfied with the care she received and when asked, states that the care provided appropriately incorporated Thai cultural beliefs, attitudes, and traditions

Red Flags
• If the patient states she is taking natural or traditional remedies, document the type and dosages of the herbs and/or remedies. Provide this information to the treating clinician immediately so he/she can evaluate the patient’s existing medications for potential interactions with the herbs and/or remedies and if possible can avoid prescribing any medications that could interact
with them. 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 labor and delivery care. Encourage questions.

• Explain how to contact the treating clinician if questions or problems arise.

• Provide written information, if available, to reinforce verbal education regarding labor and delivery care.

• 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**


