



## SCIENTIFIC ARTICLE

### Experiences of motherhood: unmet expectations of immigrant and native mothers, about the Portuguese health system

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#### KEYWORDS

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#### Abstract

**Introduction and objectives:** This study aims to identify the unmet expectations of Portuguese and immigrant women, for the National Health System, during pregnancy, childbirth and postpartum.

**Participants and methods:** This is a qualitative, exploratory, descriptive study, using semi structured interviews and content analysis proposed by Bardin, with the categorization of verbatim interviews of 82 Portuguese and immigrant women, supported by NVivo 10.

**Results:** Major emerging categories of unmet expectations referred to the accessibility, human resources, incentives to maternity, physical and environmental conditions, and organization of the health system. There was a greater representation of dashed expectations among immigrant users when compared to Portuguese women.

**Conclusion:** The areas of greatest shortage in meeting the needs of users are: surveillance by experts in the health centre and maternity hospital; reduced waiting time for pregnant women in consultations; home visits; more incentives to maternity; longer duration of hospitalization; higher number of professionals and presence of a companion with the parturient.

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## Introduction

Motherhood is a difficult phenomenon to overcome, being worse for the immigrant woman, which makes the transition to the 'mother role' even harder. The woman's transition to motherhood<sup>1</sup> is a major life event as a development process; becoming a mother means moving from a familiar and current reality to another new and unknown reality. "The pregnant immigrant experiences simultaneously two transition processes. On the one hand, immigration, with the multiple transformations it entails, and on the other hand, the transition process that is becoming a mother",<sup>2</sup> generating vulnerability. In this period, expectations are created regarding the Portuguese National Health System (NHS).

Studies that have addressed this issue, found that: *a*) in general, expectations of the pregnant women were overcome; however, some less positive points have been identified, namely "proper identification of professionals; suggestions of measures to decrease the incidence of caesareans as well as the alert to readjustment requirement of human resources according to needs";<sup>3</sup> *b*) "for a positive perception of childbirth to occur, the adjustment of expectations will be essential throughout the period of transition to motherhood";<sup>4</sup> *c*) women's expectations fall essentially in: good care, information on the development of labour, attention and care to their needs, concluding that "the higher the expectations, the higher will be the satisfaction of the woman".<sup>5</sup>

Given the above, this study aims to: identify the unmet expectations of Portuguese and immigrant women, regarding the Portuguese NHS, during pregnancy, childbirth and postpartum.

## Participants and methods

This is a qualitative, exploratory, descriptive study. The sample, a total of 82 women, 22 Portuguese and 60 immigrants, belonging to Clusters of Health Centres (ACES) in the districts of Viseu and Aveiro, Portugal, consisted of all the women who had access to health services between February 2011 and February 2012, a total of 52 weeks, and who complied with the inclusion criteria: agreement to participate in the study; to understand the Portuguese language, to be able to make herself understood; to have been a mother for less than a year. The nationalities of the mothers were: 28.05% Portuguese, 17.07% Brazilian, 13.41% Ukrainian, 9.76% Chinese, 4.88% Moldovan, 3.66% Russian and French, 2.44% Spanish and Indian and 1.22% of other nationalities.

Data collection was accomplished through semi-structured interviews. One to two interviews per week were held, with a weekly average of 1.5 interviews. The interview guidelines manual, previously constructed, is constituted by an initial characterization of the sample, followed by 7 or 8 open questions (depending on whether the participant is Portuguese or immigrant, respectively), in order to obtain the data in the speech from the informants themselves.

Informed consent for conducting and recording the interview was requested and agreed by all participants, after full information about the study. To maintain

anonymity, each participant was identified by two letters of the alphabet followed by nationality (eg., DC Ukraine).

Data analysis was based on the Technique of Categorical Content Analysis,<sup>6</sup> with the support of the program QSR NVivo version 10. Similar ideas were systematized, proceeding to the coding of the registration units (RU) and respective categorization.

This study was approved by the ethics committees of ACES involved in the study. The script of the interview was previously submitted to and approved by the National Commission for Data Protection (Case 85/2011, No. 191/2011).

## Results

Of the total ( $n = 82$ ), 41 mothers had unmet expectations regarding the NHS, during pregnancy, childbirth and postpartum. Unmet expectations of Portuguese and immigrant women were grouped into the following categories: incentives to maternity, accessibility, human resources, physical and environmental conditions and the NHS organization (Table 1).

