

# Pregnant migrant women in the Czech Republic

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## Aims of the study

To elaborate a system of complex care for prenatal and natal provision of medical and salutogenic approaches. To gather information focused on care for pregnant immigrant women, their needs and implementation of their care in the Czech Republic. To elaborate the organization structure of the system of care for migrant mothers and their children.

## Research methodology

Secondary analysis of medical documentations of migrant mothers. The subsequent contact in the form of qualitative and narrative research - directed interview. We have compiled a questionnaire for mothers, which contained fifty questions as a basis for interview. The research group: mothers in the study were from Ukraine, Mongolia and Vietnam.

## Ethical approval

Research study was approved by the Ethics Committee Faculty of Health and Social Studies University of South Bohemia in the Ceske Budejovice, Czech Republic.

## Conclusion

The system will consider the tradition of care for mother and child in the migrant mothers' countries of origin. Further, medical procedures will also be integrated with specific salutogenic traditions.

## Study findings

In summary, we can say that in all states is lower detection rate in preventive care, prenatal care, even though it was surprisingly high. Most births take place in institutions. Breastfeeding is encouraged. Other findings: language barriers, unwillingness of health professionals to give the necessary individual attention. In the Czech republic is not supported the participation of the family (not only the father) at birth, as is usual in their home cultures.

## PRENATAL LECTURES

### Mongolia

The area of questions concerning the course of the pregnancy asked whether the respondents attended prenatal lectures performed by midwives. A proportion of respondents moderately larger than half the research group (58.6%) answered positively, a proportion moderately smaller than half answered negatively. As to a more detailed question whether prenatal lectures are also held in their native country, most respondents (71.0%) answered positively. The respondents also answered a question whether women in their native country regularly attend prenatal examinations: a considerable majority (97.0%) answered positively. As it followed from supplementing open questions in the questionnaire conclusion, in Mongolia, there is a tradition of preventive examinations in pregnancy.

### Ukraine

Considerable proportion of the women from Ukraine inquired, 66 women (77.6%), mentioned that they attended no lectures, and only 19 respondents (36.0%) answered that they attended the lectures before the delivery. A comparative question concerned information whether lectures before the delivery are organized in their native country, which are performed for example by a midwife. Eleven respondents were either unable or unwilling to answer the question, 48 respondents (58.5%) believe that these lectures are organized in their native country and 34 respondents believe that the lectures before the delivery are not organized in their native country.

### Vietnam

The area of questions concerning the course of pregnancy searched for information whether respondents attended prenatal lectures in the course of the pregnancy, provided by midwives. A group of respondents moderately above half the total number (51.6%) answered positively, the second half answered negatively. A more detailed question, whether prenatal lectures are also arranged in their native country, most respondents (70.8%) answered negatively.

## PRENATAL EXAMINATION

In the case of a detailed question, whether the prenatal examination in their native country (Mongolia) is performed by a physician, a considerable proportion of respondents (93.8%) answered positively. The subsequent question, whether the prenatal examination in their native country is performed by a midwife, not whole half the respondent group (44.0%) answered positively, more than half the group (56.0% of respondents) answered negatively. In Mongolia, prenatal examinations are performed by physicians as well as midwives.

A further area of the data accumulated concerned the course of the pregnancy experienced by respondents in the Czech Republic. The question, whether the women attended prenatal examinations by a physician, was positively answered by 23 women, i.e. 74.2% of the Mongolian women monitored.

The question whether the women in their native country (Ukraine) attend regular medical examinations during their pregnancy was positively answered by a considerable proportion of the women inquired: 84 (93.3%). The remaining six respondents (6.7%) believe that women do not attend the preventive medical examinations before the delivery in their native country.

In a more detailed question, whether the medical examination before the delivery in their native country is performed by a physician, a considerable majority of respondents (98.9%) answered positively. The subsequent question, whether the examination before the delivery is performed by a midwife in their native country, most respondents answered positively (80.0%). Given the fact that these subsequent questions were not negating each other, it is to assume that in Ukraine, the examinations before the delivery are performed by physicians as well as midwives.

