Medical and salutogenic approaches and their integration in taking prenatal and postnatal care of immigrants

Miloš Velemínský, Jr.[1], Dominika Průchová[1], Věra Vránová[2], Jana Samková[1], Jakub Samek[1], Světlana Porche[3], Eliška Lukášová[1], Miloš Velemínský, Sr.[1]

[1]University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, České Budějovice, Czech Republic
[2]Palacký University Olomouc, Faculty of Health Sciences, Olomouc, Czech Republic
[3]Caritas of the Archdiocese of Prague, Prague, Czech Republic

Abstract

Objective: To compile a proposal of the system of taking complex prenatal, perinatal and postnatal care of pregnant immigrants in the Czech Republic with taking into account medical and salutogenic approaches.

Material and methods: The research was implemented by the form of a controlled interview and was based on a questionnaire comprising 50 questions focused on the evaluation of taking the prenatal, natal and postnatal care of immigrants. The data were accumulated among immigrants from Vietnam, Mongolia and Ukraine.

Results: It is possible to conclusively state that no principal dissatisfaction with taking care of pregnant women in the Czech Republic compared to native countries was demonstrated. There is a difference in a more considerable participation of midwives in the prenatal and natal care compared to the native countries. Failures in taking care of mothers-immigrants in the Czech Republic are considered to be the poor communication, particularly in association with the language barrier, limited possibilities of the participation of family members in the delivery and persisting unsuitable behaviour of certain healthcare professionals.

Conclusion: In the Czech Republic, the medical care is at a higher level compared to native countries. For the improvement of the salutogenic attitude, it is necessary to take into consideration certain results and provide their application to practice.

Key words: *pregnant women; immigrants in the Czech Republic; Mongolia; Vietnam; Ukraine; perinatal period of care; salutogenic – medical care*

INTRODUCTION

Within the framework of solving the COST LD 13045 project entitled ***Medical and salutogenic approaches and their integration in taking prenatal and postnatal care of Czech women with a special regard to immigrants*** and its partial target V001 Accumulation of data focused on taking care of pregnant women-immigrants, on their needs and on implementing these needs in the Czech Republic. The partial target was investigated in 2013

based on a qualitative and narrative research – controlled interview, and the data accumulated concern needs and satisfaction of these women in the field of prenatal, intranatal and postnatal medical and salutogenic care for these women. A further partial project target V003 was supposed to employ the data accumulated and compile a plan of taking the complex care of women-immigrants living in the Czech Republic.

Immigrants from countries beyond the European Union, Mongolia, Ukraine and Vietnam, were included into the research.

MATERIAL AND METHODS

Total of 35 respondents participated in the research concerning Mongolia, which was 1.11% of Mongolian women living in the Czech Republic territory according to the Czech Statistical Office by the date of 31 December 2012. The average age was of 31.4 years, about half proportion of the women had one child, the remaining half having two or more children. The tradition of the organization of prenatal inspections and prenatal care is comparable. Most women expressed their satisfaction with conditions in the Czech Republic and considered their level to be comparable or better.

The research concerning Ukraine included 93 respondents, which is 0.18% of Ukrainian women living in the Czech Republic according to data from the Czech Statistical Office by the date of 31 December 2012. The average age was of 40.7 years. Half the number of women inquired had two children, one third had one child and another third had more than two children. On average, they live in the Czech Republic for ten years. They consider taking the care in the Czech Republic to be comparable or better compared to their native country, particularly in association with healthcare services provided within the framework of the health insurance, which need not be paid in the course of providing them anymore. In suggestions concerning improvement of the care, there was a most frequent requirement for an interpreter and removal of certain manifestations of the verbal discrimination.

Sixty-five Vietnamese respondents participated in the research. The average age of the women inquired was 33.2 years. Half the total number of respondents had one child, a further large proportion had two children and there was a minor proportion having more children. The average time of the residence in the Czech Republic was of 9.2 years. A considerable difference in taking the prenatal care results from the fact that in Vietnam, prenatal examinations are not obligatory and taking care of the future mother is mostly provided by the whole family or by its women. Taking care in the Czech Republic is evaluated very positively, the instrumentation being particularly emphasized. In most cases, the problems are considered to be the language barrier and need for an interpreter and understanding Czech language.

The research was implemented by the form of a controlled interview and was based on a questionnaire comprising 50 questions focused on the evaluation of taking the prenatal, natal and postnatal care of immigrants (Table 1). The questions were divided into groups directed to identification data, frequency and contents of answers associated with the prenatal, natal and postnatal anamnesis. At the end of the questionnaire, the woman had a chance to give her

opinions concerning the quality of the care and compare its level with the care taken in the native country.

