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The Meaning of Support for the Childbirth Experiences of Immigrant Women

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Abstract

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Childbirth is a transition in life, during which the meaning of social support networks is emphasized. The childbirth experience itself is affected by the support received from the support network as well as from the midwife. A positive childbirth experience is connected to the feeling of control in labor, which can be enhanced by the relationship the woman develops with her midwife. Immigration can affect the social support system of an individual greatly. As an immigrant, one can give very different meanings to cultural factors and the relationships one experiences. Childbirth can accentuate the cultural differences between one's native culture and the culture to which one has migrated.

The increasingly multicultural customer base of the Finnish maternity health care system challenges the professionals working within the system to meet the diverse needs of all its customers. The need for culturally competent care is increasing, placing the individual situation of each woman giving birth at the centre of care. For immigrant women, this includes the various meanings an individual woman gives to her supportive needs and the unique relationship she builds with her midwife. The purpose of this study was to provide information to health care professionals working within the Finnish health care system, in order for them to be able to understand and meet the needs of immigrant women. The aim of the study was to understand the meaning of support for the childbirth experiences of immigrant women. This study was conducted in collaboration with the Helsinki University Central Hospital (HUCH) Women's Hospital.

For this study, seven immigrant women, who had recently given birth in Finland were interviewed about their childbirth experiences. The data was collected by individual theme interviews. The data was recorded, transcribed and analyzed using content analysis.

According to the findings of this study, the childbirth experiences of immigrant women in Finland included factors related to being an immigrant, such as the unfamiliarity of the health care system and communicating in a foreign language, and factors related to the health care professionals, social support and experiencing various feelings during childbirth. The hospital arrangements were seen as affecting the experience of social support. The women interviewed in this study had very different constructs of support networks. They received support during pregnancy and childbirth from their support network and the health care system, and the support was physical, emotional, informational as well as advocacy. The role of the husband was especially important during childbirth. The support from professionals had a significant impact on the childbirth experience. The relationship with the midwife had positive and negative factors, where positive factors included continuous care and support and facilitated the sense of control, while negative factors resulted in feelings of mistrust and of not being heard.

The findings of this study emphasize the need to develop midwifery care and hospital arrangements so that they can provide culturally competent care, which acknowledges the individual situations and needs of all women and recognizes the importance of social support for the childbirth experience.

Keywords: childbirth experience, immigrant, midwife, support

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1 Introduction

Childbirth can have very different meanings to women as individuals and in different cultures. It has many socio-cultural factors and is often affected by traditions, beliefs and even rituals. (Lee 2013.) Becoming a mother is a transition in life that nearly always causes feelings of uncertainty and anxiety, even if its challenges are faced within one's own culture and with the support of one's family. Immigrant women face even more challenges at the time of childbirth, as undergoing the emotional, physical and social adjustments of pregnancy and childbirth as an immigrant adds another transition requiring significant adaptation. (Ottani 2001.)

Women have been attended to and supported by other women in pregnancy and childbirth throughout history and in all cultures. Continuous support during labor can have a considerable effect on a woman's satisfaction with her childbirth experience, as well as the labor outcomes. (Hodnett, Gates, Hofmeyr & Sakala 2013.) The importance of support during labor has been acknowledged worldwide and is recommended by the World Health Organization (WHO) to promote maternal and infant health (WHO 2016). Immigrant women often have poorer health outcomes in general and related to maternity health than native women (e.g. Khanlou, Haque, Skinner, Mantini & Kurtz Landy 2017; Munk-Olsen, Laursen, Mendelson & Pedersen 2010), placing even more significance to the effects of a positive childbirth experience on the overall maternal health status (Ross-Davie & Cheyne 2014). Immigrant women often have a limited support network, and its significance is highlighted at the time of childbirth. The overall health and wellbeing of a woman, as well as her socioeconomic status, language competency and support system affect the way in which she can achieve a positive childbirth experience. (Lee 2013; Ottani 2001.)

Cultural diversity is increasing due to migration, and health care workers interact with people from diverse backgrounds daily. Differences between cultures can be accentuated at certain critical events in life, such as birth or death, and can therefore cause more anxiety in immigrants, who are trying to balance elements of two different cultures in their lives. (Ottani 2001.) Health care providers in obstetrical settings are in a key position to provide support to immigrant mothers and their families. Although a health care worker with experience of the mother's culture might be ideal, any health care professional can provide more culturally competent care by asking about the mother's culturally embedded health beliefs, practices and expectations. (Lee 2013.)

The dominant definition of culture in health care literature implies that culture is static and unchanging. Against this static view of culture as shared customs and traditions, a more dynamic understanding of culture is proposed, which incorporates age, race, gender, sexual

orientation, ethnic origin and religion with the social, political and economical factors which affect an individual's health status and access to health care, as well as the reality that cultural views change through personal experiences and over time. The dominant approach, labelled as the cognitive approach to culture can lead to stereotyping, and generic models of care are often based on these stereotypes. The cognitive approach also fails to recognize the effect of personal choice, as people may choose not to follow their ascribed cultural customs and traditions. This merging or loss of different practices can happen for many reasons, migration being one of the most notable. (Williamson & Harrison 2010.)

This more dynamic understanding of culture promotes the adaptation of culturally appropriate or culturally competent health care. According to the concept of cultural competence, people should not be considered a homogenous group only because they share a similar ethnic background. Cultural competence decreases stereotyping and assuming similarities and promotes holistic care. (Campinha-Bacote 1999, 2002; Wilson 2012.)

Typically, the childbirth experiences of immigrant women have been studied among a particular ethnic group within a specific country or area. Gallo (2003) studied the experiences of Latina women in the United States, Lee (2011, 2013), Ito and Sharts-Hopko (2002), Imberg (2008) and Ottani (2001) have studied experiences of maternity care in the United States as well, of Korean, Japanese, Mexican and Cambodian women respectively. Hoang, Le and Kilpatrick (2009) looked into the experiences of Asian women in rural Australia, and Igarashi, Horiuchi and Porter (2013) studied Chinese, Brazilian, Filipino and South Korean women in Japan. All studies used as background literature in this study found diversity among the expectations and experiences of particular ethnic groups (e.g. Gallo 2003; Hoang, Le & Kilpatrick 2009; Ito & Sharts-Hopko 2002; Lee 2013; Ottani 2001), highlighting the need to implement cultural competence and place more importance on the views and choices of individuals.

Cultural competence increases individuality in care and highlights the uniqueness of each woman giving birth and the relationship she develops with her midwife. Relationality, meaning social networks and the meanings an individual gives to them have close ties to the concept of culture (Pachuki & Breiger 2010). Relationality also emphasizes the significance of a woman's social support network as well as the relationship she develops with her midwife during childbirth. (Imberg 2008; Savage 2006.) The relationship with the midwife is an important factor in a woman's childbirth experience. At best, the midwife is a companion, meeting the supportive needs of the woman giving birth. The basis for a successful relationship is the understanding of its uniqueness. Each woman is unique in her situation, expectations and her given meanings to her experience. Mutual trust and participation add to the development of a supportive relationship, which can help a woman achieve a positive

childbirth experience. (Lundgren & Berg 2007.) However, midwives are not always able to meet these needs, depending on their attitude or on organizational requirements. (Thorstensson, Ekström, Lundgren & Hertfelt Wahn 2012.)

The author of this study is a midwife, and has worked for over a decade within the Finnish maternity system, particularly in labor wards, making childbirth experiences an essential part of her daily work. She has engaged in countless relationships with women during childbirth and cared for numerous women with diverse backgrounds. Her professional experience has given her the possibility to develop her knowledge on different cultures. However, she has been aware that the needs of individuals are more complex than what their country of origin or ethnicity might suggest. Therefore, the concept of cultural competence sparked an interest in her. In her experience, balancing between the organizational requirements of the medicalized maternity health care system and the needs of the women giving birth is a common conflict with which midwives struggle. The feeling of not truly meeting the needs of immigrant women, and the increasing multicultural customer base created the need for information on the childbirth experiences of immigrant women in Finland. However, quality studies on the subject in a Finnish context are very limited.

This study has been conducted in collaboration with the Helsinki University Central Hospital (HUCH) Women's Hospital, Finland's largest maternity hospital, where the author currently works. The focus of this study is to explore the childbirth experiences of immigrant women in Finland and to discover the meaning of support for their childbirth experiences, which are discussed in relation to cultural competence and relationality.

2 The childbirth experience of an immigrant woman

This part of the thesis explores the existing literature related to the subject of the study. The nature of childbirth experiences and the factors shaping them are presented, and in particular the role of support and midwives in the childbirth experience. As the focus group of the study is immigrant women, the impact of the immigrant status on pregnancy and childbirth is discussed. The concepts of cultural competence and relationality are presented.

2.1 Childbirth experience

Childbirth is an experience, which despite being a universal phenomenon, is highly subjective and personal. According to a concept analysis by Larkin, Begley and Devane (2009), the key attributes of childbirth experience are 'individual', 'complex', 'process' and 'a life event'. Childbirth is experienced and perceived very differently by individual women, and it is

considered a complex and multidimensional process, a transformation into motherhood. It is a significant landmark in a woman's life or even a rite of passage. Related concepts are 'control', 'support', 'pain' and 'relationship with caregiver'. These are discussed further in this chapter.

Childbirth is safer than ever in the Western world, and Finland is one of the safest countries in the world to give birth in. Childbirth outcomes as measured by mortality and morbidity have little room for improvement. The focus therefore seems to shift to other outcome measures – in particular the childbirth experience. (Heino, Vuori & Gissler 2017; Korpi 2010; Walsh 2010.)

The significance of the childbirth experience for postnatal wellbeing has been recognized. Poor childbirth experiences are connected with a higher prevalence of postnatal depression, and positive experiences are connected with a positive adaptation to motherhood. It is noteworthy that a positive childbirth experience can serve as a protective factor against other risks for postnatal mental health problems. (Goodman et al. 2004; Ross-Davie & Cheyne 2014.) Therefore, it is important to incorporate childbirth experiences alongside obstetric outcomes as indicators of quality maternity care.

In addition to having significant consequences to an individual woman's life, childbirth experiences have an effect on the maternity health care system. Women, who have positive childbirth experiences will experience better health and need less subsequent care on childbirth-related health issues. Women with negative childbirth experiences have an increased risk for post-natal depression and fear of childbirth in future pregnancies, even leading to an increase in caesarian sections due to fear of childbirth (Henriksen, Grimsrud, Schei & Lukasse 2017). Therefore it is both in the interest of individuals as the maternity health care system to promote positive childbirth experiences.

The childbirth experience rarely meets the expectations women have for it, especially in first-time mothers (Gibbins & Thomson 2001). Four key factors related to a woman's childbirth experience are 1) the amount of support from caregivers, 2) the quality of the relationships with caregivers, 3) being involved with decision-making and 4) having high expectations or having experiences that exceed expectations (Hodnett et al. 2013, 3). Labor pain and pain management are also related to the childbirth experience. However, it is suggested that the experience of pain relates to the childbirth experience mostly by how women feel that they are able to successfully manage the labor pain, not through the actual level of pain. (Goodman, Mackey & Tavakoli 2004; Hildingsson, Johansson, Karlström & Fenwick 2013.)

The feeling of being in control is a central determinant of the childbirth experience. Women want to have control over the labor process and their behavior and emotions. This is manifested in the feeling of empowerment and making informed decisions on one's own care. These factors enforce the feeling of confidence, which is closely connected to satisfaction with the childbirth experience. Central to achieving confidence are the positive, supportive and encouraging attitudes of midwives, and the information that they provide during the labor process. (Goodman et al. 2004; Gibbins & Thomson 2001; Hildingsson et al. 2013; Ryttyläinen 2005.) In addition, a safe and peaceful environment, sufficient pain relief, as well as the skillful and confident performance of health care providers enhance the woman's sense of control (Ryttyläinen 2005).

Previous childbirth experiences may promote or obstruct building the sense of control during childbirth. Generally, first-time mothers feel less in control than women who have given birth before. (Cornally, Butler, Murphy, Rath & Canty 2014; Green & Baston 2003; Hildingsson et al. 2013; Ryttyläinen 2005.) Confidence often leads to higher expectations for the childbirth experience, and may in itself help reinforce a positive cycle of confidence and control, leading to a positive childbirth exerience. Vice versa, anxiety – caused usually by fear of childbirth - , is associated with lower expectations, and often leads to a less satisfactory childbirth experience. (Gibbins & Thomson 2001; Henriksen et al. 2017; Hildingsson et al. 2013.)

The strongest predictors for dissatisfaction with the birth experience are insufficient information, lack of involvement in decision-making, obstetric interventions and caregivers who are perceived as unhelpful (Henriksen et al. 2017; Ross-Davie & Cheyne 2014). Preparation for labor, education and antenatal classes are also perceived an important factor in achieving a positive childbirth experience, as this might affect the expectations towards labor, provide women and their birth partners with knowledge and skills that help manage labor pain, maintain control, participate in decision-making and to give and receive support during labor. (Cornally et al. 2014; Goodman et al. 2004; Hildingsson et al. 2013.)

Perceptions of the childbirth experience vary depending on the cultural context. Childbirth can be an empowering experience, but depending in part on the actions of the health care professionals, it can also become an experience of losing power and control. The quality of the childbirth experience is dependent on whether it meets expectations, and it can create different meanings for different women giving birth. Each woman's expectations are individual and culturally embedded, and this should be taken into account by the health care providers. It is essential to understand the meaning of culture to enable a positive childbirth experience. (Etowa 2012b.)

A common assumption among childbirth practitioners especially in the medicalized western world is that all women have the same expectations and beliefs about childbirth. The medical model of care emphasizes the obstetric labor outcomes and fails to take into account the cultural dimensions of the childbirth process as well as personal and cultural factors and may lead to unmet needs during childbirth. (Wilson 2012.) Providing culturally competent care during childbirth may promote positive physiological and psychosocial outcomes, facilitating more meaningful childbirth experiences and better health for mothers and babies. (Etowa 2012b.)

2.1.1 Support during childbirth

Support during childbirth is one of the factors related to how a woman views her childbirth experience. It is the relatively recent medicalization of childbirth in the last hundred years that has lead to more women giving birth at a hospital setting rather than at home. This development has also affected women's possibilities of choosing their labor companions. There is strong evidence of the effect of continuous support during childbirth on labor outcomes. According to a Cochrane review by Hodnett, Gates, Hofmeyr and Sakala (2013), continuous support increases the chances of a woman giving birth vaginally without the need for instrumental assistance. It also decreases the need for labor analgesia and can lead to a shorter delivery. Continuous support increases satisfaction in the childbirth experience and it has no adverse effects on labor outcomes. The lack of continuous support can increase the need for labor analgesia and related interventions of monitoring and preventing adverse effects.

Supporting measures during childbirth can include emotional support, information about the labor progress and advice on coping techniques (informational support), direct assistance and comforting measures such as massage and the offering of food and drink (physical support), and advocacy – helping the woman express her wishes. (Ross-Davie & Cheyne 2014; Hodnett et al. 2013.)

Support from the woman's family and health care professionals often help achieve a positive childbirth experience. Supporting behaviour from health care professionals is described as "physical presence, caring attitudes, provision of information, nature of assessment and coaching" (Etowa 2012a, 30), whereas support from family is of a practical, social and emotional nature, and is often offered as physical and emotional presence, comforting, holding and touching, reassurance, coaching and showing concern. (Etowa 2012a; Somers-Smith 1999.)

Supportive care is viewed as the most beneficial measure from professionals. It reduces feelings of fear, being alone and being out of control. High-quality supportive care can even mediate the negative effects of stressful events during labor on the childbirth experience. (Ross-Davie & Cheyne 2014; Walsh 2010.)

For many women, the support from their spouse or birth partner is the main coping strategy for childbirth. Their partner's role is to provide support, encouragement and reassurance, to help the woman maintain control, and to act as her advocate. (Gibbins & Thomson 2001.) Continuous support is also viewed as a form of pain relief (Hodnett et al. 2013). The presence of close family members can make the laboring woman feel secure and protected, and the lack of such support can result in feelings of loneliness and fear (Imberg 2008; Ottani 2001).

Compared to having no companion during labour, the presence of a family member or friend increases the woman's satisfaction in her childbirth experience. Continuous support is most beneficial when coming from a doula – a person who is not a member of the woman's social network nor a member of the hospital staff, and has some training and experience in giving labor support. (Hodnett et al. 2013.) The benefits of support from doulas have especially been acknowledged for vulnerable women, such as single mothers or immigrant women. Akhavan and Lundgren (2012) describe doulas as facilitators between the midwife and woman, offering good support and even acting as interpreters. The continuity of the doula support was considered important, and doulas were able to cover shortcomings in maternity care, especially in relation to cultural competence.