The respondents also obtained a question, whether women in their native country (Vietnam) regularly attend prenatal examinations; about one half (55.4%) answered positively and the second half (44.6%) answered negatively. As it followed from supplementing open questions in the questionnaire conclusion, in contrast to the Czech Republic, prenatal examinations are not obligatory in Vietnam and this is one of reasons why they have not yet been collectively used in Vietnam. In the free statements the respondents very frequently expressed positive aspects of regular prenatal inspections by physicians including ultrasonographic examinations. In a detailed question, whether the prenatal examination in their native country is performed by a physician, most respondents (75.4%) answered positively. The subsequent question, whether the prenatal examination in their native country is performed by midwives, most respondents (72.9%) answered positively. Given the fact that these subsequently presented questions did not negate each other, it is to assume that in Vietnam, prenatal examinations are performed by physicians as well as by midwives.

## DELIVERY

In Mongolia, physicians as well as midwives conduct the delivery. Further two questions concerned the site of the delivery: whether deliveries in their native country occur in maternity hospitals or at home. The question, whether the deliveries occur in the maternity hospital was positively answered by a considerable majority of the women inquired: 33 (93.3%). The question whether the deliveries occur in the household was answered positively by a minor proportion of women: 5 (18.5%).

A considerable proportion of the women inquired believe that in their country, the delivery is conducted by a physician: 86 women (96.6%); only three respondents (3.4%) presented negative answers. Most women inquired also positively answered a question of conducting the delivery by a midwife: 66 women (79.5%). The authors of the research were furthermore interested in a question whether deliveries in the native country of the women inquired are performed in hospitals. Most women answered the question positively: 90 women (97.8%). A question, whether the deliveries are conducted at home was positively answered by 17.6% of the women inquired only.

A further area of questions were aimed at determining information about conditions of the course of the pregnancy and delivery in the native country of respondents with the aim to compare the result with the situation in the Czech Republic. This was particularly a statement, whether the delivery is conducted by a physician or midwife in their native country. Both questions were answered positively by a considerable majority of women: 58 women (90.0%). The question whether the deliveries occur in the maternity hospital was positively answered by more than half the women group, 42 (65.6%), negatively by 22 women (34.4%). The question whether the deliveries occur at home was positively answered by about half the women group: 29 (50.9%). The authors believe that the opinions of the women can also be affected by their original environment: whether they live in a city or in the country in Vietnam. As mentioned by respondents in free opinions, the difference between the country and city is much larger in Vietnam compared to the Czech Republic.

## PRESENCE OF CLOSE RELATIVES AT THE DELIVERY

The question, whether the father of the child is present at the delivery in Mongolia, 24 women answered positively, which were three quarters of the women inquired (75.0%). Eight women (25.0%) answered negatively.

The question, whether other persons also participate in the delivery in their native country, as for example grandmothers, sisters, siblings, only 9 women answered positively (33.3%), 18 women answered negatively (66.7%). The father of the child was present at the delivery in their native country in 10 respondents (38.5%).

The authors of the research were also interested in the presence of close relatives at the delivery in Ukraine. The question, whether the father of the child is presents at the delivery in Ukraine, was positively answered by 69 women (81.2% of the inquired ones). The question, whether other persons also participate in the delivery in their native country, was positively answered by less women, 24 (31.6%). The question, whether the father of the child was present at the delivery in their native country, was negatively answered by more than 74 respondents (86.0%).

The question, whether the father of the child is present at the delivery in Vietnam was positively answered by 30 women, which is less than half the group of the women inquired (46.9%). More than half the group, 34 women (53.1%), answered negatively. The question whether other persons, participate in the delivery in their native country, 48 women (75%) answered positively. The nearness of the family for the whole pregnancy period, during the delivery as well as after the delivery is emphasized by most respondents in open questions comprised in the conclusion of the questionnaire examination; this particularly concerns female members of the family, such as the mother, mother in law and sister. In Vietnam, the father of the child was present at the delivery in 44 respondents (72.1%). In the cases where the Vietnamese respondent was pregnant in the Czech Republic and also delivered her child here, 32 fathers (56.1%) were present at the delivery.

## BREAST FEEDING

The question, whether children are provided with breast feeding in their native county, was positively answered by 34 women from the group of 35 respondents inquired, none of the women answered negatively. The question, how long the women provided their children with breast feeding, was answered by almost all the women. On average, the women provided their children with breast feeding for a period of almost five months (4.91 months). In the case of a question of giving the babies additional food in Mongolia, a majority of women answered positively: 30 women (90.9%). Negative answers to this question were obtained from three women only (9.1%) from the group of inquired respondents from Mongolia.