Table 1. Research questions

Number in database		Question
01		Year of birth
02		Number of children delivered
03		Mother age at the time of child delivery
	03a	first child
	03b	second child
	03c	third child
	03d	fourth child
	03e	fifth child
	03f	further children
04		Are you married?
05		Are you single?
06		Are you divorced?
07		Are you a widow?
08		Do you live independently?
09		What country are you from?
10		How long are you in the Czech Republic?
11		Do you adhere to traditional food from your native country?
12		Do you currently smoke tobacco?
13		Did you smoke tobacco in your pregnancy?
14		Did you smoke marihuana in your pregnancy?
15		Did you drink alcohol in your pregnancy?
16		Did you take drugs in your pregnancy?
17		Was you pregnant in your native country?
18		Was you pregnant in the Czech Republic only?
19		Was you pregnant in both your native country and Czech Republic?
20		Did you attend lectures before delivery presented for example by a midwife?
21		Are lectures also held in your country before delivery, provided for example by a midwife?
22		Do women in your country regularly attend prenatal examinations?
23		Are prenatal examinations in your country provided by a physician?
24		Are prenatal examinations in your country provided by a midwife?
25		Did you attend prenatal examinations provided by a physician in the Czech Republic?
26		Was you examined by ultrasonography?
27		Did you agree with the ultrasonographic examination?
28		Is ultrasonographic examination performed in your country?
29		Did you experience blood examination in your pregnancy?
30		Did you agree with the blood examination?
31		Is the blood examination performed in your country in pregnancy?
32		Is the delivery conducted by a physician in your country?
33		Is the delivery conducted by a midwife (obstetric nurse) in your country?
34		Are deliveries in your country performed in hospitals?
35		Are deliveries in your country performed in households?
36		Do future fathers participate in deliveries in your country?
37		Do other persons (grandmothers, sisters or brothers) participate in deliveries in your country?
38		Was the future father of your child present at your delivery in your country?
39		Was the future father of your child present at your delivery in Czech Republic?
40		Are children in your country provided with breast feeding?
41		Did you provide your child with breast feeding?
42		How long did you provide your child with breast feeding?
43		Are children in your country given additional food from beginning?
44		Are you insured based on public insurance system?
45		Are you insured based on commercial insurance?
46		When did you stop working in pregnancy?
47		What is in your opinions difference in taking prenatal care in your country and in CR?

48		What is worse in CR compared to your country in terms of pregnancy and delivery?
49		What is better in CR compared to your country (in terms of of pregnancy and delivery)?
50		What would you like to change to improve your satisfaction in terms of pregnancy and delivery?

The data were accumulated among immigrants from Vietnam, Mongolia and Ukraine. Contacts with mothers were provided by paediatric practitioners, particularly from the Arci-diocesan Charity Prague, Centre of Migration. The choice of respondents was based on the willingness to answer the questions.

RESULTS

Mongolia

Mongolia is one of priority countries in the Czech foreign developmental cooperation. This was one of reasons why Mongolian women were included into the research project. Some Czech sources report that up to 1% of the Mongolian population are able to communicate in the Czech language.

Total of 35 respondents participated in the research focused on the region of Mongolia. The questionnaire was translated into the Mongolian language and the interview was conducted by field workers who mastered the mother tongue of respondents to provide the accumulated data validity. Open questions comprising opinions of respondents were subsequently translated into Czech in order that they might be furthermore processed and analyzed. The data accumulation was implemented in the South-Bohemian Region, Central-Bohemian Region and Olomouc Region. The Czech Statistical Office reported that by 31 December 2012, 5,308 Mongolian people live in the Czech Republic, including 3,137 women. The research group of 35 respondents thus represents 1.11% of Mongolian women living in the Czech Republic territory.

Women having a child or children and being aged 20 to 46 years participated in the research. The average age of respondents was of 31.37 years.

The largest group of respondents included women having one child (48.6%), followed by a group of women having two children (37.1%), and the smallest group included women having three children (8.6%) and four children (5.7%). The average age of respondents at the time of the delivery of the first child is of 23.2 years, the average age of women at the time of the delivery of the second child is of 26.4 years, and the average age at the time of delivering a further child is of 34.0 years.

Most Mongolian respondents are married (77.1%) or single (22.9%). Among the respondents, there was none divorced women or widow. Most women do not live in the Czech Republic independently (79.4%); 20.6% live independently here.

A further social criterion of interest was the duration of the stay in the Czech Republic. A considerable proportion of the group of respondents live in the Czech Republic for periods of 4 to 9 years. They include 91.4% of respondents. The average period of time, for which they live in the Czech Republic is of 6.4 years.

The question, whether the women adhere to the food traditional in their native country, was positively answered by most respondents (88.6%). Only 4 respondents (11.4%) told that they do not adhere to the food traditional in their native country during their stay in the Czech Republic.

Questions focused on smoking, were supposed to determine whether the women currently smoke or whether they smoked in the pregnancy period. A proportion of above half the respondent group, 23 (65.7%) answered the question concerning the contemporary condition negatively, 12 mentioned that they smoke at the time being (34.3%). In the period of pregnancy, 3 respondents (8.6%) smoked; in the pregnancy period, none of the women inquired smoked marijuana and one respondent refused to answer the question. The question about the use of alcohol in the pregnancy period was negatively answered by all the respondents. None of the respondents mentioned that she would use drugs in the pregnancy period, but four women refused to answer the question.

A further section of questions was aimed at the fact whether the women experienced the pregnancy in her native country or in the Czech Republic. In their native country, 22 respondents (62.9%) were pregnant and delivered a child; 11 respondents (35.5%) experienced the pregnancy in the Czech Republic, and 17 respondents (58.6%) were pregnant in their native country as well as in the Czech Republic. Six respondents did not answer the question.

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, only a third of them answered negatively. Four respondents did not answer the question. The respondents also answered a question whether women in their native country regularly attend prenatal examinations: a considerable majority (97.0%) answered positively; two respondents did not answer the question. As it followed from supplementing open questions in the questionnaire conclusion, in Mongolia, there is a tradition of preventive examinations in pregnancy.

In the case of a detailed question, whether the prenatal examination in their native country is performed by a physician, a considerable proportion of respondents (93.8%) answered positively, two respondents answered negatively and three respondents were unable to answer the question. 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 and ten respondents were either not able or not willing to answer the question. Given the fact that these subsequent questions did not negate each other, it is to assume that 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.

A considerable majority of the women (80.0%) were examined in the course of the pregnancy by ultrasonography: total of 24 women. The same number of women also mentioned that they agreed with the examination. Six women did not agree with the ultrasonographic examination and they were also not examined.

The question, whether the ultrasonographic examination is performed in their country, was positively answered by 22 women (88.0%), 3 women answered negatively and ten women were either unable or unwilling to answer the question.