As an immigrant one usually leaves all or some of one's social support system behind, leading to families separated by great geographical distances. This is highlighted at the time of childbirth, when women typically draw on their support network for familial and social support. In addition to the need of support during labor, the importance of close family, in particular the grandparents, for childbearing as a whole has been acknowledged. (Burgess 2015.) However, it is important to acknowledge the vast individual differences in immigrant women's perceived need and relevance of social support. Fleuriet (2009) states that an individual's preferences for social support depend mostly on her personal given meaning to being pregnant, and not on her immigration status.

The importance of support during childbirth can be explained through relationality, that is the lived relation with others in the shared interpersonal space. Identities are constructed through a web of relations and connections in which individuals are entangled. Relationality emphasizes the dynamic processes and interactions between people as opposed to isolated individuals. (Imberg 2008; Noseworthy, Phibbs & Benn 2013.) Social networks and the meanings an individual gives to them have close ties to the concept of culture (Pachuki &

Breiger 2010). Relationality can be perceived as an important part of preparation for childbirth (Savage 2006) and in labor itself (Imberg 2008), emphasizing the significance of a woman's social support network as well as the relationship she develops with her midwife during childbirth.

Noseworthy, Phibbs and Benn (2013) claim that relationality plays an essential part in decision-making, and propose a relational model of decision-making within midwifery care. Central to this model is that decision-making is also affected by familiar, cultural and socio-political contexts beyond the midwife-woman relationship. This is particularly present during unexpected complications in labor, where an increase in vulnerability creates a need for increased trust between the woman and her midwife, and where autonomy is reduced and agency shifted towards the experts. The relational model acknowledges that midwives are also affected in their decision-making by contextual factors, such as the maternity care system within which they operate.

2.1.2 The midwife's role during labor

The role of a midwife at the time of childbirth can vary from country to country or depending on the birthing environment. Models of care are various and the primary responsibility for the care during childbirth may be held by different health care providers depending on the model of care being implemented. However, it is safe to say that in all settings the role of the midwife is to provide support for the woman in labor. Midwife-led care models are shown to decrease the risk of interventions during labor and increase the women's satisfaction in the care they have received (Sandall, Soltani, Gates, Shennan & Devane 2016). The mother-midwife relationship is an important factor in a woman's childbirth experience. Essential elements of the relationship are trust and participation on the mother's side, and availability, mediation of trust, confirmation and support on the midwife's side. (Lundgren & Berg 2007.)

As presented earlier above, support is of several types: emotional, informational, physical and advocacy (Hodnett et al. 2013). Midwives provide all types of support. Even though a midwife's presence does not replace the support from a partner, professional support is central to womens' views of their childbirth experience, and can not be substituted by the support of a birth partner. (Gibbins & Thomson 2001; Ross-Davie & Cheyne 2014.) According to Ross-Davie and Cheyne (2014), emotional support is generally perceived as the most important form of support from midwives, although informational support and providing pain relief are valued as well. There may be variation in the perceived importance of different types of support depending on cultural factors and age.

Women value a trusting and supportive relationship with their midwife during labor. Respectful, individual care, continuous support and communication may contribute to a positive childbirth experience. These aspects of care help build trust and create a safe environment in which women are able to participate in decision-making, which in turn enhances their sense of control and supports positive birth outcomes and experiences. (Cornally et al. 2014; Green & Baston 2003; Hildingsson et al. 2013; Nystedt, Kristiansen, Ehrenstråle & Hildingsson 2014; Ryttyläinen 2005.)

However, current models of care don't always support midwives in adopting the best measures to attain these goals. Thorstensson, Ekström, Lundgren and Hertfelt Wahn (2012) discuss midwives' supporting roles in labor compared to two ideologies: 'with woman' and 'with institution'. They concur that the 'with woman' ideology better meets the attributes of care that women value, with the relationship between the midwife and the birthing woman and her partner being at the center. The 'with institution' ideology emphasizes efficiency and risk-management, and the midwife's supportive role is less clear, which increases the risk of the supportive needs of the birthing woman and her partner not being met.

Similarly, Reed, Rowe and Barnes (2016), identified two types of midwifery practice: 'rites of protection' and 'rites of passage'. The former involves performing clinical assessments, and can interfere with the latter, which are synergistic with the birthing woman's needs. Midwifes acknowledged the 'rites of protection' catering to the needs of the institution through a medicalized view of care. The 'rites of passage' enforced the empowering and transformative nature of childbirth, with the midwife seen as a companion rather than an authoritative instructor. These findings reflect the modern midwifes' somewhat contradictory role between the birthing mother and the institution, striving to meet the needs and requirements of both.

This dualism can even be seen in the definition of the modern midwife. The International Confederation of Midwives defines a midwife as a "professional, who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period" (ICM 2017). The definition of a midwife also states that midwifery care includes preventive measures, accessing of medical care and carrying out emergency measures, thus acknowledging the role of the midwife between the medical aspects of care and the supportive needs of the women she cares for. (ICM 2017.) The WHO focuses even more on the medical aspect of midwifery care, stating that midwifery includes "preventing health problems in pregnancy, the detection of abnormal conditions, the procurement of medical assistance when necessary, and the execution of emergency measures in the absence of medical help" (WHO 2018), but does not mention the supportive aspect of midwifery care.

Still, for many women, professional support is the most significant element of their childbirth experience, outweighing even the effects of medical interventions or the birth environment. Supportive care from midwives can help women achieve a positive childbirth experience even when their expectations could not be met. (Ross-Davie & Cheyne 2014.)

2.2 Giving birth in another country

2.2.1 The impact of immigration on reproductive health

On the average, immigrants can be assumed to be in better health than others in their country of origin, because good health and physical condition are needed to endure the migration process and to be able to search for a job and settle in a new country. Compared to natives, immigrants may be at a disadvantage in regard to health issues, although this does vary according to the country of origin and whether immigration has been motivated by humanitarian causes. Migration might also lead to an improvement in the general health status of an individual. The post-migration health status of an immigrant is affected by several determinants: the health indicators of the host country, stress factors leading to migration and of migration itself and the process and extent of intergration in the new country. (Adanu & Johnson 2009; Gibson-Helm et al. 2014).

Especially immigrants and refugees from low-income countries suffer from poorer general health and nutritional status. Circumstances that often lead to emigration, such as conflicts and disasters, affect basic amenities and infrastructure, which in turn affect nutrition, immunizations, antenatal care, and can lead to displacement, psychological trauma and poor infant and maternal health. (Adanu & Johnson 2009; Carolan 2010.)

Immigrant women may also suffer from specific health problems due to their background. Women from low-income countries often have high parity and frequent pregnancies, which can affect their nutritional status and cause anaemia. They are more often affected by infectious diseases, such as HIV/AIDS or tuberculosis (TB). However, these diseases are not relatively common. Female genital mutilation (FGM) is common in some cultures, and it can have many effects on women's reproductive health and childbirth. (Carolan 2010; Gibson-Helm et al. 2014.)

These health disparities lead to an increased susceptibility in immigrant women to pregnancy complications and poor pregnancy outcomes. Low birthweight, hypertensive disorders, gestational diabetes, preterm birth and higher infant mortality are reported in studies. (Carolan 2010; Gibson-Helm et al. 2014.) At a general level, immigrant women are more likely to receive inadequate prenatal care and consequently undergo more adverse birth outcomes,

though there are considerable variations according to country of origin (Heaman et al. 2012; Urquia et al. 2010). Women from low-income countries in particular have poorer access to health care during pregnancy, and this might significantly add to the development of pregnancy complications. (Carolan 2010; Gibson-Helm et al. 2014.)

Acculturation, meaning integration into the host society, can diminish the health disparities between immigrants and natives of the host country. This can have negative or positive consequences to an individual. For example, studies have found increasing numbers of smoking and decreasing numbers of breastfeeding with longer periods of time since immigration. (Adanu & Johnson 2009.) Lower levels of acculturation are found to be a barrier to access health care. Recent immigrants are therefor at greater risk for health disparities. However, acculturation is a process affected by personal beliefs and behavior as well as the general receptivity of the host country. (Khanlou et al. 2017; Malin & Gissler 2009.)

Reported barriers to health care access include poor language skills and communication problems, weak social support, limited economic resources, limited knowledge of health issues and services and unsympathetic services from health care providers. (Boerleider, Wiegers, Manniën, Francke & Devillé 2014; Carolan 2010; Heaman et al. 2012; Khanlou et al. 2017; Lephard & Haith-Cooper 2016.) Socio-economic disadvantage and limited language skills are more common among women with a refugee background. As these are related to poorer pregnancy outcomes, the greater needs of antenatal health care for refugee women should be acknowledged. (Gibson-Helm et al. 2014.) In addition to barriers affecting the use of prenatal care, Boerleider et al. (2014) identified also facilitating factors. Provision of information and health care provided by someone of the same ethnic origin with the women's native language were identified as the most important facilitators.

Stress is commonly associated with migration. Pre-migration trauma, resettlement issues, cultural misunderstandings, post-migration living difficulties and a perceived lack of social support can place immigrant women at higher risk for psychological distress. Unsympathetic health care providers can add to the feelings of loneliness and isolation. (Carolan 2010; Khanlou et al. 2017.)

Relational changes due to migration are an additional cause for stress. Immigration experiences can challenge an immigrant's understanding of 'family'. Separations and reunions cause inevitable strain on relationships. New people are being introduced into the web of relationships. Many immigrant families face dilemmas between genders and generations when attempting to find balance between different cultures. Gender roles within a family may be polarized when men often search for work to provide for the family while women stay at home, causing strain on the marital relationship and accentuating differences with the

surrounding society, where women may be equally active as men outside the homes. Conflicts between generations might also be provoked by different stages of acculturation. (Falicov 2007.)

The higher risk for mental health problems is also present during pregnancy and after childbirth. Munk-Olsen, Laursen, Mendelson and Pedersen (2010) found that both first and second generation immigrants had a higher risk for mental health issues compared to natives, and that the risk was greatest during the first month after delivery. According to Miszkurka, Goulet and Zunzunegui (2010), particularly symptoms of depression are more prevalent during pregnancy among women with an immigrant background, and although the risk varies considerably depending on the region of origin, the socio-economic status and the lack of social support are major factors in determining the risk for depressive symptoms. Postpartum depression is more rare in cultures where there is strong social support for new mothers. The cultural differences between the region of origin and the new country of residence can add to the difficulties of adjusting to a new environment, and increase the risk for perinatal mental health issues. (Khanlou et al. 2017; Miszkurka, Goulet & Zunzunegui 2010; Zelkowitz, Saucier, Wang, Katofsky, Valenzuela & Westreich 2008.)

The risk for mental health issues with immigrants can decrease with time. Women who have lived in a new country for a shorter time have a greater risk for perinatal depression. They also have fewer people in their social support network. This is supported by other findings (Khanlou et al. 2017), that suggest that immigration as such is not a risk factor, but related transitions, such as several stressful life events, social isolation and separation from the extended family and strain on the marital relationship increase the risk for depressive symptoms during pregnancy. It is noteworthy that the risk for depressive symptoms correlates most with the perceived need for social support and the satisfaction in available support rather than the actual composition of the support network or amount of support received. (Zelkowitz et al. 2004.)

Depressive symptoms are also related to somatic symptoms, as distress may be expressed through somatic compaints. The presence of depressive or several somatic symptoms during pregnancy along with marital quality has a strong correlation with postpartum depression. Depressive symptoms can also correlate with inadequate self-care and poor nutrition during pregnancy, thus contributing further to poor maternal health outcomes. (Khanlou et al. 2017; Zelkowitz et al. 2004.)

According to Malin and Gissler (2009), immigrant women's births make up 5,9% of all births in Finland. A significant proportion of immigrants are women in fertile age. The largest migrant origin groups in maternity care are Russians (27,1% of all singleton births of ethnic minority

women), Somalis (12,5%) and East-Europeans (9,1%). (Malin & Gissler 2009.) More recent statistics are unavailable, since these figures are the result of a study combining the Finnish birth register to the information of the Finnish general population register on the nationality, language and country of birth of women who have given birth. The Finnish birth register does not include information on the mother's race or ethnicity, due to limitations in legislation (Finlex 2001).

Contrary to the situation in many other countries, in Finland ethnic minority women take part in maternity care substantially, with equal participation in maternity clinic and hospital outpatient visits as native Finns (Heaman et al. 2012, Malin & Gissler 2009). Thus in Finland, disparities in birth outcomes for immigrant women can not be explained by poorer access to maternity health care. According to Malin and Gissler (2009) the children of ethnic minority women are more often small-for-gestational-age (SGA) and of low birth weight and have more interventions after birth. The perinatal mortality rate is two-fold for newborns of Somali origin and six-fold to newborns of other African origin (excluding North Africa), compared with the rate of newborns of Finnish ethnic origin. (Malin & Gissler 2009.)

Literature recognizes an interesting phenomenon, labelled the 'epidemiological paradox' or 'healthy migrant effect'. Several studies have shown immigrants to have better maternal health and birth outcomes than the women of the host country, irrespective of socio-economic status, education or access to health care. In particular, this finding is supported by studies among Black and Latina immigrant women in the United States. (Almeida, Mulready-Ward, Bettegowda & Ahluwalia 2014; Cervantes, Keith & Wyshak 1999; Urquia et al. 2010.) Finnish statistics do not confirm the healthy migrant effect in the Finninsh context (Malin & Gissler 2009).

The healthy migrant effect has been explained by the immigrants' relatively good health status needed to be able to migrate, healthier habits, by social ties and the traditional culture of the country of origin acting as a protective buffer. The healthy migrant effect is supported by the findings that these better birth outcomes tend to diminish with higher levels of acculturation. (Almeida, Mulready-Ward, Bettegowda & Ahluwalia 2014; Cervantes, Keith & Wyshak 1999; Cripe, O'Brien, Gelaye & Williams 2011.)

Immigrant women are also found to have resilient coping strategies that enable them to amend for the risk factors they possess. These coping strategies are enhanced by a socially supportive network, accessible health services and culturally sensitive interventions. (Khanlou et al. 2017.) Social support is also considered to be in a central role in the health migrant effect. It is thought to mediate established risk factors, decrease engaging in risk behaviors and improve the emotional and psychological state of pregnant women. However, many

studies fail to take into account the individual differences of the personal relevance of social support. Immigrant groups of common origin are considered homogenous and scales to measure social support lack cultural sensitivity. The protective effect of social support leading to better birth outcomes might be the result of a woman's pregnancy-related social status, regardless of her immigrant status. (Fleuriet 2009.)

2.2.2 Giving birth as an immigrant

Generally, immigrant women have the same expectations of maternity care as non-immigrant women. Women want individual quality care, unrushed caregivers, information, explanations and support, involvement in decision-making, continuity of care, kindness and respect. In a review by Small et al. (2014), these findings were similar irrespective of the cultures of origin or the host countries. However, immigrant women were in general less satisfied with the care they received, and the main factors which had a negative impact on their experiences were communication problems, unfamiliarity with the care system, perceptions of discrimination and unkind or unrespectful care.

Giving birth in a cultural environment different from your native country can have positive and negative aspects. Positive aspects can include friendly health care providers, the active involvement of one's own husband resulting in a strengthened bond between the couple, and freedom from traditional rituals and taboos. (Imberg 2008; Ito & Sharts-Hopko 2002; Lee 2013.) Even though immigrant mothers often view traditional practices related to childbirth as important, they often enjoy the fact that they are able to be selective about which practices they choose to follow (Imberg 2008; Hoang et al 2009; Lee 2013; Nicolaou 2011; Gallo 2003).

Giving birth in another country can also be viewed as safer due to technology and advanced medical care, in particular among women who have migrated to a high-income country from a low-income country (Imberg 2008; Gallo 2003; Lee 2013). A baby born in the United States is given a United States citizenship. This was considered a benefit by mothers who gave birth in the United States (Gallo 2003; Lee 2013), but this is a practice that varies from country to country. Children born to immigrant parents in Finland in general are not granted Finnish citizenship, unless the child does not get citizenship of any other country on the basis of the parents' citizenship, or the parents have refugee status or have been granted protection against the authorities of their country of nationality (Finnish Immigration Service 2018).

On the other hand, the negative aspects of giving birth in another country are often related to the differences in the health care system. (Gallo 2003; Hoang et al. 2009; Lee 2013; Lephard & Haith-Cooper 2016.) Medicalized models of care in high-income countries can

cause uncertainty and fear due to the exposure to medical procedures, which might be unfamiliar and unwanted. Culture also affects the perception of labor pain and the adopted coping mechanisms, which emphasizes the need for individual support. (Callister, Khalaf, Semenic, Kartchner & Vehviläinen-Julkunen 2003; Murray, Windsor, Parker & Tewfik 2010.)

Language issues often complicate the situation. Confusion and even frustration can result from being unaware of what is included in the care and payments. Immigrant mothers can experience difficulties in making medical decisions, because they are given more responsibility in the decisions about their care than they are used to. They might feel that the lack of active advice or recommendations mean that the health care providers care for them less, and this might affect the building of a trustful relationship with their health care provider. They might have problems with health literacy as well, even if they have a relatively high level of education. This results in their seeking for health information from other sources, such as the internet, rather than from the health care provider. (Khanlou et al. 2017; Lee 2013.)