The strongest category on the dissatisfaction with the NHS was *the Incentive to maternity*, with eight subcategories, reported by 15 mothers (13 Portuguese and two immigrant), totaling 22 RU. The subcategory *Entitle more allowances or subsidies* stood out in this category with five mothers, four of which were Portuguese, totaling 11 RU. Two of the mothers reported: "... in Portugal, if the maternity leave is four months, our salary is paid in full; if its five months only 80% of our salary is paid and, if the leave is six months, they do not pay us" (AA Portugal); "My partner works but with no allowance it is complicated. I thought I'd have some benefit ..." (AM China). The subcategory *Longer maternity leave* was mentioned by three mothers (two Portuguese and one immigrant), as exemplified below: "To have at least six months of maternity leave (...) In Belarus it is usually granted a year or a year and a half "(BX Belarus); "(...) I think maternity leave should be a yearlong, because I'll go to work when she's five months, and we'll miss the things they do during the first year" (BH Portugal). Other subcategories, less strong, emerged in this category, mentioned by Portuguese mothers (Table 1).

The second most outstanding category was the *Accessibility*, with ten mothers (seven Portuguese and three immigrants) and 21 RU. These mothers said their expectations were not met due to the delay in gaining access to consultation in the hospital or health centre and the long waiting time to be attended to. Some statements exemplify this category: "it took a long time waiting for appointments and this I did not expect to happen" (BM Portugal); "Yes, we have to wait a long time in the hospital for care and there [in Ukraine] it is not so. I was not expecting it to be so" (BA Ukraine).

The third category in this study referred to the *Human resources*, in the testimonies of nine mothers (seven Portuguese and two immigrant), totalling 22 RU. The subcategories related to unmet expectations were: *Existence of surveillance specialists in the health centre and the maternity hospital; Sufficiency of doctors or nursing staff for home visits; Adequate number of health*

**Table 1** Unmet expectations of Portuguese and immigrant women, about the NHS, during pregnancy, childbirth and postpartum

Categories	Subcategories	Registration unit of Portuguese mothers	Number of Portuguese mothers	Registration unit of immigrant mothers	Number of immigrant mothers
Incentives to maternity	Existence of tax benefits	1	1	0	0
	Existence of reimbursement of expenses with motherhood	2	2	0	0
	Existence of professional encouragement	1	1	0	0
	Longer maternity leave	2	2	1	1
	There is more valorisation of maternity over abortion	1	1	0	0
	More allowances and subsidies	8	4	3	1
	Make some vaccines that do not belong to the National Surveillance Plan (PNV) cost free	1	1	0	0
	Simultaneous parental leave for both father and mother	2	1	0	0
Accessibility	Quick access to appointments at the health centre and hospital	2	1	4	2
	No long waiting time for pregnant women to be consulted in the hospital or health centres	3	2	12	5
Human Resources	To have specialists monitoring in the health centre and maternity	2	1	9	3
	No scarcity of medical or nursing home monitoring	3	1	5	2
Physical and environmental conditions	Create physical conditions and a greater appreciation of the father's presence	0	0	8	3
	Better physical and environmental conditions	0	0	4	2
Organization of the NHS	Better organization of the NHS	0	0	3	1
	Not so premature discharges from hospital	0	0	6	1
	Total (%)	28 (33)	18 (44)	58 (67)	23 (56)

*professionals*. This last subcategory emerged only on the testimony of two immigrant mothers. Some RU of this category are: “I expected to have a midwife. I missed the midwife, because in my country, midwives accompany lot and there’s a relationship between them and the mother, because they are monitoring the mother before and after ...” (AY Canada); “It would be nice to have a home monitoring in Portugal from the physician as we have in Ukraine, it is already in their program” (AC Ukraine); “In the first place there should be a little more support, such as a doctor or nurse making house calls to see how a person is, I’m not only talking about the pregnancy, but also in post pregnancy” (AQ Portugal).

The categories that occupied the fourth and fifth place in the coding, *Hospital Physical and Environmental conditions*; *Organization of the Health System*, were mentioned only by immigrant mothers, five and two immigrant mothers correspondingly, a total of 12 RU and 9 RU. In the fourth category, mothers expected to have better physical and environmental conditions for them and as well as for the father/companion whose presence should be facilitated and valued, as testified: “In maternity A. he always had to change positions, always from one side to another and they were always saying, ‘come up here, now thither, now get out of there, go there now’ and he felt like a hindrance “ (BS Russia); “(...) They explained to me that they had no physical space for the father. (...) I believe that there are women who may not want a husband present but I wanted it and they had to create those conditions, whether it is vaginal delivery or caesarean section” (AY Canada).