Further information accumulated concerns the blood examination. The existence of the blood examination was positively answered by 32 respondents (94.1%), which is a considerable majority of the women inquired. Only two women answered negatively and one respondent was unable to answer the question. An important proportion of respondents also agreed with the blood examination (94.1%); only one respondent disagreed with the examination and in this case, the blood examination was also not performed. One respondent gave no opinion about the problem of the consent with the blood sampling. A prevalent proportion of respondents (96.9%) told that in their native country the examination of the blood in pregnancy is also performed.

A further area of questions concerned data about conditions of the course of pregnancy and delivery in the native country of respondents in order that it might be possible to compare the results with the situation in the Czech Republic. These are particularly statements whether physicians or midwives conduct the delivery in their native country. Both questions were positively answered by most respondents: 28 women (90.3%). Twenty-six of them answered positively both questions simultaneously and thus, it is to consider that in Mongolia, physicians as well as midwives conduct the delivery. Only a quite minor proportion of respondents specified physicians or midwives only in their answers. 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%); negatively by two women only. The question whether the deliveries occur in the household was answered positively by a minor proportion of women: 5 (18.5%); negatively by 22 women (81.5%) and eight women were not able to answer the question.

The authors of the research were also interested in the presence of close relatives at the delivery in Mongolia.

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 and three respondents presented no answer. Positive answers were obtained from married women of all the age categories without important differences and also in all the categories based on the length of the stay in the Czech Republic.

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%) and eight respondents presented no answer to the question. The question, whether the father of the child was present at the delivery in their native country, more respondents exceeding one half, 16 (61.5%) answered negatively, the

father of the child participated in the delivery in 10 respondents (38.5%), but nine respondents did not want to answer the question. The ratio of answers was varied in the second question, where the authors of the research were interested in whether the father of the child was present during the delivery in the Czech Republic. Eighteen partners of the respondents inquired (60.0%) were present; 40% were absent and five respondents did not answer the question.

Problems of breast feeding were a further area, where the results will serve a future comparison of particular selected groups of immigrants as well as a comparison with Czech women.

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 and one respondent did not give her opinion. The question, whether the respondents provided their children with breast feeding, was positively answered by most of them: 22 women provided their children with breast feeding. There was no negative answer and two women did not answer the question.

The question, how long the women provided their children with breast feeding, was answered by almost all the women; only two women did not answer the question. 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, two respondents did not know the answer, 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 concerning the public insurance in the Czech Republic was answered by all the 35 respondents inquired. Only one respondent answered that she has no public insurance. The question concerning the commercial insurance was answered negatively by most respondents: 27 (87.1%); four respondents answered that they have the commercial insurance and four respondents did not answer the question.

The authors were furthermore interested in information how long before the delivery the women stopped working. The question was answered by all the 35 respondents addressed. On average, they stopped working 3.2 months before the delivery.

The conclusion of the questionnaire interview was reserved for free responses as far as the respondents wanted to present their statements. The possibility to express their opinions was used by only one third of the respondents addressed.

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.

Free question, what is better in the Czech Republic compared to your native country in terms of pregnancy and delivery, positive opinions were noted. One respondent told that *payments are low, since all the care, medicines and material are reimbursed by the health insurance company and also the care is carried out in responsible and relevant manner;* a further respondent mentioned that *hospital staff members (physicians, nurses and others) provided everybody with the same care, without any differentiation between particular patients.* A further respondent commented the work of the healthcare personnel and wrote that *in Bohemia, the care taken by nurses is better;* another respondent also positively commented: *there is a good performance of examinations, with complete care; accurate determination of the delivery term.* Further four respondents told that the conditions of the prenatal, natal and postnatal care seem to be comparable in both countries.

In the last question, the respondents from Mongolia had a chance to express a suggestion what should be changed in the Czech Republic as to the pregnancy and delivery. Eleven respondents took advantage of this free answer, mostly in the sense that they have no idea what should be changed. Only one respondent expressed a need for an interpreter in the healthcare.

In attachments, there are all the detailed data used as sources in this summarization of results of the research in Mongolian respondents.

Vietnam

In agreement with the planned partial solution of the project aimed at monitoring the existing condition of the perinatal care and attitudes to the care in a sample of the population of immigrant pregnant women and mothers, data focused on taking care of pregnant immigrants and on needs of the immigrants, as well as on the implementation of taking care of them in the Czech Republic, were accumulated. As a method of the present work, a secondary analysis of the healthcare documentation of the immigrant mothers was employed together with a subsequent contact in the form of a qualitative and narrative research – by a controlled interview, where the data accumulated concern needs and satisfaction of these women with intranatal and postnatal, medical and salutogenic processes in a sample group of the female immigrants. For the research implementation, a questionnaire was arranged as an auxiliary tool for the accumulation of comparable data. The questionnaire comprised total of 50 basic questions for the interview, where 46 questions were closed and 4 questions were open, in which the immigrant women expressed their personal opinions and experience with the care provided. The basic questionnaire for the controlled interview was submitted to a special external examination procedure and a pilot research was implemented. Based on the pilot research results, the basic questionnaire was completed and subsequently distributed, and the

data accumulation process was carried out. Total of 196 immigrant women participated in the research.

Based on the purpose of the research implemented, to pay particular attention to problematic groups of women, immigrants coming from areas beyond the European Union, i.e. from Ukraine, Mongolia and Vietnam were chosen.

Sixty-five female respondents, Vietnamese women, participated in the research. The questionnaire was translated into the Vietnamese language and the interview was conducted by field workers who mastered the mother tongue of the respondents to provide the validity of the data accumulated. Open questions comprising opinions of the respondents were subsequently translated into Czech to facilitate their further processing and analysis. The data accumulation was implemented in the South-Bohemian Region, Central-Bohemian Region and Olomouc Region.