Differences in food culture are viewed as a negative aspect, as certain cultural traditions and beliefs of the mother's recovery from childbirth often include very specific instructions on dietary issues. However, immigrant mothers do not follow traditional practices as meticulously as they would in their native country. (Gallo 2003; Hoang et al. 2009; Lee 2013; Ottani 2001.)

The lack of support systems is also seen as a negative aspect of giving birth as an immigrant. The lack of social support from the extended family has a significant effect on the wellbeing of the new mothers. A potential relationship between postnatal depression and the lack of support is identified, as women experience loneliness, isolation and exhaustion due to a lack of support from their families. (Hoang et al. 2009; Lee 2013.) Although the support provided by the health care professionals is appreciated, the support of the spouse or family members is preferred (Gallo 2003; Imberg 2008; Lephard & Haith-Cooper 2016). A community support group of peers – women from the same background who have experienced pregnancy and childbirth – also has a positive impact on the experiences of immigrant women (Ito & Sharts-Hopko 2002).

Differences in the model of care seems to be a common cause for confusion, frustration and even anxiety. As Ottani (2001) states, these feelings do not necessarily arise from the critical events of the pregnancy or childbirth itself, but rather of experiencing them in a different culture. Ottani concludes that giving birth in a strange culture can also serve the purpose of integrating into the strange culture by familiarizing and accessing health care and creating new contacts within the community. Nevertheless, it is important for health service providers

to acknowledge that immigrant mothers are going through several transitions simultaneously, and that their expectations, choices and reactions are a reflection of these.

The challenges that giving birth as an immigrant poses all affect the childbirth experience. The unfamiliarity of the health care system, the lack of understandable information, difficulties in communication and the limited support systems directly have an impact on elements contributing to a positive childbirth experience: the feeling of control, sufficient pain relief, the relationship with the caregivers and participating in decision-making. (Murray et al. 2010.)

2.2.3 The role of communication in health care for immigrant women

The importance of communication in high-quality maternity care for immigrant women is expressed in literature (Bulman & McCourt 2002; Gallo 2003; Lee 2013; Nicolaou 2011). Good communication and understanding enhances positive experiences and is associated with better health outcomes through greater adherence to recommendations and attendance at follow-up appointments. The role of an accredited interpreter is central in achieving good communication and understanding with patients with immigrant backgrounds. (Bulman & McCourt 2002; Nicolaou 2011.)

Language is a significant barrier to accessing health care. Often immigrant women are unaware of services they are entitled to, or they choose not to use them because the services are provided in another language without the possibility of interpretation. Even written material can not be utilized because of the language barrier. (Hoang et al. 2009; Lee 2013; Nicolaou 2011.) The possibility to communicate with a health care provider in one's own language can relieve anxiety during childbirth. Even small efforts from the health care providers to communicate with the mothers' own language adds to the feeling of being respected. The absence of an interpreter, even of a relative or friend acting as a translator, can lead to feelings of loss, disconnection and inferiority due to the inability to communicate with health care providers. (Gallo 2003; Imberg 2008; Ottani 2001.)

Communication is also central to achieving culturally competent care. Thorough knowledge of all cultures is difficult and impractical to achieve. Superficial cultural knowledge may even be detrimental. Cultural competence emphasizes the willingness to learn, encounter and interact, to respect and be aware of cultural differences as well as one's own beliefs and biases. (Wilson 2012.) Especially people with immigrant backgrounds, who need to assimilate their own cultural background with their new environment, the extent to which they wish to adopt the practices of their new home country can vary greatly between individuals. (Nicolaou 2011.) Cultural sensitivity and awareness, communication and interaction between

the birthing mother and the midwife caring for her are therefore essential in establishing the mother's wishes and providing care that meets her expectations (Khanlou et al 2017; Phiri et al. 2010; Truong, Paradies & Priest 2014).

2.3 Cultural competence in health care

According to a literature review by Williamson and Harrison (2010), most nursing and midwifery literature discussing culture and care focuses on the cognitive aspect of culture; the shared values, beliefs and traditions of a group identified by language or location. This definition of culture easily leads to generalization and stereotyping and neglects to recognize the needs of individuals as there is usually more variance within a cultural group than between cultural groups. This is addressed with the implementation of cultural sensitivity and cultural competence in order to provide culturally appropriate care. (Campinha-Bacote 1999, 2002; Saha, Beach & Cooper 2008; Truong et al. 2014; Wilson 2012).

Cultural competence is an approach aimed at improving the accessibility and effectiveness of health care to ethnic minority groups in order to reduce health disparities. Central to the concept are awareness, knowledge and skills of health care providers, as well as policies and practices of organizations, making it an attribute of individual health care professionals as well as health care delivery. Several reviews on interventions to improve cultural competence (Truong et al. 2014) have shown that intercultural training and education for health care providers can enhance cultural competence attitudes, knowledge and skills. The extent to which these are translated into practice is unclear. However, interventions to improve cultural competence also have an impact on patients' health outcomes.

Problems with research on cultural competence include the diversity of terms used – cultural awareness and cultural sensitivity are used interchangeably with cultural competence – and the lack of a cohesive definition or framework on cultural competence. Many studies also rely on self-reporting to assess cultural competence of health care providers, which is subject to bias. (Truong et al. 2014.) This is particularly true of many studies conducted on the subject in Finland (e.g. Degni, Suominen, Essén, El Ansari & Vehviläinen-Julkunen 2011; Mulder 2013; Repo 2015; Tynkkynen 2012). In fact, Sainola-Rodriguez (2009) found that health care providers' estimates of their own cultural skills were higher than they were when estimated by the patients. Also, health care providers estimated their patients' satisfaction in received care better than it actually was.

Campinha-Bacote (1999, 2002) presents the Process of Cultural Competence in the Delivery of Healthcare Services as a model for promoting cultural competence in practice. The model is constructed of five areas: cultural desire, cultural awareness, cultural knowledge, cultural

skill and cultural encounters, as outlined in Table 1. The five constructs are in an interdependent relationship with each other. An individual health care provider can begin the process in any area, but all must be adressed in order to understand the basis of culturally appropriate care.

CONSTRUCT	DEFINITION AND AIM	REQUIREMENTS
CULTURAL DESIRE	Motivation to engage in the process of becoming culturally aware, knowledgeable and skillful and to seek cultural encounters, as opposed to being required to.	Humility, respect, acceptance, commitment and compassion, and willingness to learn from others.
CULTURAL AWARENESS	Preventing imposing one's cultural values onto others.	Self-assessment and acknowledgement of one's own cultural and professional biases and beliefs, and possible prejudice arising from them.
CULTURAL KNOWLEDGE	Obtaining information about different world views. Aims to reduce assumptions and cultural stereotyping.	Active effort to understand cultural differences. In a health care setting it is important to familiarize health-related values and beliefs, disease incidence and prevalence, and treatment efficacy.
CULTURAL SKILL	Process of learning to provide culturally appropriate care.	Conducting cultural assessment and culturally based physical assessments.
CULTURAL ENCOUNTERS	Modification, evaluation and refinement of existing knowledge and beliefs. Aims to prevent possible stereotyping that may have occurred.	Being involved in intercultural interactions and learning from those encounters.

Table 1: The five constructs of cultural competence according to Campinha-Bacote (1999, 2002)

Cultural competence can be considered as a skill of an individual health care provider, but also as an attribute of health care services and quality of care. Cultural competence is associated with quality of care, because it aims to provide care that is sensitive to the diverse needs and expectations of patients. Culturally competent care should include knowledge and understanding of cultural differences and skills to interact with individuals from different cultures. (Etowa 2012b; Nicolaou 2011; Phiri et al. 2010; Saha et al. 2008; Truong et al. 2014; Wilson 2012.) In order to provide culturally competent care, it is necessary to understand and accept cultural differences rather than require assimilation (Brown et al. 2016; Wilson 2012).

Williamson and Harrison (2010) also discuss how culture can be used in power relations, which are usually unfavourable for minorities. This is discussed in the context of cultural safety. Cultural safety is a concept developed originally in New Zealand to acknowledge the disadvantaged postcolonial position of the indigenous Maori population, leading to health inequalities. Although originating in New Zealand, cultural safety has been adopted elsewhere, though its applicability to other environments has been contested. However, it provides an alternative to the generic models of care. Empowerment is central to cultural safety. Empowering minority populations enables them to articulate their health needs and receive culturally safe or culturally appropriate care. In the maternity care setting, however, it is argued that the current dominant Western medical system exerts power and control over women, and provides few chances for empowerment. Immigrants' position differs from that of the indigenous populations in former settler colonies such as New Zealand, who have experienced oppression, but there are similarities particularly in relation to the minority status. (Brown, Middleton, Fereday & Pincombe 2016; Phiri, Dietsch & Bonner 2010; Williamson & Harrison 2010.)

It is important for health care providers to acknowledge the power they hold with their position within the health care system in relation to their clients. The power relations are even more emphasized when it comes to minority groups. This may be accentuated among midwives, whom are used to assuming control as a part of role as a health care professional. This can be detrimental to the provision of culturally competent care, as recognizing and overcoming these power relations is needed for empowering, woman-centered, culturally competent midwifery care, that aims to meet the individual needs of each woman. (Brown et al. 2016; Phiri et al. 2010; Saha et al. 2008; Williamson & Harrison 2010.)

3 Purpose, aim and objectives

The existing literature shows that having a child as an immigrant in a new country has many effects on the childbirth experience (Gallo 2003; Hoang et al. 2009; Lee 2013; Ottani 2001). However, this topic has not been widely studied in a Finnish context. The childbirth experience has implications on the woman's physical, mental and sexual health, and can have an impact on the adaptation to motherhood, thus affecting the wellbeing of the child and the whole family as well. (Goodman et al. 2004; Ross-Davie & Cheyne 2014.) Health care providers should be able to meet the needs of a culturally diverse population, and consider the individual meanings of culture and support through relationality and cultural competence.

The purpose of this study is to provide information to health care providers working within the Finnish health care system with pregnant women and new mothers, in order for them to

be able to understand and meet the needs of these women. The aim of the study is to understand the meaning of giving birth in a new country and culture to immigrant women. The objectives of this study are to explore the childbirth experiences of immigrant women in Finland and to investigate the meanings of social support and lack thereof, and the implications of support from midwives during childbirth. These meanings will be discussed in reference to the concepts of relationality and cultural competence.

As the concept of cultural competence proposes, people of similar ethnic background are not a homogenous group and should not be sterotyped. As it can be argued, each individual is only the representative of their own personal culture. There is usually more diversity among an ethnic or cultural group than between them. (Campinha-Bacote 1999, 2002; Wilson 2012). In promoting cultural competence and individual holistic care, maternity health care might be able to better meet the needs of all women with their unique backgrounds and social networks.

4 Methods

4.1 Qualitative research as the chosen approach

Research is used in nursing and healthcare in order to produce evidence for best practices and quality care. Evidence-based guidelines have the prospect of improving both health outcomes and performance of a health care system, both of which are in close relation to the quality of care. (Grove, Burns & Gray 2013; Melnyk & Fineout-Overholt 2011.)

The role of qualitative research in evidence-based practice is to provide theoretical foundation for interventions. Qualitative research can also expand the meaning of interventions to cover theoretical approaches and qualitatively derived theory. (Streubert & Carpenter 2011.) Qualitative research is well suited for exploratory purposes, when there is little previous knowledge on the subject of research. A qualitative approach enables the researcher to explore, discover, describe and explain what are the key issues of the phenomena at the focus of the study from the viewpoint of the subjects of the study. (Boeije 2010; Kvale & Brinkmann 2009; Keegan 2009.)

Qualitative research can aim at discovering and understanding the meanings that people give to their social environment. It can focus on the lived experiences of the research subjects and the meanings of those experiences. (Boeije 2010; Kvale & Brinkmann 2009; Tuomi & Sarajärvi 2018.) Qualitative theory implies that an individual is a part of a community, and the meanings that are given to individuals' experiences are derived from the community that they

are a part of. Therefore, meanings are often shared meanings within that group or community. (Kvale & Brinkmann 2009.)

A qualitative approach was chosen for this study in order to be able to explore the subject, that has previously been little researched in a Finnish context. The author has worked for more than a decade as a midwife within the Finnish maternity health care system, particularly in the labor ward with women during childbirth. She has met and cared for immigrant mothers almost daily, and this experience from the field has shown, that there is a need for research on the childbirth experiences of immigrant mothers, and how the current care practices are able to meet their needs.

The qualitative approach was believed to provide the means to describe the individual experiences of the informants for the study and to provide information about the meanings of these experiences to them. It was also expected to shed light on the different aspects of the childbirth experience of an immigrant in Finland, so that current practice could be better linked to the lived experiences of the immigrant women.

4.2 Data collection by theme interviews

Qualitative studies often use interviews to collect data. A qualitative interview is a conversation between researcher and informant, and the researcher is the most important instrument of the research. The researcher needs to have an understanding of the studied phenomena as well as an interest in human interaction. Interview questions should be designed to fit the research topic and research questions, in order to bring light on the issues the study is focusing on. (Kvale & Brinkmann 2009.)

Individual or one-on-one interviews are often used when researching sensitive issues, as opposed to group interviews. Interviews also provide insight and understanding on the context of the research topic, because the topic and its meanings can be explored more profoundly with asking further questions arising from the answers of the informant. Theme interviews are based on preset themes and it proceeds by asking specifying questions related to the themes of interest. (Keegan 2009; Tuomi & Sarajärvi 2018.)

For this study individual theme interviews were chosen as the method of data collection, because of the nature of the topic. Childbirth is a very intimate and sensitive subject, and it was acknowledged that information on the subject would best be obtained in a private and confidential setting. The interviews were based on preset themes, emerging from the existing literature, with which the researcher had first familiarized herself. The topics included the informant's personal background, immigration history and status, current situation in life,

obstetric history, childbirth experience, support received during pregnancy and childbirth, expectations and perceptions about childbirth experience. The main themes and topics are presented in Table 2. A more detailed description of the interview themes is presented in Appendix 3. The conducting of a pilot interview was considered. However, the first interview proved successful in providing results for the research questions, leaving little need for modifying the themes of the interview, and thus the first interview was also included in the data.

The informants were recruited from the maternity wards of the HUCH Women's Hospital in Helsinki between November 2017 and February 2018. The inclusion criteria for the informants were immigrant status, meaning that they had been born in another country and had moved to Finland at some point in their life, having recently given birth in Finland, and sufficient spoken English or Finnish language skills in order to be able to participate in the interview. The recruiting was done personally by the researcher, and the inclusion criteria were confirmed by her for each informant. The personnel of the maternity wards assisted in finding potential informants, as the researcher did not access any patient records for the purpose of the study. For example, the initial assessment of the language skills were most often done by the maternity ward personnel, and then confirmed by the researcher. Insufficient language skills were the main reason for excluding possible informants from the study. Some possible informants were excluded because the researcher had in some way been involved in their care. The aim was to have a representative sample of the immigrant women who give birth in Finland, but on the other hand the wide inclusion criteria was thought to result in all sorts of participants representing the wide range of childbirth experiences of immigrant women.

Possible informants were approached by the researcher during their time at the maternity ward after giving birth. They were informed about the purpose and nature of the study verbally and by allowing them to familiarize themselves with the informed consent form. The form was available both in Finnish and in English (Appendices 1 and 2). They had an opportunity to ask questions from the researcher and to take time to consider their participation. Most women who were approached agreed to participate in the study initially and signed the informed consent form, which was then securely stored by the researcher until the completion of the study. A date was set for the interview, or for the researcher to contact the women in order to agree a time and place for the interview later. A few women who had initially agreed to participating withdrew from the study by not responding to the researcher contacting them by phone or email. The reason for these withdrawals remains unknown, but it is plausible that the life with the newborn baby and recovering from childbirth proved to be more exhausting than anticipated, and therefore the mothers did not want to participate in anything 'extra'.

The interviews were conducted at the informants' homes. The option of conducting them at another location was also offered, but all women opted for being interviewed at their homes. The time was agreed to suit their schedules. The interviews were conducted one to two weeks after the delivery date. The reason for this time frame was that the women had had time to begin their physical recovery from childbirth and also process their experience to some extent, while still having the experience fresh in their minds. All together, seven interviews were conducted between November 2017 and February 2018. The reason for the loose time frame was that the researcher was conducting the research alongside working shifts full-time in the labor ward.

