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2016-OG-18600R1: Understanding the roots of health inequalities requires new methods

It is easy to teach health care professionals and students to follow a guideline, tricky to teach them to become aware of unconscious biases and assumptions which may influence how they execute that guideline. Substandard care may be easily recognised in retrospect, but understanding how and why it continues to happen, to some populations more than others, is key to reducing such disparities.

Hypertensive disorders of pregnancy affect women of immigrant populations more often and with worse outcomes than native residents of industrialised countries. Yet a recent systematic review indicated few studies compare social and cultural differences affecting women speaking up about signs and symptoms of pre-eclampsia, or the responses of their health professionals (Carter et al, *BMC Pregnancy and Childbirth* **2017**, 17:63). Epidemiological studies have uncovered the differences in outcomes. But they cannot unveil the mechanisms behind the disparity – the how and why of health inequalities. Complex questions require different methods. Sauvegrain et al's research takes a sophisticated step into this gap.

The team analyse the complex care trajectories of women treated for hypertension or pre-eclampsia in France, in order to explore whether differences in response and treatment may explain differences in outcomes between white women born in France of French parents and immigrants from sub-Saharan Africa. Rigorous qualitative analysis of women's care narratives is triangulated with health care records, confirming care differentials, particularly in acting on early signs and symptoms of hypertension and pre-eclampsia. By comparing prenatal care trajectories, and focusing their study specifically on experiences of hypertension and/or pre-eclampsia, Sauvegrain et al are able to identify differences in the patterns of care experienced by the groups they are comparing. They are also able to create testable hypotheses from the empirical data.

These findings resonate with an earlier study by Jonkers et al (*Reproductive Health Matters* **2011**, 19:144-153), which also used interviews and case notes to explore ethnicity-related factors contributing to sub-standard care, this time in the Netherlands. Jonkers et al found that the first-generation immigrants experienced significant communication problems when interacting with health services despite a high level of education and minimal actual language barriers. Sauvegrain et al found disparities in communication despite the majority of the African immigrant participants coming from high socioeconomic backgrounds in their home countries, and speaking excellent French. The barriers appear to be something that language alone cannot overcome.

Sauvegrain et al's results suggest it would be worthwhile to conduct quantitative studies to determine if differential care patterns contribute to the higher incidence and severity of hypertensive disorders of pregnancy among immigrant women. It would also be worthwhile to replicate their methods to explore other aspects of maternity care, and the complex mechanisms which may contribute to health disparities despite the best intentions of the professionals involved.

Shawn Walker has no conflicts of interest to disclose.