Women having a child or children and being aged 20 to 57 years participated in the research. Women who achieved their age of 25–29 years in the course of the research were most frequently represented (40%). The average age of the respondents was of 33.2 years.

The largest group of respondents (47.7%) comprised women having one child, followed by a numerous group of women having two children (41.5%), and the smallest group included women having three children (10.8%). The average age of respondents at the time of the delivery of the first child was of 25.8 years, the average age of women at the time of the delivery of the second child was of 28.4 years and the average age at the time of delivering a further child was of 35.3 years.

Most Vietnamese respondents are married (92.3%) or single (7.7%). None of the respondents was divorced or widow. Most women do not live independently in the Czech Republic (70.3%); one third the group of the respondents live independently in the Czech Republic.

A further social criterion followed was the duration of the stay in the Czech Republic. The largest group comprised women living for 4 to 6 years in the Czech Republic, who were 20 in number and represented 30.8% of the group studied. A further group included women living in the Czech Republic for 8 years, who were 8 in number (12.3%). The average period of time, for which they live in the Czech Republic is of 9.2 years.

The question, whether women adhere to the food traditional in their native country, most respondents answered positively (93.8%). Only 4 respondents (6.2%) mentioned that in the Czech Republic, they do not adhere to the food traditional in their native country. Questions about smoking were partially focused on smoking at the time being. Most respondents, 62 (95.4%), answered negatively and only three respondents answered that they are smoking at the time being. However, in the pregnancy period, none of the women inquired was smoking tobacco or marijuana. The question concerning the use of alcohol in the pregnancy period was positively answered by one respondent only, but she supplemented her information that she used alcohol until she realized that she is pregnant. One respondent from the whole group of 65 women mentioned that she used drugs in the pregnancy period, however, without any specification of the drug type. This woman is aged 50 years, has three children, delivered her third child at her age of 42 years, and lives in the Czech Republic for 18 years.

A further section of questions were focused on information whether the woman experienced her pregnancy in her native country or in the Czech Republic. Thirty-six respondents (55.4%) were pregnant and delivered their children in their native country, the pregnancy in the Czech Republic was experienced by 36 respondents (55.4%) and 19 respondents (34.5%) were pregnant in Vietnam as well as in the Czech Republic. These are women who have two or three children, and on average, they live for a period of 10 years in the Czech Republic.

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 and only less than one third answered positively. The respondents also obtained a question, whether women in their native country 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, about a quarter of them answered negatively and four respondents were not able to answer the question, mostly due to the fact that they had already been living in the Czech Republic for a long period of time and had no information about the contemporary condition of this care in Vietnam. The subsequent question, whether the prenatal examination in their native country is performed by midwives, most respondents (72.9%) answered positively, a minor proportion (27.1%) answered negatively and six respondents were not able to answer the question. 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.

A further area of information accumulated concerned the course of pregnancy experienced by respondents in the Czech Republic. The question, whether the women attended prenatal examinations by physicians, 55.2%, i.e. total of 32 women from the whole group of the Vietnamese women monitored, answered positively. However, in a comparison with the number of women, who reported that they were pregnant in the Czech Republic (36 women), it follows that four of them did not attend prenatal examinations in the Czech Republic. All these women have two or three children and live in the Czech Republic for periods exceeding 17 years. A considerable majority of women (72.6%) were examined in the course of their pregnancy by ultrasonography: total of 45 women. However, only 93.3% of them (42 women) agreed with the examination. Three women did not agree. One of them has one child, two women have two children; they are all married and live in the Czech Republic for 3.6 and 12 years, respectively. There is a probability that in the course of the ultrasonographic examination, there was a confusion due to the language barrier. Seventeen women stated that

they were not examined by ultrasonography in the pregnancy period. Out of them, four women were already pregnant in the Czech Republic.

The question, whether the ultrasonographic examination is performed in their country, was answered positively by 47 women (74.6%); 16 women (25.4%) answered negatively and two women were not able to answer the question. In free answers of respondents in the questionnaire conclusion, there are very frequent positive responses to the modern instrumentation used by physicians in the course of the pregnancy monitoring.

Further information obtained concerns the examination of the blood. The blood examination was experienced by 52 respondents (81.3%), which was a considerable majority of the women inquired. Twelve women answered negatively (18.8%) and one respondent was not able to answer the question. Among twelve women, who answered negatively, none women was pregnant in the Czech Republic, and as shown by open responses in the questionnaire conclusion, the prenatal examinations are not obligatory in Vietnam. Two respondents were, however, pregnant in the Czech Republic, both of them have two children, one of them lives in the Czech Republic for a short period of two years but the second woman lives in the Czech Republic as long as for 14 years and both children were delivered in the Czech Republic. In the questionnaire conclusion, this respondent expressed her opinions that in Vietnam, the care for the mother and child before the delivery is less intensive. All the respondents who experienced the blood examination also agreed with it; the numbers of those who did not agree with the blood examination and those who did not answer the question aimed at the agreement were identical: 13 women. In a comparative question, whether the blood examination is performed in their native country in the pregnancy period, most women answered positively (78.1%), 14 women answered negatively. Ten of them were not pregnant in the Czech Republic and four women were pregnant in the Czech Republic as well as in Vietnam. There is a fact representing important supplementing information that only 4 of 14 women attended the prenatal lectures in the pregnancy period.