THEME	EXAMPLES OF TOPICS OF INTEREST
SUBJECT'S BACKGROUND	Country of origin Immigration history Major life events
CURRENT SITUATION	Family situation Support networks in Finland and elsewhere
OBSTETRIC BACKGROUND	Parity Previous childbirth experiences (where, when)
KNOWLEDGE AND EXPECTATIONS OF FINNISH MATERNITY CARE	Knowledge about Finnish maternity health care system Expectations about the Finnish maternity health care system
CHILDBIRTH EXPERIENCE	Description of labor Thoughts and feelings about labor
SUPPORT RECEIVED DURING LABOR	Who was supporting What kind of support was given How was support given
PERSONAL EXPECTATIONS ABOUT LABOR	Expectations about labor How the expectations were met
PERCEPTIONS ABOUT WHAT INFLUENCED PERSONAL CHILDBIRTH EXPERIENCE	Most important factors affecting childbirth experience

Table 2: Themes and topics of interest in the interviews

The initial objective was to conduct 6 to 10 interviews. The final seven was the result of limitations in the time resources of the study as well as reaching saturation. Saturation is an indication of reaching a sufficient amount of information in a qualitative study. Saturation is reached when no new information is obtained from adding new informants, but rather the information begins to repeat itself. It is debated whether saturation is adaptable to all research designs. However, when searching for similarities within a theme, it is relevant to achieve saturation. (Tuomi & Sarajärvi 2018.) In this study saturation was reached in many topics of interest. However, since the inclusion criteria were very wide, the informants were from a very heterogenous group, and thus it was expected that in many themes their responses would vary greatly. New informants would most certainly have added new insights

and information, especially considering the highly unique and personal nature of childbirth experiences. In that view, and since seven interviews had provided plenty of useful material, also the time frame was considered, and no further informants were recruited.

The interviews were recorded. Initially the researcher began to take notes in addition, but quickly realized that it was not really necessary and would have interfered with active listening to the informants. From the researchers perspective, the interviews were conducted in a pleasant atmosphere, with the participants' full cooperation. The communication was very genuine and sincere, and the informants shared their thoughts openly. The interviews were transcribed verbatim. The transcribing was done faithfully to the original recording, including accentuation and other details, such as laughter, where relevant. The interviews were between 30 – 70 minutes in duration, resulting in a total of 50 pages of transcribed material. Three of the interviews were conducted in Finnish and four in English. No translating was done as the researcher is bilingual in Finnish and English. The material was then analyzed using content analysis.

4.3 Analysing the data using content analysis

Content analysis is a systematic method of analysing and describing phenomena by providing concepts or categories in explanation. Content analysis can be used deductively to test an existing theory, but it is most often used inductively to build a conceptual model of a phenomenon that has little or fragmented previous research. The inductive approach moves from the specific to the general, so that particular observations are combined into more general categories. (Elo & Kyngäs 2008; Tuomi & Sarajärvi 2018.) For this study, the inductive approach was applied, since previous studies on the subject were fragmented and no specific research on the subject in a Finnish context was found. In the absence of an existing model or theory, the inductive approach was thought to provide knowledge and insights on the phenomenon at the focus of the study.

However, Tuomi and Sarajärvi (2018) discuss the problematics of the inductive approach, as it can be argued that the used concepts, applied study design and methods have an impact on the researcher's thoughts and therefore on the analysis process itself, and thus a purely inductive analysis may be impossible to conduct. This problem can be tackled by a theory-guided analysis, using an abductive approach rather than purely inductive or deductive. In this case a theory may assist the analysis process, but the analysis is not exclusively based on that theory. In this study comprehensive knowledge of the background literature as well as the professional experience of the researcher guided the analysis process at least partially, and thus the analysis process – although inductive – can be said to have theory-guided

influences. In particular this is perhaps seen when discussing the types of support during childbirth.

Content analysis progresses through three phases: the preparation phase, the organizing phase and the reporting phase. In the preparation phase, the unit of analysis is selected. This may be a word or a theme or anything in between. The research question and aim should guide the selection of the analysis units. Before analysis, the data should be read through several times, so that the researcher is thoroughly familiar with the data. This is necessary in order for the researcher to develop insights about the data. (Elo & Kyngäs 2008; Tuomi & Sarajärvi 2018.) In this study the data was familiarized by the researcher in several stages: by listening to the recorded interviews, by transcribing them, and by reading through them. The chosen units for analysis were phrases, which were considered to provide answers to the research questions. These research questions were:

1. How do women describe their childbirth experience as an immigrant in Finland?
2. What kind of support did the women receive during childbirth?
3. How was the support from the midwife and the relationship with her perceived?

As cultural competence was one of the prominent ideas in this study, promoting the importance of individual choices and meanings, and aiming to avoid stereotyping, the data was handled as a whole, intentionally blurring the women's ethnicity and other background information out of the picture. Thus, during the data analysis process, individual phrases were not coded according to who stated it, because it was not relevant for the interpretation of the results. Also, it supported the protection of the informants' identities.

The organizing of the data consists of open coding, creating categories, grouping and abstraction of the data. The open coding is done while reading the data, by writing notes and headings in the margins. As many are used as needed to describe all aspects of the contents. These notes and headings are then collected onto coding sheets and grouped together according to categories which emerge from the data. Categories are developed by the researchers interpretation of the data, by forming categories that aim to describe the phenomenon of interest. This requires comparison and classification of the observations on the data, not simply grouping codes that are similar or related. These categories are named according to their content characteristics. Subcategories are grouped together into main categories. This abstraction is continued as far as is reasonable and possible. The categories of the results should cover the entire data, as this relates to the trustworthiness of the results. (Elo & Kyngäs 2008; Tuomi & Sarajärvi 2018.)
In this study, the analysis units were selected for each research question separately, thus three separate analysis processes were conducted. Therefore, a particular phrase might have

been an analysis unit for more than one research question. For each research question, the analysis units were listed and grouped according to similarities and differences. In this process it was realized that the some of the analysis units had to be discarded, because although sparking interest, they were not precisely related to the research question. Tuomi and Sarajärvi (2018) point to this tendency particularly in inexperienced researchers to include more than is relevant in the initial content analysis. The groups were then combined into subcategories, which were named to describe their contents and then grouped together into main categories. In naming the groups, the contents of the groups were once again evaluated to make sure the analysis units formed a logical entity, and that the original meaning of the analysis phrases were not lost. Some modifications to the grouping of the analysis units were still made as a result of this evaluation. All in all, the process of grouping and naming the categories was not a straight-forward process, but rather involved going back and forth between the stages of analysis, making sure that the data was treated respectfully and the original voice of the informants was preserved.

The reporting of the results is done by describing the contents of the categories and their meanings. The analysis process should be described in detail, so that a reader can determine the strengths and limitations of the data analysis process and the trustworthiness of the results. Reliability and validity can be demonstrated by establishing links between the data and the results. The use of authentic citations, appendices and tables may be helpful. Citations may also express the richness of the original data, which might be lost in the process of analysing. Credibility is also increased by showing the analysis process in detail, and describing the context and characteristics of the participants, data collection and analysis. (Elo & Kyngäs 2008.) The trustworthiness of the analysis is discussed further in a separate chapter.

Though seemingly simple, the challenge of content analysis is that there is no systematic rule for the data analysis, and the results depend on the researcher's skills and style. The results are always the interpretation of the data done by a particular researcher, another might interpret the same data differently during the course of the analysis. Combining too many things into a single category might lead to oversimplifying the results, and on the other hand a large quantity of categories might be a sign of the unability to categorize the results. (Elo & Kyngäs 2008.) The skills of the researcher in this study were limited, although this was not her first time conducting qualitative content analysis. She was, however, very familiar with the data and paid close attention to preserving the original meanings of the informants and to presenting accurately the information they provided.

5 Results

The results of this study are reported following the topics of the research questions. Quotes from the interviews have been included to illustrate the contents of the results. Some quotes have been translated from Finnish to English by the author. Because of a relatively small sample of participants, the quotes are not credited to a specific participant, in order to avoid being identifiable. The content analysis tables depicting the analysis units, subcategories and main categories in detail are presented in the appendices (Appendices 4 – 6).

5.1 Participants

Seven women were interviewed for this study. They were between 28 and 37 years old. Their time of residence in Finland varied from a little over a year to more than 20 years. Two of the women had refugee backgrounds, while others had moved to Finland to work or study, or because of family ties. Two of the women had Finnish husbands, while others had husbands of immigrant background as well. As all of the participants in this study were in a heterosexual relationship and talked about their husbands, this word was used in the analysis as well, although 'partner' could also be used instead. In order to protect the identities of the participants in a sample of this size, the countries of origin will not be specified, but the women were of Asian, African and European origin. The largest immigrant groups in Finland were represented.

Two women had just had their first child, while the others had given birth to their second, third or fourth child. Only one woman had previously given birth in another country besides Finland. All women had full-term or very close to full-term vaginal births. Some of the women had experienced some complications, such as the need for a vacuum-assisted delivery, blood loss or the newborn child needing monitoring in the neonatal intensive care unit, but these were considered minor complications. One woman had given birth in an ambulance on her way to the hospital, but was cared for in the labor ward after arriving to the hospital. The childbirths of the participants in this study are not entirely similar to the labor statistics in Finland. For example, in Finland, 16-17% of births are caesarian sections (Heino, Vuori & Gissler 2017), and according to Malin and Gissler (2009), these figures are even higher for some ethnic groups. In this view, the sample group is not the best possible representative of the target population of immigrant women giving birth in Finland, and may have had an impact on the findings of the study. Also, the withdrawal of a few women from the study might have impacted the findings, for example if they had had traumatic experiences of which they did not want to talk about. However, as the reason for their withdrawal remains unknown, it's impact on the findings is uncertain.

5.2 The childbirth experience of immigrant women in Finland

The childbirth experience as described by the interviewed immigrant women in Finland comprised of the main categories: Giving birth in a foreign country, Expectations about childbirth experience, Perceptions about childbirth experience, Experiencing physical and emotional feelings during childbirth, Complications being prevented and treated, Experiences of treatment by professionals during childbirth and Importance of social support for childbirth experience.

Giving birth in a foreign country held the subcategories of Communicating in a foreign language during childbirth, Famous yet unfamiliar Finnish maternity healthcare system and Effect of immigrant status on care. Communicating in a foreign language had some effects on the childbirth experience, even though all women were able to communicate in a language they spoke well. Mostly they had experiences of sufficient communication, but language was thought to affect the childbirth experience when the woman giving birth was left uninformed due to language barriers and was not sure about what had happened and what was done.

The Finnish maternity health care system is considered one of the best in the world and this naturally leads to expectations about its safety and high quality. The details of the health care system could still be unfamiliar and the women could have preconceptions and even prejudice towards the medical care model. There were also unexpected differences between the Finnish system and the health care systems of the women's countries of origin. The women were, nevertheless, very satisfied with the Finnish maternity health care system, and considered the safety of it very important. Most women considered the maternity care equal for all women, and had no experiences of their immigrant status affecting the care they received.

> …the expectations were high because of the history and what you hear.
>
> I am pleased with the medical system in Finland.
>
> I feel safe to give birth in Finland.
>
> It's not like [different] for natives and for foreigners, it [health services] is equal for all.

Expectations about the childbirth experience held expectations about the nature and course of the childbirth process itself, based either on the women's own previous experiences or on what they knew about childbirth in general. Highlighted was the expectation of a safe delivery for both mother and child. Expectations also included personal wishes, but also fears related to childbirth as well as the support hoped to receive during labor.

> The most important was the safety of both of us.
>
> I was expecting the worst, will I die, the baby, everything.
>
> [I was expecting] that somebody is close and that everything goes well.

The way the women perceived their childbirth experience at the time of the interview was mainly positive. Some of the feelings towards the experience were neutral, but no one perceived their childbirth as a negative experience. Some of the happenings during their childbirth had left no clear memories, while other experiences and feelings during childbirth were emphasized.

> …it was really positive experience.
>
> It is what it is.
>
> [I] don't remember much about the delivery.
>
> No traumas which was important for me.

During the childbirth, the women felt many things, both physical pain and a wide range of emotions. The positive feelings the women had felt during their childbirth experience were trust, safety and relief.

> I feel like I was in good hands in that pregnancy and also in that giving birth.

The childbirth experience also held many unpleasant feelings, such as stress, fear, being tired, being outside of one's own comfort zone and adapting to new situations. Some of the feelings were also contradictory in nature.

> …I wasn't like in my comfort zone…
>
> It comes the day, and you are so stressed with the pain and everything…

Childbirth was a painful experience, sometimes despite using pain relief, but the women also experienced relief from that pain.

> It was just painful.
>
> I took this epidural and it was great.

Some of the women in this study also experienced complications during childbirth, but they had the experience that the professionals were able to react to and treat those complications.

> …so she was very fast that no, this is not ok, and to take immediate action.

Experiences about the treatment the women received by professionals included both positive experiences and experiences of being neglected. Experiences of neglect included professionals being busy and problems with communication.

> I felt that she had rush.
>
> There was no choice or questions…
>
> …that I was not explained why at the moment…

However, the positive experiences outnumbered the negative, and included experiences of kind, helpful and supportive professionals, experiences of being kept informed during childbirth and of individual wishes and situation being taken into account.

> The midwife who helped me through my delivery was very nice.
>
> She was really, very, very attentive.
>
> …this midwife was very helpful…
>
> …every step they explained what they are going to do with me…
>
> She didn't have rush, she was there when, to answer all the questions.
>
> …we filled out all the papers and all like wishes on the computer…

The importance of social support for the childbirth experience was also clearly discernible (Figure 1). The support from the husband, the midwife and family and friends were all mentioned. Also the new family member is important and professionals supporting bonding with the baby was valued.

> …I couldn't do it without him.
>
> That [midwives and support] made my birth experience a really good one.
>
> …it was nice how they kept us and the baby together at all times…

However, there were many experiences of the hospital arrangements affecting the social support. Many women had hoped to have a family room, but were left without because of

them all being full. They also perceived the hospital arrangements as inflexible, with timetables for when their husband or other support network could stay with them. This lead to feelings of being alone.

> If my husband could stay with me and my baby at night in the hospital, then I can say it is the perfect thing.
>
> …we wanted to have this family room, but they were taken.
>
> …I would say that that (being alone without husband) was the, the thing that most affected me during that time there.
>
> If you have to share a room with somebody, at least they should let somebody be with you.
>
> …it was just difficult to handle at that moment when you have to be alone…

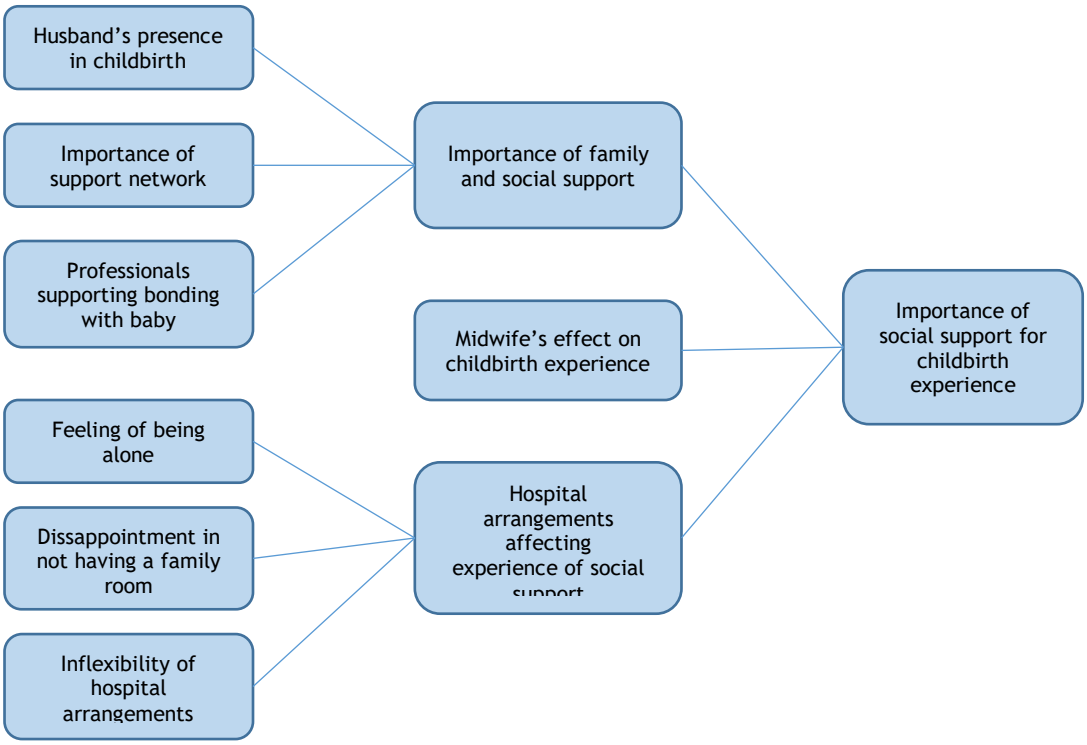

Figure 1: Importance of social support for the childbirth experience

5.3 Support network

The support networks of the women consisted of many elements (Figure 2). The husband's role was central to all, and the more limited the support network, the more significant the role of the husband.