Regarding the category *Organization of the Health System*, one can point out a Russian participant who reported discontent; however, she did not specify “the organization of the health centres and hospitals is all bad, works badly” (BS Russia). Early discharge was also a cause for dissatisfaction: “(...) I think with a caesarean (...) they should be more careful with the early discharge (...) now they are born, and go home almost straight away” (AW Brazil).

## Discussion

In this study, the category *Incentives to maternity* was the one that stood out in the statements of Portuguese mothers (n = 13) compared to immigrants (n = 2), with higher incidence in the *Absence of subsidies or allowances*. This may be related to the fact that immigrant mothers are sometimes unaware of their rights; there are those, who, because they are undocumented, are not entitled to any allowance linked to motherhood.<sup>7</sup> In Portugal, in the case of taking 150 days<sup>8</sup> of leave, the allowance to be paid may be 100% of the reference wage, but this requires that a parent takes it alone for at least 30 consecutive days. The maximum license granted is 180 days under special conditions and is paid 83% of the reference wage,<sup>8</sup> which does not correspond to the expectations of these participants.

In contrast, the *Accessibility* category was more stated by immigrants (n = 7), RU 16, which shows a greater difficulty of these mothers in accessing the health care, compared with Portuguese mothers. Expectations of these mothers about the waiting times for appointments acquire a relevance about the humanization of the health care,<sup>9</sup> causing

dissatisfaction. Thus, “satisfaction with health facilities is an important parameter to be measured, as it affects the access to care and adherence to consultations, and more specifically, to antenatal surveillance consultation”.<sup>10</sup>

In the category of *Human resources* immigrant mothers also expressed in greater numbers (n = 5) with 14 RU. The lack of experts for monitoring at the Health Centre and maternity hospital and of medical or nursing professionals for house calls was mentioned. In some testimonials it is visible the comparison to their country of origin, where there was the service of these professionals. However, in Portugal “the organization and functioning of health services does not allow the specialist nurse, who works exclusively at the Health Centre, to follow the woman in the hospital and to assist in the labour”.<sup>10</sup> Thus, the home visit performed by nurses is not a systematic practice in Portugal.<sup>11</sup> On the other hand, it should be noted that WHO and UNICEF recommend house calls in the first week of life to decrease the mortality and morbidity of new-borns.<sup>12</sup>

The categories *Environmental conditions* and the *NHS organization* emerged only in the testimonies of immigrants mothers, although not very significantly. Regarding the former, the presence of the father by the immigrant mother may be more relevant given the increased vulnerability of the mother, due to being away from their home country, their culture and their support network. In this sense, the presence of a companion, or a significant person, may be relevant not only to the health, welfare and safety of the person who is hospitalized and her family, but also reflect positively on the work of professionals.<sup>13</sup> The inadequacy of facilities is often an excuse used by health professionals to not have to change their routine to allow the presence of companions, since their presence can be cumbersome.<sup>13</sup>

Regarding the *Organization of the NHS*, early discharges resulted in six RU for the mothers’ dissatisfaction. This dissatisfaction has also been reported in other studies<sup>15</sup> “the discharge of postpartum women in maternity wards in eutocic deliveries are practiced prematurely, forty-eight or seventy-two hours postpartum.” This often does not allow for an adequate clarification, to transmit autonomy and safety upon the return home.<sup>16</sup>

## Conclusion

This study intended to uncover the unmet expectations of Portuguese and immigrant women, about the Portuguese NHS, during pregnancy, childbirth and postpartum. Of the total mothers (n = 82), it is worth noting that half (n = 41) mentioned not having their expectations matched. The Portuguese mothers, despite being outnumbered, were more dissatisfied than the immigrant mothers, regarding their expectations. However, the largest number of RU emerged in the testimony of immigrant mothers.

The data analysis revealed five categories. The most noticeable categories, *Incentives to maternity*, *Accessibility* and *Human resources*, were present in the testimony of both Portuguese and immigrant mothers. The first category was not significant in the testimony of immigrant mothers, perhaps because they hold no information about their rights. Conversely, the lack of accessibility had more impact on the immigrant mothers, which is supported by the

literature. As for human resources, dissatisfaction was directed to the lack of specialized professionals and home visits, especially after delivery.

The other two categories, *Physical and environmental conditions* and the *NHS organization* were only conveyed by immigrant mothers. In the first category, the deficiency of physical conditions and the lack of appreciation for the father's presence during hospitalization emerged; in the organization of the NHS the early discharge of the parturient emerged.