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%). Fifty-three of them answered positively both questions simultaneously and thus, it is to consider that in Vietnam, the delivery may be conducted by physicians as well as midwives. Only a very unimportant proportion of respondents presented answers either in favour of physicians or only in favour of midwives. Further two questions were focused on the site of the delivery: whether the delivery in their native country occurs in the maternity hospital or at home. 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%) and one woman was not able to answer the question. The question whether the deliveries occur at home was positively answered by about half the women group: 29 (50.9%); negatively by 28 women (49.1%), and eight women were not able to answer the question. As in preceding findings, in this case, the authors also believe that both variants blend together. Eight respondents agreed that they believe that deliveries in Vietnam occur in

the maternity hospital as well as at home, but most of them (26 women) believe that deliveries in Vietnam occur in the maternity hospitals only and not in households. On the other hand, among 29 women who answered that the deliveries occur in households, 20 women reported that the deliveries do not occur in maternity hospitals. 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.

The authors of the research were also interested in the presence of close relatives at the delivery in Vietnam.

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 and one respondent gave no opinions concerning the question. Married women answered positively, only one positively woman was single, and there were no differences between age categories and also between categories of the duration of the stay in the Czech Republic. Among them, 11 women were pregnant and delivered children in Vietnam, 17 women visited lectures before the delivery.

The question whether other persons, as for example grandmothers, sisters or siblings participate in the delivery in their native country, 48 women (75%) answered positively, 16 women (25.0%) answered negatively and one respondent gave no opinions. 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%), four respondents expressed no opinions and 17 (27.9%) respondents told that the father of the child was not present at the delivery. 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, 8 respondents did not answer the question and 25 women (43.9%) mentioned that the father of the child was not present at the delivery in the Czech Republic.

Questions aimed at breast feeding were a further area, where the results will furthermore serve a comparison between particular selected groups of immigrants and also a comparison with Czech women.

The question whether children in their native country are breast fed was answered positively by 47 women (73.4%), negatively by 17 women (26.6%) and one respondent did not express her opinions. 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. Seven women (10.8%) answered negatively but in most of them, additional information was supplemented that this was due to a lack or insufficient amount of the mother milk.

In the question how long the women provided their children with breast feeding, we should consider data from 29 women only; the other women presented no information, obviously due to the fact that they did not remember it or did not want to tell it due to an unknown reason. 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, three respondents did not know the answer, 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.

The question concerning the health insurance in the Czech Republic, presented to the whole group of 65 women, was positively answered by 31 respondents only; 34 respondents did not answer the question. In a comparison with practice of the project investigator, it is, however, evident that the health insurance of the respondents in the Czech Republic is in good order. The authors believe, that there is a possibility that the respondents did not perfectly understand the question about the insurance.

The authors were also interested in a question, how long before the delivery the woman stopped working. However, in this case, the authors also believe that the fear of giving true information, which could result in certain problems in the future, caused that many respondents did not inform the field workers, and a number of respondents did not want to give particular answers. The question was answered by 27 respondents only, which is of 41.5% of the women inquired. On average, their responses indicate that they stopped working 2.41 months before the delivery, the largest rate corresponded to 1 month before the delivery.

The conclusion of the questionnaire interview was left for free answers as far as the respondents wanted to give their expressions. In the first open question, the respondents expressed their opinions about the difference in the prenatal care between their native country and the Czech Republic. More than a half the group took advantage of giving their answers. No opinions were noticed, in which the respondents would tell that in Vietnam, the prenatal care is better or more consequent compared to the Czech Republic. Only one respondent told that in both countries, there is a good care and a further respondent mentioned that it is currently perhaps possible to compare Vietnam with the Czech Republic, another one wrote that the conditions are the same.

In most statements if 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.*

In a further question, respondents presented their opinions about aspects that are worse in the Czech Republic compared to Vietnam as to the pregnancy and delivery. Only one respondent answered that *nothing, since everything is similar.* In most expressions the respondents took the question personally, not as a comparison of two healthcare systems, and thus, they mostly reflected their own personal attitudes to managing the prenatal care in the Czech Republic, where the language barrier is unambiguously their largest problem. One respondent mentioned that *the worse thing is not to understand Czech,* another one mentioned that *when the women is delivering in the Czech Republic and does not master the language,* a further women told that *she understand everything but doctors do not understand her, she is unable to explain this.* A further respondent added: *If I am Czech, then everything is OK, but if I am a foreigner and if I deliver here, then I shall have language problems.* A further negative fact, from the personal point of view, again, is the lack of the family. In pregnancy, the family plays an important and irreplaceable role and its absence is negatively perceived. From these opinions, it is possible to present a statement of one woman: a*fter the delivery, I was missing my mother, mother in law or sister, who would help me very much after the delivery in Vietnam.* This is also associated with the stay in the hospital and limited visits by the family, which were negatively perceived by certain respondents in association with the Czech Republic.

In a free question "what is better from the viewpoint of the respondent in the Czech Republic compared to Vietnam in terms of the pregnancy and delivery", no negative reaction was noted. The respondents presented particularly positive opinions concerning the instrumentation in the prenatal care. One respondent wrote that everything *is more intensively supervised,* another one told: *I believe that here, everything is stricter but on the other hand, the mother is provided with knowledge about all important points.* The respondent wrote: *The prenatal care in the Czech Republic is really at a high level. The physicians and nurses ever paid attention to me. In the Czech Republic, hygienic conditions are better. Everything was covered from the public insurance.*

The last question of this block and questionnaire itself suggested respondents that they should tell what should be changed in the Czech Republic in terms of the pregnancy and delivery. As in preceding questions, the respondents prevalently expressed their satisfaction with the prenatal, natal and postnatal care provided in the Czech Republic and they mostly would not change anything. In terms of personal viewpoints, there are problems of the language barrier, again. One respondent wrote: *As I do not speak Czech well, I would appreciate information brochures in Vietnamese. It was very complicated to communicate with the hospital personnel. Everybody brings certain habits from his/her country, which are difficult to explain to the hospital personnel.* Another one wrote that *if there were a physician, who would know the Vietnamese language or who were a Vietnamese or if there were an*

interpreter, everything would be easier. Further respondent wrote: *recognition that foreigners cannot understand everything as Czech; and foreigners – they should learn Czech.*

Ukraine

Ukraine is a native country of the most numerous minority group living in the Czech Republic territory. The Czech Statistical Office informed that by December 31, 2012, 112,642 Ukrainian people, including 50,939 women, lived in the Czech Republic.