> …basically it [support network] is my husband.

The support network also consisted of friends in Finland, and notably a significant part of the network of friends were friends of the same ethnic background as the interviewed women. Family was an important part of the support network, whether they lived in Finland or around the globe. A good work community was also a part of the support network.

> …because we are all from the same place, we become more or less like a family here.
>
> I have some family here and there.

The Finnish maternity health care system was also considered an important part of the support network, especially the role of the maternity clinics during pregnancy was valued. Some women also thought that having previous knowledge either from their own experiences of through peer support added to their support system. This could to some extent compensate for an otherwise limited support system.

> I got support from the maternity clinic.
>
> …it's really good that there is this system, that you can call and ask…
>
> …I have a lot of friends in Finland and they have, they also have kids, and their kids were born in Finland, so they have told me beforehand.

Some women were satisfied with their support network, while others deemed it insufficient for their needs. Even if the women had comprehensive support systems, they could not always utilize them when needed, either because of people in the support network leading busy lives or the women's own reluctance to ask for help, in particular if the situation was not urgent. However, most women described that help was available and if they really needed help, they could ask for it.

> I guess it [support network] can always be stronger, but I'm satisfied so far.
>
> I think that the support is not that enough as far as I'm concerned.
>
> I don't want to ask for help from people easily.
>
> …when I really need help, the people will help me.

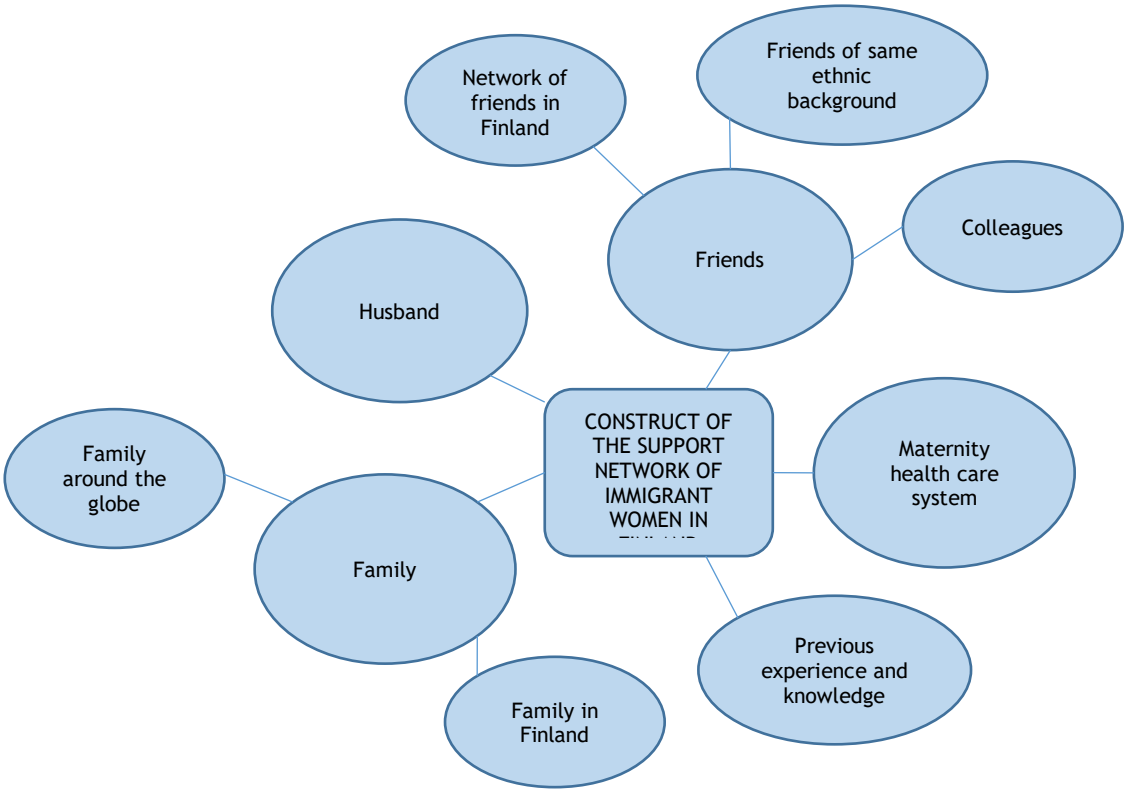

Figure 2: Construct of the support network of immigrant women in Finland

5.4 Support during childbirth and pregnancy

The initial reserach question concerning support was limited to the support received during childbirth. However, the support the women received during pregnancy emerged strongly from the data as well. Therefore the second research question was expanded to include the support received during both childbirth and pregnancy.

5.4.1 Support during pregnancy

Support during pregnancy included the main categories of Support from family and friends, Support from the maternity health care system and Advice and information from the internet. Support from family and friends included the subcategories of Family and friends assisting with every-day life, Long-distance communication with family and friends and Advice from family and friends. Assisting with every-day life was seen especially in helping take care of other children in the family. Long-distance communication meant communication by phonecalls or messages and it was irrelevant of whether family members or friends were living in Finland or on the other side of the world. Advice from family and friends was both

actively sought and received without asking. Advice was often given related to childbirth, and was sometimes culturally embedded, making it not always relevant in a Finnish context.

> my friends can pick up and take my kids…
>
> many people send messages and ask me how I'm doing…
>
> …I always ask my mom, because she gives me the best advice.
>
> …she just ask me to do the thing that she is supposed to do in [my native country]…

Support from the maternity health care system during pregnancy included Monitoring of pregnancy, Preparation for childbirth, Support from maternity clinic and Interpretation services. Ensuring the wellbeing of both mother and baby, and giving support and advice concerning pregnancy and childbirth were an important part of support during pregnancy for the women. In particular, it was valuable having a place to turn to with possible problems or questions.

> During the pregnancy I'm happy that, you know, I was taken care of the things that I had.
>
> …I took these childbirth classes…
>
> …I got all the answers and help I needed.

Although interpretation services were not really needed by the women in this study, their availability was recognized as important. The internet was also mentioned as a source of advice and information.

5.4.2 Support during childbirth

Support during childbirth was received from the husband, from family and friends and from professionals. Support from the husband (Figure 3) held the subcategories of Feeling of safety during childbirth, Husband's presence during childbirth, Advocacy by husband during childbirth, Information from husband during childbirth, Physical assistance from husband during childbirth, Husband taking care of other children and Pain relief from husband during childbirth.

The husband's presence during childbirth was extremely important for the women, except for those who needed their husband to take care of the older children in the family while they were at the hospital. The presence of the husband made the women feel safe and protected.

The husband could give them information and act as an advocate. The husband also supplied physical assistance by helping with basic needs. The husband's presence also helped in relieving labor pains.

> I always feel safe when he is there.
>
> …it was important that my husband was close by…
>
> At least like someone close to you knows what is happening…
>
> …he was helping with basic things I wanted to have…
>
> And [he was helping] through the pain also.

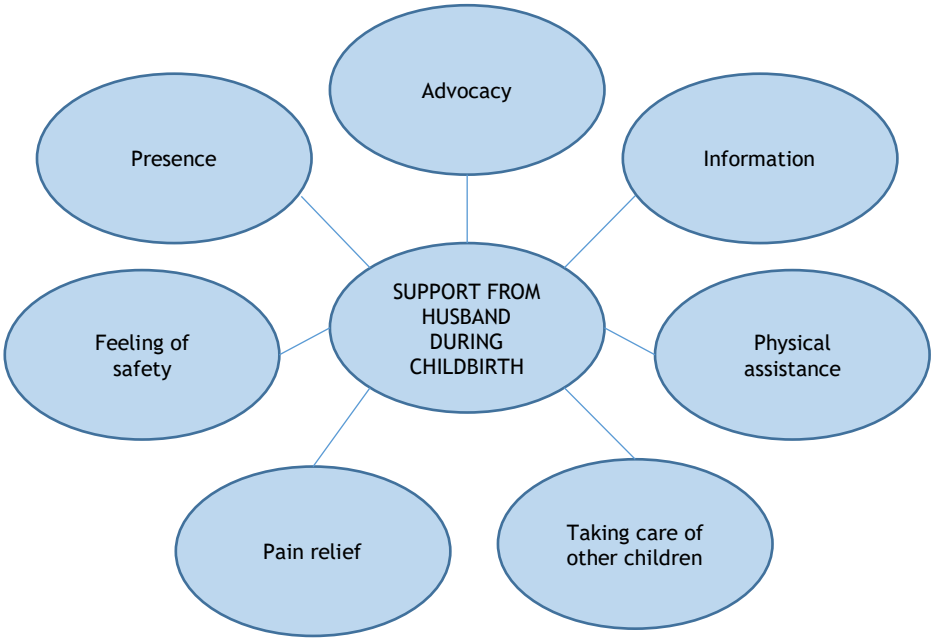

Figure 3: Support from the husband during childbirth

Support from family and friends during childbirth included subcategories of Presence of family and friends at childbirth, Emotional support from family and friends during childbirth, Physical support from family and friends during childbirth, Childcare during childbirth by family and friends and Interpretation by family and friends at childbirth. The presence of family and friends was valued if such a possibility was available for the women, in particular many appreciated their mother's presence.

> …I had my mother with me, my friend and my husband, so I had three people supporting me in the delivery room during the whole time there.

Family and friends were seen mostly as a source of emotional support, encouraging, talking and giving something else to think about during labor, although they provided physical support as well. Their presence also helped relieve labor pains.

> …not physically but emotionally, it felt like when you had your family and everybody, somehow it made you forget about the pain…

Family and friends also made it possible for the husband to be present during childbirth, for they could take care of the other children in the family. The role of family and friends as interpreters during childbirth was acknowledged in situations where interpretation is needed due to language barriers.

Support from professionals during childbirth had many subcategories (Figure 4): Medical interventions by professionals, Midwife being in control of labor, Encouragement by professionals during childbirth, Supportive care from professionals during childbirth, Physical support and assistance from professionals during childbirth, Professionals catering to the needs of the woman in labor, Medical pain relief, Non-medical pain relief, Care and attention from professionals during childbirth, Presence of professionals during childbirth, Professionals recognizing the role of the support network, Information from professionals during childbirth, Acknowledging the individual needs and situation of the woman and Calming and reassurance from professionals during childbirth.

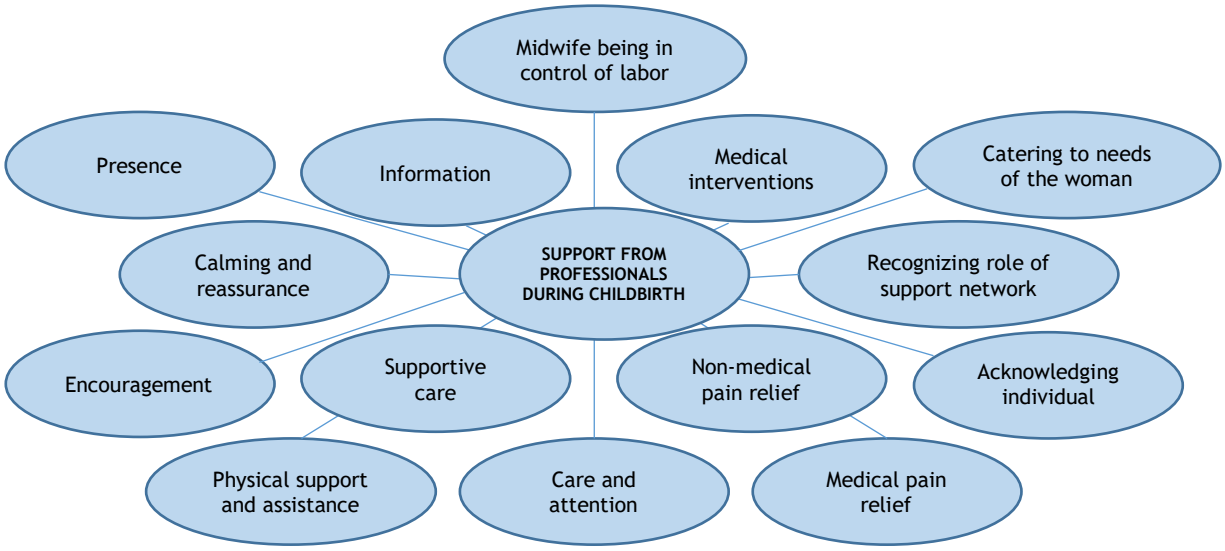

Figure 4: Support from professionals during childbirth

Support from the professionals came in many forms. Professionals also provided emotional and physical support in addition to the support received from the husband, family and

friends, but furthermore they provided support with their professional expertice, having control over the labor process, explaining matters, performing medical interventions when needed and offering medical and non-medical pain relief.

> She was like following the rhythm of the baby's heart, she was following the rhythm of my pain…
>
> …she was controlling everything during this labor.
>
> …she was trying to help me relieve like the pain in so many ways.
>
> …what I loved about the midwife was the pain relief and like the medical knowledge.

Professionals also acknowledged the individual situation and needs of the women as well as the importance of the support network during labor. Emotional support comprised of encouragement, reassurance, care and attention.

> She was asking do you feel well, or do you need anything…
>
> I think the encouragement is really important.
>
> I'm quite impressed with how they provide for us and supported us through the labor.
>
> …she was like really calm and that calmed me as well…

5.5 The role and relationship with the midwife during childbirth

The role of the midwife during childbirth was divided into two main categories: The midwife's behavior and attitude during childbirth and The midwife's professional role during childbirth (Figure 5). The behavior and attitude of the midwife was further divided into subcategories: Helpful behavior of the midwife, Supportive behavior of the midwife, Attentive behavior of the midwife, Kind behavior of the midwife, Tolerant attitude of the midwife, Positive attitude of the midwife, Understanding attitude of the midwife and Encouragement by midwife during labor. The professional role of the midwife included subcategories of Experienced professionals, Midwife in control of the labor, Midwife giving instructions, Midwife recognizing the uniqueness of the situation, Importance of pain relief and medical knowledge and Midwife reacting to unexpected complications.

The women in this study had experiences of being cared by kind and helpful midwives, who encouraged and supported them through childbirth.

…this midwife was very helpful…

She was very supportive…

She was very, very positive, which is good in those situations.

They were very understanding…

The midwives were considered to be knowledgeable and professional. They were able to answer the questions the women had, provide pain relief and react to unexpected complications during childbirth, sometimes by calling the doctor to assist or intervene, or by taking action themselves. The midwives were considered to be in control of the childbirth process, giving instructions to the woman in labor.

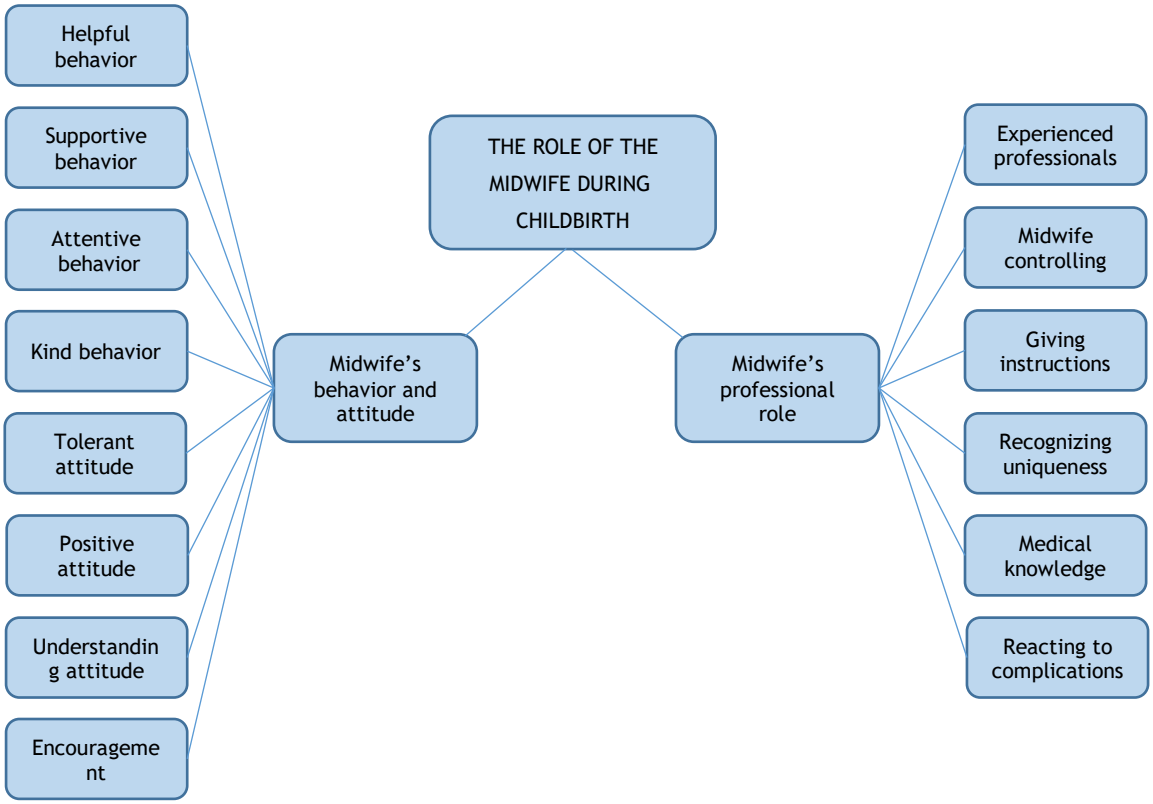

Figure 5: The role of the midwife during childbirth

…the midwife was very knowledgeable…

I think they are really experienced.

