

# Qualitative research for the analysis and evaluation of obstetrical assistance to immigrant women in labor and delivery: the woman’s point of view

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**Objective.** To analyse, through the experience of the women interviewed, the impact that the migratory experience has had on them in the context of pregnancy and childbirth, and the quality of the obstetric care received during labor and childbirth.

**Materials and Methods.** For this study, a qualitative methodology was adopted known as Cohen’s phenomenology. The study was conducted in the period between January 2022 - March 2022 recruiting a sample of 11 immigrant women at the Policlinico of Bari and the Società Cooperativa Sociale OASI 2 “San Francesco Onlus”.

**Results.** From the analysis of the interviews, five main themes emerged: “Migration”, “Memory”, “Assistance to immigrant women”, “The language barrier”, “Loneliness”. The stories uncovered the basic needs that bring every woman together during pregnancy and childbirth and the cultural aspects, bringing out the impact of migratory trauma. The women reported that they had received good obstetric care, defining the image of a midwife as the one who “stands beside”. However, several difficulties emerged, from the language barrier to loneliness, burdened by the restrictions imposed by the COVID-19 pandemic.

**Conclusions.** It emerged from the interviews that the preparation of the midwife in the transcultural field is essential in order to be able to provide appropriate and personalized assistance. The goal of health workers is to create a mental attitude of openness towards confrontation and knowledge, and suspension from judgment. It is important to approach the life of immigrant women and tear down barriers, embracing the possibility of other narratives of body, health and disease.

MAIN THEMES	SUB-THEMES
<b>1. Migration</b>	1.1. “My history...is too much...is no good”
<b>2. Memory</b>	2.1. Attitude of closure vs attitude of openness 2.2. Memory of the birth 2.3. Memory of the culture
<b>3. Assistance to immigrant women</b>	3.1. Obstetrical assistance in Italy 3.2. Country of origin vs country of arrival 3.3. “They are not...God”
<b>4. The language barrier</b>	4.1. Cultural mediator 4.2. Language skills of health professionals
<b>5. Loneliness</b>	5.1. Distance from the family 5.2. Mother-son relationship 5.3. Host community