Total of 93 respondents from Ukraine participated in the research. The questionnaire was translated into the Ukrainian language and the interviews were conducted by field workers who mastered the mother tongue of the respondents to provide the validity of the data accumulated. Open questions with opinions of respondents were subsequently translated into the Czech language to facilitate their further processing and analysis. The data were accumulated in the South-Bohemian Region, Central-Bohemian Region and Olomouc Region. The research group comprising 93 respondents accounted for 0.18% of Ukrainian women living in the Czech Republic territory.

Women participated in the research having a child or children and being aged 25 to 65 years. The average age of the respondents was of 40.71 years.

The most important group of respondents comprised women having two children, 46 (50.5%), followed by those having one child, 32 (35.2%). Eight respondents from Ukraine (8.8%) had three children. The average age of the mother at the time of delivering the first child was of 24 years, the average age of the mother at the time of delivering the second child was of 26.7 years, and at the time of delivering the third child or possibly a further child, the average age was of 28.8 years or 32 years, respectively.

Most Ukrainian respondents are married (77.4%) or single (22.6%). None of the respondents was divorced or widow. Above one half the total number of women live independently in the Czech Republic (54.9%); 45.1% do not live independently there.

A further followed social criterion was the duration of the stay in the Czech Republic. The average period of time, for which they live in the Czech Republic is of 10.4 years. The most numerous group includes respondents living in the Czech Republic for 6–12 years: 47 (53.4%).

The question, whether the women adhere to the food traditional in their native country, was mostly answered positively (87.0%). Only 12 respondents (13.0%) answered that they do not adhere to the food traditional in their native country and one respondent was unable to answer the question.

Questions about smoking were focused on determining active smoking at the time being and in the period of pregnancy. Most respondents do not smoke tobacco at the present time: 77 women (83.7%). One respondent did not answer the question and 15 respondents answered that they actively smoke at the time being (16.3%).

In the course of pregnancy, 12 respondents (13.2%) were smoking tobacco but a considerable majority of respondents did not smoke for the pregnancy period: 79 women (86.8%). Two respondents refused to answer. Seven respondents (7.7%) smoked marijuana in the course of their pregnancy, two respondents refused to answer the question and a

considerable proportion stated that they did not smoke marijuana in the period of their pregnancy: 79 (86.8%).

The question concerning the use of alcohol in the course of pregnancy was positively answered by 14 respondents (16.3%), seven respondents refused to answer the question and a considerable majority of 72 respondents (83.7%) stated that they did not use alcohol in the pregnancy period.

Seven respondents answered that they used drugs in the course of pregnancy (7.6%), but they did not specify them, one respondent refused to answer the question and a considerable majority of the women inquired stated that they used no drug in the pregnancy period (92.4%).

A further section of questions was aimed at the fact whether the women experienced her pregnancy in the country of their origin or in the Czech Republic. Fifty-five respondents (62.5%) were pregnant in their native country, 49 respondents (56.3%) experienced their pregnancy in the Czech Republic and 27 respondents (36.0%) were pregnant in the country of their origin as well as in the Czech Republic.

The area of questions focused on the course of the pregnancy considered whether the respondents attended lectures before the delivery, performed for example by a midwife. Considerable proportion of the women inquired, 66 women (77.6%), mentioned that they attended no lectures, eight respondents refused to answer the question 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.

The question whether the women in their native country attend regular medical examinations during their pregnancy was positively answered by a considerable proportion of the women inquired: 84 (93.3%). Three respondents did not answer the question and 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, negative response was obtained from one respondent and four respondents were unable to answer the question. The subsequent question, whether the examination before the delivery is performed by a midwife in their native country, most respondents answered positively (80.0%), 20.0% answered negatively and 13 respondents were either not able or not willing to answer the question. 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.

A further area of the data acquired concerned the course of the pregnancy experienced by the respondents in the Czech Republic. A question, whether the women saw physicians for examinations before the delivery, 66.7% (total of 56 women) answered positively. Nine

respondents did not express any answer and 28 women (33.3%) stated that they did not see the physician for the examinations before the delivery in the Czech Republic.

A considerable majority of women (87.0%) were examined by ultrasonography in the course of their pregnancy: total of 80 women. Twelve women (13.0%) reported that they were not examined by ultrasonography in the course of their pregnancy and one respondent did not answer this question.

Eighty-three women (92.2%) agreed with the ultrasonographic examination, seven women (7.8%) disagreed with the ultrasonographic examination and three respondents presented no answer.

A question, whether the examination by ultrasonography is performed in their country, 84 women (93.3%) answered positively, 6 women answered negatively and three women were either not able or not willing to answer the question.

Further information acquired concerned the examination of the blood. Positive answers about the blood examination carried out were obtained from 91 respondents (97.8%), i.e. from a considerable majority of the women inquired. Only two respondents presented negative answers. All the women inquired agreed with the examination of the blood. A great majority of respondents (97.7%) also believe that in their native country, the examination of the blood is commonly performed and only five respondents were not able to answer this question.