I felt that the whole of the labor ward or maternity ward was run by midwives!

Midwife was telling what to do, giving instructions…

> …only when some problem happened or some complication happen then they would just call for the doctor.

Part of the professional role of the midwife was also to recognize the uniqueness of the situation to the woman and to treat each childbirth as its own unique event.

The relationship with the midwife held main categories of positive and negative experiences, and communication with the midwife comprised the third main category (Figure 6). Communication with the midwife during childbirth had subcategories of Problems with language and understanding, Feeling of mutual understanding and Non-verbal communication.

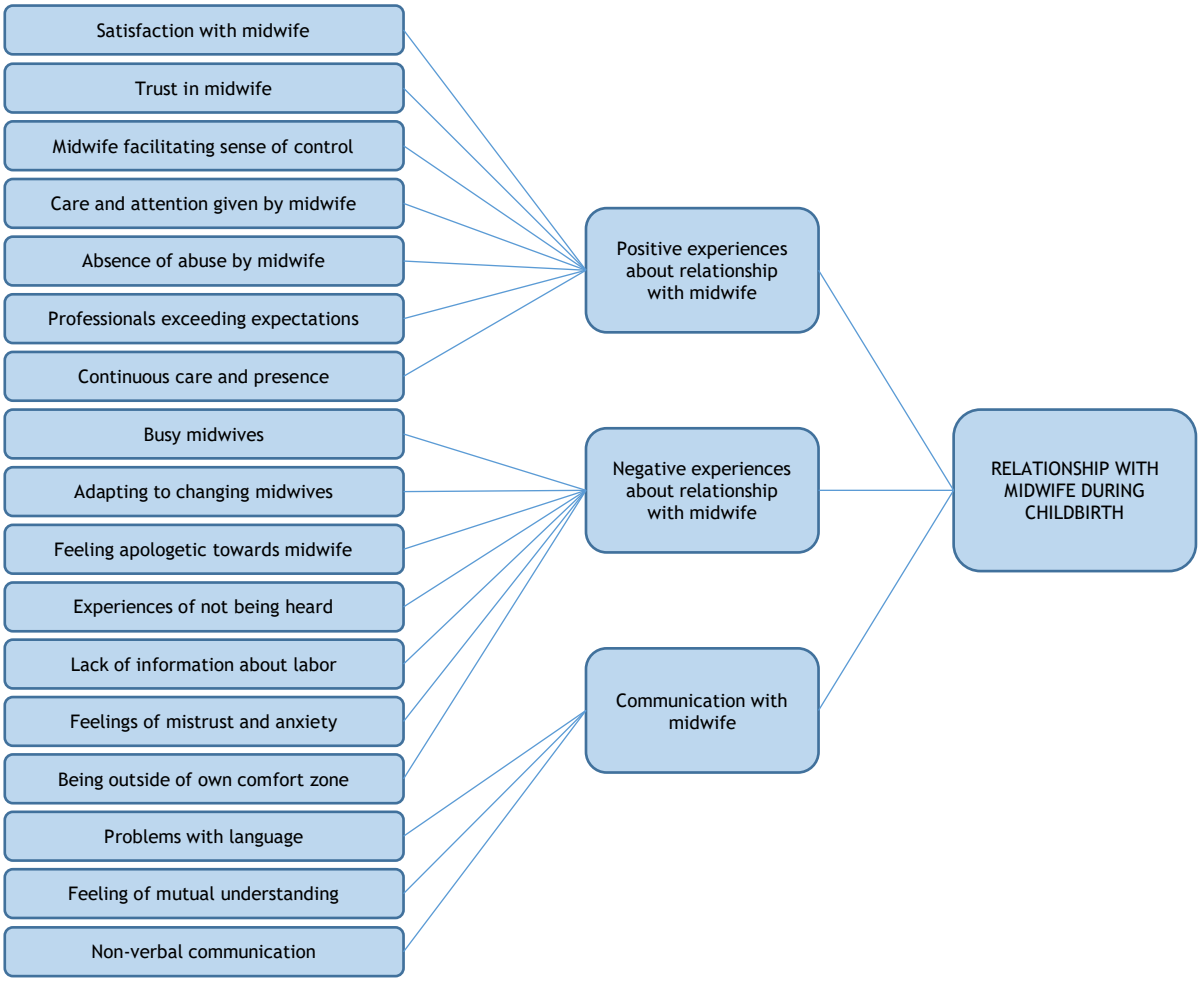

Figure 6: The relationship with the midwife during childbirth

The women in this study had no major problems with communication, which is most likely due to the fact that they all had a good command of either Finnish or English, as defined by the

study inclusion criteria. They did, however, have experiences of some language barriers, where some things had not been explained to them or consent had not been asked for. Mainly these experiences were with those women speaking English, and resulted from the professionals' limited English skills. The impact of communication problems for the childbirth experience were recognized, as well as the significance of non-verbal communication, even though mostly the women had experiences of mutual understanding with their midwives.

> I didn't have any problem concerning communication.
>
> I also understand that Finns may also have issues speaking English.
>
> …if something is happening, and the person is not even saying it or speaking out…
>
> the mother can see [the midwife's] face, that are you there, are you worried, is the baby coming…

Positive experiences about the relationship with the midwife included subcategories of Satisfaction with midwife and midwife's work, Trust in midwife, Midwife facilitating sense of control, Care and attention given by midwife, Absence of abuse by midwife, Professionals exceeding expectations and Continuous care and presence of midwife.

On a general level, the women were very happy with their midwife and her work, telling about how appreciative and impressed they were with both. This came across vey clearly during the interviews. It is noteworthy that a few women had also had a student midwife present at their childbirth, and the student was always included in the positive remarks as well. For the purposes of this study, remarks on student midwives are considered as remarks on midwives, as they train alongside the midwife and are instructed by the midwife.

> Wouldn't improve it any way, anyhow, it [relationship with midwife] was great.
>
> I am really impressed by the midwife and the support in here.
>
> …the people factor, it was really great.

The women felt trust in the midwife, and felt that the midwife facilitated their sense of control by having a calming effect and building confidence in them.

> I had so much confidence that they would do like the best thing that they could.
>
> I trust them totally.
>
> …it made me feel more confident…

Care and attention from the midwife, as well as the absence of abuse were part of the positive aspects of the relationship with the midwife, and in many cases the experience exceeded the women's expectations.

> …when you see and when you get that much support, that much love and that much attention, you forget about everything, really…
>
> I was not even expecting that I will get this much support in hospital.

Continuous care and presence of the midwife was valued. Having just one midwife, who was not in a rush, helped build a positive midwife-woman relationship.

> …I had one midwife who was with me all the time…
>
> …it was really great that she was present…

Negative experiences about the relationship with the midwife included subcategories of Busy midwives, Having to adapt to changing midwives, Feeling apologetic towards the midwife, Experiences of not being heard by midwife, Lack of information about labor, Feelings of mistrust and anxiety and Being outside of own comfort zone. Whereas the continuity and presence of the midwife's care were considered the positive aspects of the relationship with the midwife, the opposite circumstances were considered the negative aspects. Midwives being busy and not having enough time for the woman and having to adapt to new midwives with a different professional style in the course of labor affected the building of the relationship, and it also had an impact on the emerging feelings of mistrust and anxiety, as well as the feeling of being outside of one's own comfort zone.

> It was obvious they were busy…
>
> …then they changed shifts, and a new one would come and then another and one would leave and the other came…
>
> I was a little bit uneasy at first [about changing midwives]…
>
> [I was] scared that they don't know my situation…

Feelings of mistrust and anxiety also arose from preconceptions or expectancies that the women had prior to their labor.

> …if you've never received any support before, you might have this prejudice, that what do you have to give in return, I think that is where the prejudice comes from…

The women also had experiences of not receiving information about their labor, and experiences of not being heard by the midwife, where perhaps the woman's individual situation, feelings and wishes had not been considered by the midwife.

> The suggestion that I should go for a walk when they had not even checked my situation…

The main conclusions of the results of this study in accordance to the research questions are:

1. The women in this study described their childbirth experiences as consisting of various factors, most of which related to the care and support they received during labor, but also including factors related to being an immigrant in Finland.
2. The women in this study received support during childbirth and pregnancy in various forms and from various instances. The support from family and friends was informational, emotional and physical in nature, and included advocacy as well. The support from the husband was central. The support from professionals included medical aspects as well as care and encouragement. A part of the professional support was also to recognize the uniqueness of each woman and her needs, in particular her supportive needs.
3. The support from the midwife was appreciated greatly and the women in this study valued both the professional skills and the behavior and attitude of the midwives. There were both positive and negative experiences about the relationship with the midwife, where the feeling of control was associated with the positive experiences, and loss of control with the negative experiences. Communication also contributed to their experiences.

The objectives of this study were to explore the childbirth experiences of immigrant women in Finland and to investigate the meaning of social support, and the implications of support from midwives during childbirth. According to the findings of this study, the childbirth experiences of immigrant women are complex, and affected by multiple factors. Social support is in a elementary role and the support from midwives has a significant impact on the experience.

According to the results of this study, immigrant women come from very different backgounds and are in very different situations in life. Their expectations and needs at the time of childbirth are also numerous. The findings of this study highlight the importance of individual care for a positive childbirth experience, and place social support and the relationship with the midwife at the center of individual care.

6 Discussion

6.1 Evaluation of the results

The women interviewed in this study were a very heterogenous group of seven women. They had moved to Finland from different continents, had lived in Finland for very different periods of time and had very different previous experiences about childbirth. Their support networks also varied greatly, with some having to rely only on their husband while others had a very extensive network of people involved in their daily lives. This resulted in very rich and interesting data, from which similarities arose nevertheless. The results of this study also reflect the findings of previous research on the subject.

6.1.1 Evaluation of the results on the childbirth experience

The chilbirth experiences of the women in this study were affected by the fact that they were giving birth as immigrants in another country. The unfamiliarity of the maternity health care system was a cause for confusion, and having to communicate in a foreign language was also considered a factor of giving birth in another country. These results are similar to those in previous studies (Gallo 2003; Hoang et al. 2009; Lee 2013; Lephard & Haith-Cooper 2016; Murray et al 2010; Small et al. 2014). However, the Finninsh maternity health care system was seen to treat all women equally, and the women in this study had very few experiences of discrimination or prejudice towards them within maternity care. This differs from the results of other studies (e.g. Small 2014), yet it reflects the findings that Finnish maternity health care is equally accessible to immigrants and natives, as seen in the equal utilization of the maternity health care system (Heaman et al. 2012; Malin & Gissler 2009).

The role of language and communication in this study was not as consequential as in previous studies of giving birth as an immigrant (Khanlou et al. 2017; Lee 2013; Murray et al. 2010; Small et al. 2014). However, the women interviewed for this study were able to communicate very well in either Finnish or English, as it was one of the study's inclusion criteria. Therefore, although the impact of communication problems for the childbirth experience was recognized, for the women in this study, it did not play a significant part. However, childbirth often involves discussing very specific matters related for example to the labor process and pain relief. This might require medical terminology or other expressions not generally known even to someone who is fluent in the language with everyday issues. As a result, language may sometimes complicate even situations with two native speakers of the same language, if the subject is unfamiliar to one of them, let alone with immigrants and also midwives communicating in a foreign language.

In the expectations that the women had for their childbirth experience, safety was considered important. This finding was similar in other studies, especially among immigrants from low-income to high-income countries (Imberg 2008; Gallo 2003; Lee 2013). As Finland is one of the wealthiest countries in the world and its maternity health care system is one of the safest, this finding was not surprising.

Previous research on childbirth experiences identify support from caregivers, the relationship with caregivers, being involved in decision-making and having experiences that exceed expectations as key elements for the childbirth experience (Hodnett et al. 2013). In this study, all these elements were present in the findings. The meaning of support and the relationship with the midwife were central topics of interest and are discussed below in more detail.

The women in this study experienced a wide range of emotions and feelings during childbirth. The previous studies confirm the role of pain and pain management for the childbirth experience (Goodman et al. 2004; Hildingsson et al. 2013). The meaning of the other emotions and feelings that the women in this study expressed – both positive and negative – relate to the feeling of control during childbirth. Positive feelings, such as trust and safety, add to the feeling of control. Also, kind and supportive professionals and being kept informed during childbirth facilitate the feeling of control and were discussed by the women in this study. So, although in this study the women did not explicitly discuss feelings of control in relation to their childbirth experience, the factors they mentioned are consistent with previous studies, which state that the feeling of being in control is central to the childbirth experience and that control is enhanced by positive, supportive and encouraging attitudes of midwives, skillful professionals, individual care, communication, pain management as well as being kept informed during labor. (Cornally et al. 2014; Green & Baston 2003; Goodman et al. 2004; Gibbins & Thomson 2001; Hildingsson et al. 2013; Nystedt et al. 2014; Ryttyläinen 2005.)

Likewise, in this study, feelings of discontentment about the childbirth experience arose from insufficient information, obstetric interventions, busy professionals, pain, stress, fear and the feeling of being out of control or out of one's own comfort zone. These findings are also supported by previous studies as affecting the feeling of control and thus the childbirth experience in itself (Henriksen et al. 2017; Ross-Davie & Cheyne 2014).

6.1.2 Evaluation of the results on support during childbirth and pregnancy

The supporting role of the husband was emphasized in the findings of this study. This is supported by other studies, where the marital relationship of immigrant families can strengthen during the time of childbirth as a result of limited support networks (Imberg 2008; Ito & Sharts-Hopko 2002; Lee 2013). The husband's role was especially important during childbirth, where he provided support in many ways. Similarly to previous studies, the husband's presence, information and advocacy were central to the feeling of safety (Gibbins & Thomson 2001; Imberg 2008; Ottani 2001), and also supplied pain relief (Hodnett et al. 2013).

The importance of the husband's presence was also clear in the findings, that hospital arrangements had a significant impact on the childbirth experience. The lack of family rooms and arrangements which left the woman in the hospital without her husband resulted in feelings of loneliness and insecurity, findings which are supported by previous studies (Imberg 2008; Ottani 2001).

In this study, support from the women's own support network was mainly physical and emotional support in the forms of presence, caring, advice, and assistance. Similar findings have been made by others (Etowa 2012a; Somers-Smith 1999). In this study, also childcare and interpretation were considered means of support from the support network. Support from professionals during childbirth was multifaceted, with components of emotional, physical and informational support and advocacy, as categorized by previous research (Hodnett et al. 2013).

Support from professionals was seen as a vital part of the childbirth experience, and as opposed to the support from the support network, the medical knowledge and skills of the professionals were valued. As confirmed by previous research findings (Gibbins & Thomson 2001; Lephard & Haith-Cooper 2016; Ross-Davie & Cheyne 2014), support from professionals can not be substituted by the support from the woman's own support network, and neither can the support from professionals replace the presence of family. Part of the support by professionals was recognizing the importance of the support network, and realizing that the support from the support network and from professionals are complementary to each other. This was realized in the tolerant attitudes towards the support network and also in professionals supporting bonding with the baby.

The support from professionals during pregnancy was not covered comprehensively in the background literature, but the women in this study considered the maternity health care system an important part of their support network, providing mostly informational support and adding to their feeling of safety by monitoring the wellbeing of mother and child.

Previous knowledge and peer support also added to the support system, as confirmed by previous research (Ito & Sharts-Hopko 2002). Advice and information from the internet also was a part of the support system during pregnancy, sometimes replacing or complementing the advice from the health care system. This was also mirrored in previous research (Lee 2013).

6.1.3 Evaluation of the results on the role and relationship with the midwife

According to the findings of this study, central elements of a successful relationship between the woman and her midwife were trust, support, satisfaction, continuous care and mutual understanding. These were viewed as positive aspects of the relationship. The positive relationship also facilitated the woman's sense of control, as discussed earlier. These findings are similar to those of other studies on the subject (Cornally et al. 2014; Green & Baston 2003; Hildingsson et al. 2013; Nystedt et al. 2014; Ryttyläinen 2005). Negative factors affecting the relationship with the midwife in this study were busy midwives, experiences of not being heard, feelings of mistrust and anxiety, lack of information and being outside of own comfort zone. All these categories can be seen as negative counterparts to the factors facilitating a positive relationship.