The results of this study indicate gaps in the Portuguese NHS requiring further investigation. However, it is evident the necessity of the Portuguese NHS and the health professionals to invest in the areas mentioned, in order to create greater satisfaction at this important transition time in the life of the woman. It is important to remember that due to the emotional vulnerability during this period, the maternal and paternal adjustment is lived in a particular way for each woman/couple.<sup>17</sup> Thus, their expectations also reflect their experiences and the cultural contexts in which they operate and the different countries of origin.

### What we know about the theme

In the experience of motherhood, inadequate identification of professionals and the lack of human resources are responsible for the women's unmet expectations about the NHS; additionally some immigrant mothers are unaware of their rights.

### What we get out the study

Portuguese mothers were more dissatisfied in their expectations when compared to immigrant mothers, particularly due to the lack of specialized professionals and home visits, especially after delivery. This study confirms that immigrant mothers do not hold all the information about their rights. The immigrant mothers appeared dissatisfied with the lack of physical conditions, lack of appreciation for the father's presence during hospitalization, and early discharge that did not allow them to assimilate the knowledge they considered necessary, during hospitalization, before returning home.

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### Conflicts of interest

The authors declare that there are no conflicts of interest.

### References

1. Meleis A. Transitions Theory. Middle range and situation specific theories in nursing research and practice. New York: Springer Publishing Co.; 2010.
2. Coutinho E, Parreira M. Outra forma de olhar a mãe imigrante numa situação de transição. *Millenium*. 40;2011:86.
3. Marques A. Avaliação da satisfação das puérperas nos cuidados de saúde no parto. Tese de Mestrado. Aveiro: Universidade de Aveiro; 2012 [accessed 9-1-2014]. Available at: <http://hdl.handle.net/10773/10630>
4. Silva A. Vivências da maternidade: expectativas e satisfação das mães no parto. Tese de Mestrado. Coimbra: Universidade de Coimbra; 2010 [accessed 9-1-2014]. Available at: <http://hdl.handle.net/10316/18015>
5. Guerra M. O parto desejado : expectativas de um grupo de grávidas. Tese de Mestrado. Universidade Católica Portuguesa; 2010 [accessed 9-1-2014]. Available at: <http://hdl.handle.net/10400.14/9420>
6. Bardin L. Análise de Conteúdo. 4 ed. Lisboa: Edições 70; 2013.
7. Miranda JFM. Mães imigrantes e saúde. Tese de Mestrado. Universidade Fernando Pessoa; 2011 [accessed 9-1-2014]. Available at: <http://bdigital.ufp.pt/handle/10284/2772>
8. Portal do Cidadão. Direitos da mãe e do pai. 2013 [accessed 9-1-2014]. Available at: [http://www.portaldocidadao.pt/PORTAL/pt/Dossiers/DOS\\_5+++direitos+dos+pais.htm?passo=3](http://www.portaldocidadao.pt/PORTAL/pt/Dossiers/DOS_5+++direitos+dos+pais.htm?passo=3)
9. Casas-Novas MV, Batanete EC. Humanização [Lecture]. 2012 [accessed 9-1-2014]. Available at: <http://dspace.uevora.pt/rdpc/handle/10174/7309#>
10. Martins M. Educação para a saúde e vigilância pré-natal : inter-confluências profissionais e familiares. Tese de Doutoramento. Universidade do Minho; 2011 [accessed 9-1-2014]. Available at: <http://repositorium.sdum.uminho.pt/handle/1822/19654>
11. Natália R. Percepções de mães primíparas sobre a visita domiciliária do enfermeiro na adaptação à maternidade: um estudo qualitativo. Tese de Mestrado. Lisboa: Instituto Universitário de Lisboa; 2011. Available at: <http://hdl.handle.net/10071/4509>
12. Pacheco MJN. Visitação domiciliária à puérpera e ao recém-nascido do concelho de Tavira. Tese de Mestrado. Beja: Instituto Politécnico de Beja; 2012 [accessed 9-1-2014]. Available at: <http://comum.rcaap.pt/handle/123456789/3973>
13. Chambel ÉMG. Cuidar no Serviço de Urgência na presença de acompanhantes. Tese de Mestrado. Coimbra: Escola Superior de Enfermagem de Coimbra; 2014. Available at: <http://esenfc.pt/?url=avhsEG>
14. Prata MCCF. Aconselhamento no puerpério: efeitos na autoestima. Faro: Universidade do Algarve; 2009.
15. Pereira MIFL. A necessidade de visita domiciliária de enfermagem no puerpério precoce. Coimbra: Escola Superior de Enfermagem de Coimbra; 2012.
16. Mendes IM. Ajustamento materno e paterno: experiências vivenciadas pelos pais no pós parto. Coimbra: Mar da Palavra; 2009.