A further area of questions were aimed at information concerning conditions of the course of the pregnancy and delivery in the native country of respondents in order that their results might be compared with the situation in the Czech Republic. These were particularly focused on a question, whether the delivery is conducted by a physician or midwife in their native country.

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 and four women presented no answer about this problem.

Most women inquired also positively answered a question of conducting the delivery by a midwife: 66 women (79.5%); however, ten women were not able to answer the question and 17 women (20.5%) answered that in their native country, the delivery is not conducted by a midwife.

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%); only one woman did not present her answer to the question and two women believe that in Ukraine, deliveries are prevalently conducted in hospitals. A question, whether the deliveries are conducted at home was positively answered by 17.6% of the women inquired only, and most women tended to believe that deliveries are not conducted at home (82.4%); eight women were not able to answer the question.

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). Negative answers were obtained from 16 women (18.8%) and eight respondents did not answer the question.

The question, whether other persons also participate in the delivery in their native country, as for example grandmothers, sisters, siblings, was positively answered by less women, 24 (31.6%), negatively by 52 women (68.4%) and seventeen respondents presented no answer. 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%); in 12 respondents (14.0%) the father of the child was present at the delivery, seven respondents did not answer the question. At the delivery in the Czech Republic, the father of the child was present in 23 women (28.0%), he was prevalently absent in 59 women (72.0%) and 11 respondents did not answer the question.

Questions concerning breast feeding were a further area, where the results will furthermore serve a comparison between particular selected groups of immigrants as well as a comparison with Czech women.

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%), and nine women presented no answers.

The question, whether the respondents provided their children with breast feeding, was positively answered by most women: 85 (91.4%). Eight women did not provide breast feeding for their children (8.6%). 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%), and 26 women answered negatively (32.9%).

The question concerning the public insurance in the Czech Republic was positively answered by 66 respondents (76.7%), negatively by 20 respondents (23.3%) and seven respondents presented no answer. The commercial insurance was mentioned by 18 women inquired (21.7%) and ten women did not answer the question.

The authors of the research were also interested in a question how long before the delivery the woman stopped working. The question was positively answered by all the 93 respondents addressed. Their answers indicated that on average, they stopped working 3.87 months before the delivery.

The conclusion was reserved to free answers as far as the respondents wanted to give their opinions. Only about one third respondents addressed used the possibility to express their opinions.

In the first open question the respondents gave their opinions what the differences are in the prenatal care between their native country and Czech Republic. 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 a further free question, the respondents had a chance to present their opinions concerning possible worse aspects of the pregnancy and delivery in the Czech Republic compared to their native country. Only four respondents mentioned a worse attitude of physicians and healthcare professionals to foreigners. Most other respondents were not able to give their opinions or did not answer the question at all but many of them mentioned that there is nothing worse compared to Ukraine.

A free question concerning better aspects in the Czech Republic compared to the native country in terms of the pregnancy and delivery resulted in positive expressions, particularly as to hygiene and cleanness in hospital rooms and attitude of the healthcare professionals to the patients.

In the last question, the respondents from Ukraine had a chance to express their suggestions what they would like to change in the Czech Republic in terms of the pregnancy and delivery. Within the respondents, who took the advantage to write their own opinions, most answers were positive, only some of them mentioned the discrimination of foreigners, again. One respondent wrote: *the attitude of the personnel to foreigners – prejudices, feelings of superiority; doctors are rather arrogant. I would prefer if the doctor looks first in my eyes and not between my legs. Nobody introduces himself or give his hand.* A further Ukrainian women wrote: *Unfortunately it is nearly impossible to change inter-human relationships. It would be pleasant if they do not remind that I am a Ukrainian, and if their attitude is as to a normal patient;* another respondent wrote: *discrimination of foreigners in the case of minor problems, for example the words: It is good that children are born but it is bad that they are not Czechs.*

On the other hand, about the same number of women expressed positive opinions concerning the prenatal, perinatal and postnatal care provided in the Czech Republic.

DISCUSSION

The problems of taking care of pregnant immigrant woman were dealt with by a number of domestic as well as foreign authors, for example Vacková (2012), Haith-Cooper and Bradshaw (2013), McCarthy and Haith-Cooper (2013), Velemínský and Tóthová (2013), Benza and Liamputtong (2014). In all these publications it is obvious that the acquirement of objective data concerning these problems and particularly verification of their objectivity encounters difficulties. The results of these studies are thus limited. In the implementation of our study, it was also difficult to recruit the necessary group of respondents. We were forced

to use native persons from the national minorities concerned. We encountered unwillingness to answer the questions particularly in the minority of Vietnamese respondents.

On the other hand, we were able to recruit a sufficient number of inquirers. It is to emphasize that the controlled interview with women was based on a personal basis and data were recorded continuously in questionnaires in the presence of the interviewers. A number of works deals with problems of the health care in the Czech Republic (Mighealthnet 2010). For example Vacková (2012) associated the results of pregnant immigrant-women with social determinants. Velemínský and Tóthová (2013) directly considered problems of pregnant immigrant women in their works (Dobiášová et al. 2006, Cizinci v České republice 2012). A further work from this field are publications by Hnilicová and Dobiášová (2009a, b); Benza and Liamputtong (2014) described their life experience with pregnant immigrant women in their new country. Postulka (2014) considered problems of Polish immigrants and their children in Germany and Great Britain. Lyberg et al. (2012) dealt with the management of taking care of pregnant immigrant women in Norway. They mention focusing the care on two themes: cultural and healthcare ones. Urquia et al. (2014) studied problems of the eclampsia and preeclampsia in immigrant women in six industrial countries. He found a higher incidence of these conditions in immigrants from Sub-Saharan Africa and Latin America. Small et al. (2014) investigated problems of immigrant and non-immigrant women from five countries. The immigrants mention a poor communication and discrimination. Similar results occur in conclusions of this research. Almedia et al. (2014) compared the attitude to taking care of immigrants and Portuguese women. He compared groups of 89 immigrants and 188 Portuguese women. He emphasized a poor communication in health facilities and certain discrimination of immigrant women. The theory of problems of the pregnancy and immigrants is also studied for example by Schmid and Epiney (2014). Problems of immigrants in Korea were evaluated by Kim and Kim (2014).