A positive relationship with the midwife can mitigate the negative effect of stressful events on the childbirth experience, as found in previous studies (Ross-Davie & Cheyne 2014; Walsh 2010). The women in this study also experienced complications during labor, but recognized the midwife's role in reacting to those unexpected situations. This is also in accordance with the relational model of decision-making in midwifery (Noseworthy et al. 2013), where the increase in vulnerability due to unexpected complications increases the need of a trustful relationship between the woman and her midwife, and shifts agency to the professionals at the expence of the woman's autonomy. As immigrant women are a minority group within maternity health care, they are considered to be more vulnerable. Thus, according to the relational model of decision-making, immigrant women can be seen to have an increased need for a trustful relationship with their midwife and to rely on their professional skills and advocacy, particularly if there is a language barrier. The findings of this study confirm this, since the women in this study experienced trustful relationships with their midwives, deemed the midwives to be experienced professionals and in control of the labor, and considered these as positive aspects of their childbirth experiences.

The women in this study had positive experiences of unrushed midwives, who were able to provide continuous care during childbirth, as well as negative experiences of busy midwives and having to adapt to changing midwives. The positive experiences enabled the developing of a supportive, trustful relationship, which even exceeded the expectations the women had

for their childbirth. The negative experiences together with lack of information, and experiences of not being heard inhibited such a relationship from developing and were associated with feelings of mistrust and not having control. The significance of continuous support on the childbirth experience has strong evidence in previous research (Hodnett et al. 2013).

Interestingly, in this study the midwife was seen as being in control of the labor, as described by the women as a part of the support received by professionals, and as a part of the relationship with the midwife. This was, however seen mainly as a positive aspect, and related to the midwife's professional role. In light of previous research, it can also be seen conflicting with the importance of the feeling of control for the woman, and supporting the theories on midwifery models of care (Thorstensson et al. 2012; Reed et al. 2016). According to the findings of this study, midwives were engaged in two types of midwifery care: the type that places the birthing woman and her needs in the center, and the type that caters to the needs of the institution and the medical view of care, through efficiency and risk-management. Midwives can be seen as balancing between the two types of midwifery care, on one hand trying to meet the needs of the woman giving birth and on the other hand trying to meet the requirements of the organization within which they operate.

6.1.4 Cultural competence and relationality

Clearly visible in the findings of this study is the value of the midwife recognizing the unique situation of the woman, as this was mentioned as a part of the childbirth experience and in particular as a part of the midwife's role during childbirth. Individual care and a unique relationship are central elements to a positive childbirth experience (Lundgren & Berg 2007), but also they correspond to the constructs of cultural competence.

Individual care and a trustful relationship with the midwife are central to a woman's childbirth experience. Cultural competence, communication and interaction are essential in establishing the woman's personal wishes and aiming to meet her individual needs, facilitating the building of a trustful relationship and providing individual care. Therefore it is necessary to implement cultural competence in order to achieve positive childbirth experiences in particular for immigrant women, as stated in previous studies (Khanlou et al. 2017; Phiri et al. 2010; Truong et al. 2014). The women in this study experienced trustful relationships with their midwives and had experiences of mutual understanding. They also had experiences of the midwives acknowledging their individual situation and needs. In that sense it can be stated that the women received culturally competent care from their midwives. On the other hand, there were also experiences of not being heard as well as problems with communication and understanding, leading to the conclusion that the care the

women received was not always culturally competent. However, it can not be demonstrated that these experiences are directly related to cultural factors.

The five constructs of cultural competence (Campinha-Bacote 1999, 2003, see Table 1) were not a focus of this study as such, but the experiences of the women in this study suggest that the midwives could improve in providing culturally competent care. The midwives' possession of cultural desire, awareness, knowledge and skill is hard to establish in the scope of this study. They can be seen as possessing these constructs to some extent, as they were able to partake in developing positive relationships and providing individual care for the women in this study, and the women had very few experiences of prejudice or discrimination. On the other hand, the findings of this study of opposite experiences hint of a need for improvement of cultural desire, awareness, knowledge and skill. The cultural encounters that happened within the conducting of this study can mostly be deemed successful from the women's point of view, but since the midwives were not the subjects of this study, we have no way of knowing whether they learned from those encounters and developed their cultural competence.

Midwives are accustomed to assuming control as a part of their role as a heath care professional, as supported by the findings of this study as well as previous studies (Brown et al. 2016; Phiri et al. 2010; Saha et al. 2008; Williamson & Harrison 2010). Assuming control emphasizes the position of power that the midwife holds in relation to the woman giving birth. This may be true particularly for the minority group of immigrant women, and can impede providing culturally competent care.

It is also difficult to determine to which extent the experiences of the women in this study are a consequence of their immigrant status. The findings of this study on childbirth experiences are very similar to previous studies on childbirth experiences that don't focus on the subjects' minority status (e.g. Cornally et al. 2014; Goodman et al. 2004; Hodnett et al. 2013). Therefore it is possible that providing individual care and meeting personal expectations is such a central part of midwifery in Finland, that each woman giving birth is acknowledged in a sense as a representative of her own personal culture, and culturally competent care is implemented by aiming to meet the individual needs of each woman. Likewise, the shortcomings in meeting those individual needs are not necessarily a result of a lack of culturally competent care for minorities, but rather a representation of the maternity health care system's abilities to tend to the individual needs of women giving birth.

The findings on the maternity hospital's arrangements affecting the childbirth experience are a good example of this. The women in this study had experiences of inflexible hospital arrangements leaving them feeling alone and without support. This situation is very likely the

same for all women giving birth, not only immigrants. Although individual midwives recognized the importance of the support network, the hospital arrangements were not taking into account the relationality of the women giving birth. As previous research suggests, relationality is a significant part of the childbirth experience, emphasizing the roles of the support network and the relationship with the midwife (Imberg 2008; Savage 2006). However, as for the women in this study, the meanings of social support and relationality vary greatly between individuals (Fleuriet 2009; Imberg 2008), and in that sense relate closely to the concept of culture (Pachuki & Breiger 2010), once again emphasizing the importance of individual, culturally competent care for women giving birth.

6.2 Evaluation of the research methods

The aim of this study was to explore a subject that had limited previous research in a Finnish setting, and the qualitative approach was chosen, as it is considered suitable for explaining phenomena, increasing understanding and searching for meanings. (Boeije 2010; Kvale & Brinkmann 2009; Keegan 2009.) The qualitative research design proved to be successful in providing information on the phenomenon of giving birth as an immigrant in Finland and on the meaning of support for the childbirth experience.

As previous studies on the subject were limited, this required extensive background work from the researcher before being able to start the data collection. Her own professional background as a midwife can be seen both as an asset as well as a risk for bias. Her knowledge on the subject brought insight and understanding in addition to the background literature, however it was impossible to be entirely objective, as she had years of experience working with women during childbirth, and numerous encounters with immigrant women. This risk for bias was recognized and while conducting the study, the researcher aimed at taking on the role of a scholar, putting her midwife identity to the side. This was most challenging at the time of the interviews. The participants also knew of the researcher's midwifery background, as this was thought to facilitate a trusting atmosphere for the interviews, but on the other hand it might also have affected the participants' discourse. During the interviews, the researcher refrained from commenting on the participants' experiences from a midwife's point of view, and focused on active listening.

Nevertheless, even though the researcher made efforts to step out of her role as a midwife, there are several other roles that are more difficult to shed: being a representative of the native main stream culture, having been born in a high-income country, possessing a position of power because of this. All research that involves observation and interpretation is inevitably subject to bias, as each researcher makes those observations and interpretations from their own position, which can never be entirely objective, in particular when that

research involves cultural encounters. Essential in this type of research is the reflection of the researcher on their own experiences, role and power position, and how it has affected their thinking (Gould 2016). In this study, the perspective of the researcher is that of a white female midwife working in the Finnish maternity health care system. Her own personal and professional history, knowledge of other cultures, as well as her own childbirth experiences indisputably all had an impact on her thinking and interpretations. However, as the purpose of the study was to provide information for professionals within the Finnish maternity health care system, perhaps it was useful of her having knowledge of that environment and being able to consider the results of this study within that context.

Individual theme interviews were chosen as the data collection method as typical when researching sensitive issues. Interviews were thought to provide insight and understanding on the context of the research topic, because the topic and its meanings can be explored more profoundly. (Keegan 2009; Tuomi & Sarajärvi 2018.) Theme interviews allowed for an open and free discussion on the research topics, and the researcher's role at best was to listen and guide the interview from theme to theme. This, however, varied a lot between participants, with some needing more specific questioning to cover the topics of interest. The researcher still focused on open-ended questions where needed, in order to minimize guiding the participants in their responses.

In the researcher's estimate, the language skills of the participants were sufficient for conducting the interviews, and that inclusion criterion was relevant and adequate. There were no major problems with mutual understanding during the interviews, as in that the researcher received answers to her questions and was able to understand the responses clearly. The atmosphere in the interview situations also made it possible for both parties to ask questions when there was confusion about a matter. In this case the researcher's professional background can be seen as a facilitator for that atmosphere, as she is experienced in discussing about childbirth and understands the sensitive nature of the topic. The author's roles as a researcher and as a midwife may have had an effect also on the data collection, as she could be seen as a representative of the health care organization, and thus perhaps limited the amount of critique aimed at the health care system and its professionals, resulting in a distortion in the data. Efforts were made to avoid this by informing the participants about the researchers affiliations in the informed consent form, but also assuring them that the information they shared was confidential and would not affect their treatment in any way.

As for the other inclusion criteria, they produced a very heterogenous sample group of informants, and with a relatively small number of informants, there may be criticism on whether sufficient saturation was reached. This could have been influenced by a more careful

sample design. Limiting the informants to first-time mothers, or by limiting the length of their residence in Finland, the group of informants might have been slightly more homogenous and could have given more insight on a slightly more focused topic. As it was not possible in the scope of this study to use interpreters for the interviews, the selection of informants was inevitably such, that they had very little issues with language in their childbirth experience. A study with informants lacking sufficient Finnish or English skills would surely have brought another perspective on giving birth as an immigrant in Finland.

The representativeness of the sample group is also subject for critique, as discussed earlier. The participants could have been chosen through a more specific sample design, in order to have a sample group that would have represented the target population more closely, in particular to match the labor statistics, for example caesarian sections, premature births or other complications for the mother or the baby. The decision not to do so was reasoned again with cultural competence, as the focus of the study were the individual childbirth experiences of all immigrant women. However, this might have had an impact on the findings, as a different sample group might have yielded different experiences and results, particularly in reference to more complicated deliveries. As presented earlier (Malin & Gissler 2009), Finnish birth statistics do not register the mother's race or ethnicity and therefore the current construct of the immigrant birthers in Finland along with their particular labor statistics is difficult to establish, complicating the formation of a reliable sample design.

For analysis of the data, the inductive content analysis was applied, since previous studies on the subject were fragmented and no specific research on the subject in a Finnish context was found. In the absence of an existing model or theory, the inductive approach was thought to provide knowledge and insights on the research topics. (Elo & Kyngäs 2008; Tuomi & Sarajärvi 2018.) Content analysis proved to be challenging as a method for data analysis. Though seemingly simple, the analysis process relies strongly on the skills of the researcher, and that is both it's greatest strength and weakness. The objective management of the data was also challenging, as the researcher's previous knowledge on the subject through professional experience and doing systematic background research was bound to have an impact on the analysis process. Because of a strong personal interest on the subject, it was also difficult to keep the focus of the analysis strictly on the research topics, as other interesting information arose from the data as well. This lead to re-evaluating the analysis on several occasions.

In this study, the interviews provided a considerable amount of rich data. Although trying to tighten the focus of the analysis, the research questions proved to be quite extensive, and yielded a large amount of analysis units. The handling of that data as a whole during the analysis was demanding. Conducting separate content analysis processes for each of the three research questions helped in organizing the large amount of data, as conducting a single

inductive analysis would have proven to be difficult with such extensive research questions. However, it did result in partial overlapping of the categories, as the relationship with the midwife could not completely be separated from the support received during childbirth, and both were important parts of the childbirth experience. The content analysis was still conducted carefully to the researcher's best skills, and the results of the analysis were re-evaluated in reference to previous studies and related theories on the subject.

6.3 Reliability and trustworthiness

The reliability of qualitative research is not as straight-forwardly assessed as the reliability of quantitative research. It can be argued that qualitative research does not seek to find an objective truth about a phenomenon, but rather there are several constructions of a social reality, and these are at the focus of qualitative research. Therefore the traditional concepts of validity and reliability are not ideally suited for evaluating qualitative research. (Tuomi & Sarajärvi 2018.)

Qualitative research can and should still be evaluated, and instead of validity and reliability, trustworthiness is commonly used as an evaluation criterion for qualitative research using content analysis. In order to be trustworthy, qualitative research using content analysis should correspond to the quality criteria of credibililty, dependability, transferability and confirmability (Graneheim & Lundman 2003; Tuomi & Sarajärvi 2018), as originally presented by Lincoln and Guba (1985). Graneheim, Lindgren and Lundman (2017) and Elo et al. (2014) also add authenticity to the evaluation criteria of qualitative content analysis. Credibility is established by choosing the appropriate methods for the intended purpose of the study, it can be demonstrated by accurately identifying and describing the participants in the study, as well as the abstraction of the used concepts. Dependability refers to the stability of the data and results in different conditions and over time. Transferability refers to the ability of the findings to be generalized or transferred to other contexts or settings. Confirmability refers to the objectivity, or the similarity of the conclusions on the data's accuracy or relevance, as determined by two or more independent people. Authenticity is established by the researchers showing a range of realities in their findings.

In this study, credibility has been aimed to achieve through thorough background work. The literature searches were done in many phases over a period of time, aiming at a comprehensive background knowledge on the subject. The searched background literature was critically evaluated and selected according to its relevance to the subject and being up to date. The subject was also approached from several different angles in order to capture many possible views on the issues of childbirth experiences, immigration and support. The resercher's professional background and experience also added to this knowledge base,

bringing yet again more perspective on the subject and assisting in choosing the optimal research methods, which were thought to produce rich information on the subject. The research methods were chosen based on the nature of the subject, supported by methodological literature. The chosen methods have been presented along with the reasoning of choosing those methods. Although the author has considerable experience as a midwife, her previous experience as a researcher consists of a Bachelor level research study using quantitative and qualitative methods. Therefore the research methods were also chosen to match the skills of the researcher.
The informants and data collection have been reported in as much detail as possible, still protecting the subjects' identities. The sample size, representativeness and data saturation have been discussed. The process of the content analysis has been described and shown by presenting the categories and the analysis units on which they are based. The challenges of that process have been discussed as well as the measures taken in effort to maintain the original voice of the informants during that process. Credibility is also sought by establishing a clear connection between the data and results, by presenting quotations from the original transcribed text.

Dependability in this study is aimed at by presenting the context of the study reliably. The used methods have been described in detail and they were selected according to the study's aim and purpose. The setting and timeframe of the study are presented, as well as the inclusion criteria for the participants. The researcher has conducted the study to her best abilities, acknowledging that she as the researcher has a significant role in both the data collection as well as the interpretation af the data. She may not have been able to steer clear of all the mistakes of a researcher, but she has subjected both herself as well as the research process to continuous reflection and has aimed to maintain neutrality and minimize any impact she has had on the data. Still, interviews are always a co-creation of the interviewer and interviewee, and the analysis is also a dialogue between the text and the researcher, and this is a challenge for the dependability (Graneheim, Lindgren & Lundman 2017).

As the participants of the study were only a very small sample of the target group of immigrant women giving birth in Finland, and the study was done in a very specific setting of one maternity hospital, the transferability of the study is open for discussion. The setting of the study has therefore been described in detail, as for the reader to be able to understand the context and to draw their own conclusions about transferability. Confirmability is facilitated in this study by discussing the results in reference to the framework and previous research on the subject. As there was very limited consistent research available on the subject, the results have also been evaluated in reference to the concepts of cultural competence and relationality. Authenticity becomes more difficult to demonstrate with higher levels of interpretation and abstraction in the analysis (Graneheim, Lindgren &

Lundman 2017). In this study, the categories and subcategories were aimed to be kept at an understandable level, and this is demonstrated with citations.

The key to trustworthiness in qualitative content analysis is in paying attention to the reporting of each step of the research process, in particular the different phases of the content analysis. Trustworthiness increases with systematic and organized work and reporting. (Elo et al. 2014; Tuomi & Sarajärvi 2018.) The trustworthiness of this study has been aimed to improve through comprehensive reporting, and a checklist for qualitative content analysis by Elo et al. (2014) was used to establish the trustworthiness of this study.

6.4 Ethical consideration

In all research concerning human subjects, the ethical issues should be closely considered. This study was conducted according to the guidelines of responsible conduct of research, issued by the Finnish National Board on Research Integrity (TENK). According to the guidelines, research should be conducted, recorded, presented and evaluated following integrity, meticulousness and accuracy. The data collection should conform to scientific criteria and be ethically sustainable. Results should be reported openly and responsibly. The work of other researchers should be respected and accredited by using appropriate citations. The researcher should refrain from all research-related situations involving a conflict of interest and data protection legislation should be taken into account. (TENK 2012).