The question, whether the children are provided with breast feeding in their native country was positively answered by 67 women inquired (79.8%), negatively answered by 17 women (20.2%). The question, whether the respondents provided their children with breast feeding, was positively answered by most women: 85 (91.4%). The breast feeding period most typically ranged from one to six months and on average, Ukrainian women provided their children with breast feeding for a period of 4.47 months. The question of giving additional food to suckling babies in Ukraine was not answered by 14 respondents, more than half respondents answered positively, 53 women (67.1%).

The question whether children in their native country are breast fed was answered positively by 47 women (73.4%). The question, whether respondents provided their children with breast feeding, was answered by a majority of women; 58 women (89.2%) answered positively: they provided their children with breast feeding after the delivery. In the question how long the women provided their children with breast feeding, we should consider data from 29 women only. In 29 women, who presented information about the number of months, the average number of months was of 8.27 months; 6 months of breast feeding was a period reported most frequently. As to a question of adding additional food for suckling babies in Vietnam, most respondents gave negative answer, 44 women (71%) noted additional information that children are given additional food if the mother has no mother milk at all or if the amount of the mother milk is insufficient. Only 18 women (29%) of the inquired respondents from Vietnam answered this question positively.

## OWN OPINIONS

In the first open question, the respondents considered differences in the prenatal care between their native country and the Czech Republic. Only one respondent told that in the Czech Republic, the care is better than in Mongolia; one respondent mentioned that the examinations in the Czech Republic are well performed and all the remaining respondents considered the prenatal, natal and postnatal care in the Czech Republic and in Mongolia as equivalent. In a further free question, the respondents had a chance to present their opinions, what aspects are worse in the Czech Republic compared to their native country in association with pregnancy and delivery. Only one respondent presented a negative standpoint: when somebody does not master the Czech language, then the nurses provide lower care, lower attention; one respondent commented the promotion of breast feeding. She wrote that in the Czech country they do not emphasize that it is good for children to provide them with breast feeding with the colostrum. Nobody teaches primiparae how to appropriately breast feed, this seems bad to me. Only one respondent mentioned the language barrier in this question. In further opinions, no failures were commented.

One respondent wrote that in the Czech Republic, the women are more forced to attend control examinations; in Ukraine, you have that what you have paid for, a further respondent mentioned that in the Czech Republic the examinations before the delivery are better and pay larger attention to the mother; other respondent wrote: in the Czech Republic, everything without corruption, without prior arrangement and no connections are necessary; on the other hand, a respondent told that she saw no differences, she was pregnant in Ukraine, had risk pregnancy and the care was good; a further respondent considered the difference to be enormous: in the Czech Republic, there are many examinations, for example sampling of the amniotic liquid, which is not the case in Ukraine. A further respondent mentioned that in Ukraine, everything must be paid, medicines must be purchased and bed clothes must be brought into the maternity hospital, and in the Czech Republic, pregnant women are more tightly controlled. Further respondents positively evaluated better attitude of physicians and medical personnel to patients. On the other hand about the same number of respondents, who used the possibility to answer this free question, considered the prenatal healthcare in Ukraine to be comparable with that in the Czech Republic.

In most statements it appears that the care in the Czech Republic is more complex and better. One respondent for example mentioned that in the Czech Republic, the pregnancy is controlled regularly every month, but in Vietnam the monthly controls are not obligatory. A further respondent gave her opinion to prenatal lectures. Prenatal lectures are less frequent, examination by ultrasonography is also used to a minimum extent. In the Czech Republic, the care for pregnant women is regular and controls are performed every month; in Vietnam, the care mainly relies upon the family. A further respondent mentioned that women attend prenatal examinations in the capital city, where the ultrasonographic examination is also performed; this is less frequent everywhere else. This was also supported by a further respondent, who mentioned that in the Czech Republic, there is an excellent prenatal care, even for people from villages, for everybody. In Vietnam, the woman enjoys a comparable care if she can afford it. A further respondent answered positively, when she wrote that here, there are different blood tests, physicians probably take more care of the mother and child; another one wrote that in the Czech Republic they pay attention to everything. In several further expressions, the opinions are repeated that the control examinations before the delivery are more frequent in the Czech Republic; in Vietnam they are not as frequent and obligatory as here.