It is to point out the fact that the newborn mortality of children of immigrant women in the Czech Republic is considerably lower compared to their native countries.

CONCLUSION

In the project study implemented, no principal dissatisfaction with the prenatal, natal and postnatal care in the Czech Republic compared to native countries was demonstrated. A difference is observed in a more considerable participation of midwives in the prenatal and natal care. In the Czech Republic, the medical care is at a higher level compared to native countries, which is suggested by considerably lower values of the newborn mortality rate in immigrant women compared to these countries. Drawbacks can be seen in a poor communication of the women with the healthcare personnel, limited possibilities of the participation of family members in the delivery and unsuitable behaviour of certain healthcare professionals. For the improvement of the salutogenic attitude, it is necessary to take into account the results acquired and enhance their application to practice.

REFERENCES

1. Almeida LM, Santos CC, Caldas JP, Ayres-de-Campos D, Dias S (2014). Obstetric care in a migrant population with free access to health care. Int J Gynaecol Obstet. May 5. [Epub ahead of print].
2. Benza M, Liamputtong (2014). Pregnancy, childbirth and motherhood: A meta-synthesis of the lived experiences of immigrant women. Midwifery. 30: 575-584.
3. Cizinci v České republice (2012) [Foreigners in the Czech Republic]. Prague: Český statistický úřad (in Czech).
4. Dobiášová K, Křečková-Tůmová N, Angelovská O (2006). Zdravotní péče o děti cizinců: Realita a zkušenost [Health care of foreigners' children. Reality and experience]. Kostelec nad Černými lesy: IZPE (in Czech).
5. Haith-Cooper M, Bradshaw G (2013). Meeting the health and social needs of pregnant asylum seekers, midwifery students' perspectives: part 1; dominant discourses and midwifery students. Nurse Educ Today. 33: 1008–1013.
6. Hnilicová H, Dobiášová K (2009a). State of Art Report – Závěrečná zpráva o stavu zdraví a zdravotní péči pro migranty v ČR [Conclusion report on health condition and health care of migrants in the Czech Republic]. MIGHEALTH/CZ [online] [cit. 2013-04-25]. Available from: <http://mighealth.net/cz/images/d/dc/Zpr%C3%A1va_o_stavu_zdrav%C3%AD_migrant%C5%AF_v_%C4%8CR_na_web.pdf > (in Czech).
7. Hnilicová H, Dobiášová K (2009b). Zpráva o stavu zdraví a zdravotní péči pro migranty v ČR [Report on health condition and health care of migrants in the Czech Republic]. Praha: 1. LF UK [online] [cit. 2013-04-25]. Available from: <http://www.eifzvip.cz/…_migrantu_v_ CR.pdf> (in Czech).
8. Kim KS, Kim MK (2014). Maternal acculturation process of married immigrant women in Korea. J Korean Acad Nurs. 44: 1–12.
9. Lyberg A1, Viken B, Haruna M, Severinsson E (2012). Diversity and challenges in the management of maternity care for migrant women. J Nurs Manag. 20: 287–295.
10. McCarthy R, Haith-Cooper M (2013) Evaluating the impact of befriending for pregnant asylum seeking and refugee women. British Journal of Midwifery. 21: 276–281.
11. MIGHEALTHNET (2010). Informační síť o dobré praxi ve zdravotní péči pro migranty a etnické menšiny v Evropě [Information network about good practice in health care for migrants and ethnic minorities in Europe]. [online] [cit. 2010-10-07]. Available from: <http://mighealth.net/cz> (in Czech).
12. Postulka P (2014). Optimising Childbirth Across Europe Conference; April 9–10, 2014; In: Optimising Childbirth Across Eurepe Conference.
13. Schmidt N, Epiney M (2014). What is the role of participatory action research in improving maternal health among migrants in Europe? In: Optimising Childbirth Across Eurepe Conference; April 9–10, 2014; Vrije University, Etterbeek campus, Brussels, Belgium.
14. Small R, Roth C, Raval M, Shafiei T, Korfker D, Heaman M, McCourt Ch, Gagnon A (2014). Immigrant and non-immigrant women's experiences of maternity care: a systematic and comparative review of studies in five countries. BMC Pregnancy and Childbirth. 14: 152.
15. Urquia M, Glazier R, Gagnon A, Mortensen L, Nybo Andersen AM, Janevic T, Guendelman S, Thornton D, Bolumar F, Rio Sánchez I, Small R, Davey MA et al. (2014). Disparities in preeclampsia and eclampsia among immigrant women giving birth in six industrialised countries. BJOG. Apr 24. [Epub ahead of print].

16. Vacková J (2012). Zdravotně sociální aspekty života imigrantů v České republice [Medical and social aspects of immigrants' lives in the Czech Republic]. Prague: Triton (in Czech).
17. Velemínský M, Tóthová V (2013). Health condition of immigrants in the Czech Republic. Journal of Nursing, Social Studies, Public Health and Rehabilitation. 4: 47–56.

Contact:

Prof. MUDr. Miloš Velemínský, CSc., Dr. h. c., University of South Bohemia, Faculty of Health and Social Studies, Jírovcova 1347/24, 370 04 České Budějovice, Czech Republic
Email: mveleminsky@tbn.cz