The principles of responsible conduct of research were followed as closely as possible while conducting this study. As a midwife, the reseacher was well aware of the sensitive nature of the topic and the particularly vulnerable position the informants were in as patients and as immigrants. Therefore, special attention was given to the ethical considerations of this study. The permission for this study was applied from and granted by the HUCH Department of Gynaecology and maternity services. A statement from the Ethics Committee for gynaecology and obstetrics, pediatrics and psychology was issued in favor of the study. The reporting of the research process and results have been done openly, in order to improve the trustworthiness and ethical responsibility of this study.

The three key elements of research ethics are respecting the autonomy of research subjects, avoiding harm and privacy and data protection (TENK n.d.). Participation in the study was completely voluntary. The participants received information about the study before being asked for informed consent. They were aware that they could withdraw their participation at any time and for any reason. No such women were recruited into the study, with whom the researcher had had a midwife-patient relationship prior to the study, as this would have placed the informants as well as the researcher in a difficult position. During the interviews,

it was also made clear that all information the informants chose to give was voluntary. The participants were informed about the recording of the interviews, and how the information they provided would be handled.

The conducting of research should not cause any harm for the subjects. In this study, there were no significant benefits for them in participating either. They did, however, have the chance to discuss their childbirth experience in the interview with a midwife, which might have been perceived beneficial. Studies show that most women wish to talk about their childbirth experience with a midwife (Dennett 2003; Olin & Faxelid 2003). Should any cause for concern about harmful consequences for the subject have arisen in the interviews, the researcher was able to offer immediate psychological support as a midwife and direct the subjects towards further help from the maternity care system. The participation in the study did not affect the care the subjects or their babies received at the hospital. This was ensured by keeping the involvement of the hospital staff in the recruiting process at a minimal and conducting the interviews outside of the hospital setting. Therefore, the participation of the subjects in the study was not generally known to the hospital staff.

The subjects' identities were not included in the study material, and only the investigator had knowledge of the subjects' identities. No patient records were used for the study. Both the audio and written material from the interviews as well as the informed consent forms were handled discretely and disposed of confidentially after the study was completed. Careful attention was paid during the writing of the study report, that no identifying details were visible in the description of the data analysis or the reporting of the results.

6.5 Recommendations

6.5.1 Recommendations for practice

The purpose of this study was to provide information to health care providers working within the Finnish health care system with pregnant women and new mothers, in order for them to be able to understand and meet the needs of these women. The aim of the study was to understand the meaning of giving birth in a new country and culture to immigrant women. The objectives of this study were to explore the childbirth experiences of immigrant women in Finland and to investigate the meanings of social support and lack thereof, and the implications of support from midwives during childbirth. Recommendations for improvement of the care of immigrant women during childbirth are made on the basis of the findings of this study (Table 3). Possible subjects for further research are also discussed.

The need for culturally competent care, which acknowledges the relationality of women giving birth, is clearly presented in the findings of this study. According to the constructs of cultural competence, professionals working within the Finnish maternity health care system should improve their cultural desire, awareness, knowledge and skill, and engage in cultural encounters. The customers of the Finnish maternity health care system are increasingly multicultural, and the various and complex needs of the customers are hard to meet if the professionals are not able to provide culturally competent care.

Cultural competence can be improved with additional education on cultural knowledge and skill. Additional education should in particular be aimed at younger nurses, who have less work experience. A more culturally diverse staff also promotes culturally competent care. For example recruiting nurses from different ethnic backgrounds and nurses with work experience or exchange studies from different countries can increase cultural sensitivity within the organization. Proficient language skills and frequent interaction with people from different backgrounds also improves cultural competence. (Mulder 2013; Repo, Vahlberg, Salminen, Papadopoulos & Leino-Kilpi 2017; Truong et al. 2014.) However, training and education on cultural issues can however be problematic, since it may in fact increase stereotyping (Truong et al. 2014). Therefore, efforts should be made for addressing all five constructs of cultural competence, engaging professionals in self-assessment and reflecting on their personal attitudes, prejudices and beliefs.

RECOMMENDATIONS FOR PRACTICE		
PROMOTING CULTURAL COMPETENCE	Educating health care professionals	Education on cultural skill and knowledge
		Education on language skills
	Increasing cultural diversity among health care professionals	Recruiting professionals with diverse backgrounds and work experience
ACKNOWLEDGING RELATIONALITY	Acknowledging relationality at an individual level	Promoting individual midwifery care
		Recognizing the importance of different support networks
	Acknowledging relationality at an organizational level	Reconsidering hospital policies according to relationality
		Designing hospital facilities to meet relational needs

Table 3: Recommendations for practice

According to research findings (e.g. Lundgren & Berg 2007; Thorstensson, Ekström, Lundgren & Hertfelt Wahn 2012), the acknowledgement of relationality is important in midwifery, but also at the organizational level. Hospital arrangements should be reconsidered according to

the relational aspect of their customers. Feelings of being left alone and insecurity are detrimental to the childbirth experience, and if these could be addressed with changes in hospital arrangements, it would improve the experiences of many women, and not exclusively of immigrants. In particular, the role of the husband is important, as demonstrated by the findings of this study. Acknowledging the importance of the support network of women giving birth could have an impact on the midwifery care as well. Even though other studies (e.g. Gibbins & Thomson 2001; Ross-Davie & Cheyne 2014) show that the support from the midwife can not be replaced by the support from the social network, or vice versa, but the support from the social network would complement the support from the midwife and compensate for the experiences of midwives being rushed, resulting in a better overall experience for the woman.

6.5.2 Recommendations for further research

Because cultural competence was an important theme of the study, emphasizing the importance of individual meanings, the study participants were selected with very wide inclusion criteria. This combined with the relatively small sample size lead to a great variance in data. It would be very interesting to explore the childbirth experiences of immigrant women to a greater extent. Perhaps the subject could be studied with a more careful sample design, concentrating on a more specific group of immigrants, that would provide more detailed knowledge on the subject.

The subjects could be limited to first-time mothers, or to women who have not given birth in Finland before. In these cases the expectations about the maternity health care system and the childbirth experience would be less varied than in this study. Also the time of residence in Finland could be limited, so that there would perhaps be less variance in the levels of acculturation among the subjects. Incorporating the level of acculturation into a study on childbirth experiences might also provide useful information. The role of the husband or partner should also be acknowledged in this respect. As in this study, some immigrant women have Finnish husbands, or husbands who have lived in Finland longer than them, perhaps resulting in higher levels of acculturation. These husbands or partners might be able to act as ‘cultural interpreters’, explaining the characteristics of the Finnish health care system and mediating the effect of cultural differences. These would be interesting topics for further research.

As the women who participated in this study had good language skills, the effect of communication was not in a very significant role in the findings of this study. Nevertheless, when discussing childbirth experiences, cultural competence and relationality, the uniqueness of the relationship between the woman and her midwife is highlighted and in delivering

culturally competent care, communication about individual perceptions and meanings are fundamental. In studying the childbirth experiences of immigrant women, it would be valuable to hear the experiences of the women who suffer from a greater language barrier with the maternity health care professionals. Conducting such a study would require the use of reliable interpreters, and unfortunately that was not possible in conducting this study. Lacking Finnish or English skills might also have an impact on acculturation, thus underlining the cultural differences experienced. As the finding of this study show, the internet is also used by immigrant women as a source of information and support. Therefore it would be recommended to provide information online about the Finnish maternity health care system and the midwifery care for immigrant women, particularly in the native languages of those who don't understand Finnish or English.

Further research could also be conducted with a specific focus on the relationship between the mother and midwife. In this study, positive and negative aspects were identified, but with further research the meaning of these aspects to the childbirth experience could be focused on. The constructs of cultural competence in that relationship should also be studied from both the perspective of the mother and the perspective of the midwife.

7 Reflection

Conducting this research has been beneficial for the author's own professional growth. Even though she has considered herself proficient in cultural competence and has readily engaged herself in cultural encounters with the mindset of learning and improving her skills, she has not had the opportunity to discuss the childbirth experiences of immigrant women in so much detail as she had during the interviews. Analyzing that data and conducting background literature searches both brought on new insights that her professional experience solely could not have provided.

As shown in this study, midwives can not always provide continuous care. Sometimes the midwife finds herself balancing between the needs of the woman giving birth and the requirements of the organization – sometimes needing to divide her time and presence between many women. This often results in the focus of midwifery care shifting from the woman's needs and the relationship with her to risk-management and clinical assessments, and the midwife takes on the role of an authoritative instructor, rather than a supportive companion. In this respect, the realities of midwifery care within the system do not always support taking relationality into account, and according to the author's perceptions and experiences, midwives find themselves not being able to meet the individual needs of women giving birth. At the system level and organizational level, maternity care could be developed

by ensuring that the hospital arrangements and resources allow for the catering to the different relational needs that women have.

Since relationality is considered a close relation to the concept of culture, promoting cultural competence also includes acknowledging relationality and the various meanings that women give to their support system and the relationships within it. For immigrant women, the social support network can be very limited, underlining the importance of the few people in it. On the other hand, the support system can be very extensive and an essential part of the woman's coping systems at the time of childbirth. Some women may rely entirely on the relationship with the midwife, particularly if they need their support network to take care of other children in the family. In any case, the significance of the support system of immigrant women should not be underestimated, and it should be considered a part of culturally competent care.

Although this study focused on the childbirth experiences of immigrant women, its findings were mostly very similar to the childbirth experiences of native women. Thus the conclusions of this study, which highlighted the significance of social support, and the organization's abilities to meet the supportive needs, could be very relevant for all women giving birth in Finland. The Finnish maternity health care system, which is top quality when measured by its safety for mothers and babies, is very medicalized. It can be debated that the professionals working within that system are somewhat blinded by the medicalized aspects of care, not acknowledging the complex cultural and relational needs of its customers. Looking at the institutional culture through the eyes of immigrants and focusing on their experiences may reveal the aspects to which we have become blind, and may help us develop our practices to better meet the needs of all customers.

For the author, conducting this study has been eye-opening to the significance of cultural competence and relationality in midwifery care. In particular, it has made her reflect on her own position of power. The work of a midwife entails significant power. In Finland, it is a very independent profession, and midwives have great power over the decisions they make and the women they care for. As one's personality affects the personal style in which one carries out the every-day work, there are certainly considerable differences in how each midwife handles and uses that power. As typical, with great power comes great responsibility. As defined in research used as background material for this study, midwifery is advocacy among other things, and each midwife has an obligation to act in the best interest of her customer. Often the perception of what is in the best interest of a woman may arise from the midwife's own position and experiences. The importance of cultural competence is present in considering these power relations, as acting as an advocate is impossible without listening and hearing the wishes of the woman giving birth. Without cultural competence there is a significant

possibility of midwives misusing the power they hold, and immigrant women, being a minority, are particularly at risk.

Researching and providing evidence for the development of her own work as well as her working environment has been inspiring. The conclusions of this study will surely be of interest to her colleagues as well, and hopefully will result in providing individual and more culturally competent care to not only immigrant mothers, but all women giving birth.

References

Adanu, R.M.K. & Johnson, T.R.B. 2009. Migration and women's health. Internation Journal of Gynecology and Obstetrics. 2009 (106), 179 – 181.

Akhavan, S. & Lundgren, I. 2012. Midwives' experiences of doula support for immigrant women in Sweden – a qualitative study. Midwifery. 2012 (28), 80 – 85.

Almeida, J., Mulready-Ward, C., Bettegowda, V.R. & Ahluwalia, I.B. 2014. Racial/ethnic and nativity differences in birth outcomes among mothers in New York City: the role of social ties and social support. Maternal and Child Health Journal. 2014 (18), 90 – 100.

Boeije, H. 2010. Analysis in qualitative research. London: SAGE Publications Inc.

Boerleider, A.W., Wiegers, TA., Manniën, J., Francke, A.L. & Devillé, W. 2013. Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review. BMC Pregnancy and Childbirth 2013. 2013 (13), 81.

Brown, A.E., Middleton, P.F, Fereday, J.A. & Pincombe, J.I. 2016. Cultural safety and midwifery care for aboriginal women – a phenomenological study. Women and Birth. 29 (2016), 196 – 202.

Bulman, K.H. & McCourt, C. 2002. Somali refugee women's experiences of maternity care in west London: a case study. Journal of Critical Public Health. 12 (4), 365 – 380.

Burgess, A. 2015. Interconnectedness: The grandparents role in childbearing and parenting. International Journal of Childbirth Education. 30 (1), 68 – 73.

Callister, L.C., Khalaf, I., Semenic, S., Kartchner, R. & Vehviläinen-Julkunen, K. 2003. The pain of childbirth: perceptions of culturally diverse women. Pain Management Nursing. 4 (4), 145 – 154.

Campinha-Bacote, J. 1999. A model and instrument for addressing cultural competence in health care. Journal of Nursing Education. 38 (5), 203 – 207.

Campinha-Bacote, J. 2002. The process of cultural competence in the delivery of healthcare services: a model of care. Journal of Transcultural Nursing. 13 (3), 181 - 184.

Carolan, M. 2010. Pregnancy health status of sub-Saharan refugee women who have resettled in developed countries: a review of the literature. Midwifery. 2010 (26), 407 – 414.

Cervantes, A., Keith, L. & Wyshak, G. 1999. Adverse birth outcomes among native-born and immigrant women: replicating national evidence regarding Mexicans at the local level. Maternal and Child Health Journal. 3 (2), 99 – 109.

Cornally, P., Butler, M., Murphy, M., Rath, A. & Canty, G. 2014. Exploring women's experiences of care in labour. Evidence Based Midwifery. 12 (3), 89 – 94.

Cripe, S.M., O'Brien, W., Gelaye, B. & Williams, M.A. 2011. Maternal morbidity and perinatal outcomes among foreign-born Cambodian, Laotian and Vietnamese Americans in Washinton State. Journal of Immigrant Minority Health. 2011 (13), 417 – 425.

Degni, F., Suominen, S., Essén, B., El Ansari, W. & Vehviläinen-Julkunen, K. 2011. Communication and cultural issues in providing reproductive health care to immigrant women: health care providers' experiences in meeting Somali women living in Finland. Journal of Immigrant Minority Health. 2011 (14), 330 – 343.

Dennett, S. 2003. Talking about the birth with a midwife. British Journal of Midwifery. 11 (1), 24 – 27.

Elo, S. & Kyngäs, H. 2008. The qualitative content analysis process. Journal of Advanced Nursing. 62 (1), 107 – 115.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K. & Kyngäs, H. 2014. Qualitative content analysis: A focus on trusworthiness. SAGE Open. Jan – Mar 2014, 1 – 10.

Etowa, J. 2012a. Black women's perceptions of supportive care during childbirth. International Journal of Childbirth Education. 27 (3), 27 – 32.

Etowa, J. 2012b. Becoming a mother: the meaning of childbirth for African-Canadian women. Contemporary Nurse. 41 (1), 28 – 40.

Falicov, C.J. 2007. Working with transnational immigrants: expanding meanings of family, community and culture. Family Process. 46 (2), 157 – 171.

Finnish Immigration Service. 2017. A child born in Finland. Accessed 29 Mar 2018. http://migri.fi/en/child-born-in-finland

Finlex. 2001. Personal Data Act 523/1999. Accessed 29 Mar 2018. https://www.finlex.fi/en/laki/kaannokset/1999/19990523

Fleuriet, K.J. 2009. Problems in the latina paradox: measuring social support for pregnant immigrant women from Mexico. Anthropology & Medicine. 16 (1), 49 – 59.

Gallo, A. 2003. The lived experience of Latina women giving birth in the United States. Dissertation. University of San Diego.

Gibbins, J. & Thomson, A.M. 2001. Women's expectations and experiences of childbirth. Midwifery. 17 (4), 302 – 313.

Gibson-Helm, M., Teede, H., Block, A., Knight, M., East, C., Wallace, E.M. & Boyle, J. 2014. Maternal health and pregnancy outcomes among women of refugee background from African countries: a retrospective, observational study in Australia. BMC Pregnancy and Childbirth. 2014 (14), 392.

Goodman, P., Mackey, M.C. & Tavakoli A.S. 2004. Factors related to childbirth satisfaction. Journal of Advanced Nursing. 46 (2), 212 – 219.

Gould, J. 2016. Refleksiivisyyden poluilla. Epistemologisesti radikaalin yhteiskuntatieteen puolustus. In Gould, J. & Uusihakala, K. (eds.) 2016. Tutkija peilin edessä. Refleksiivisyys ja etnografinen tieto. Tallinn: Gaudeamus.

Graneheim, U.H., Lindgren, B-M. & Lundman, B. 2017. Methodological challenges in qualitative content analysis: A discussion paper. Nurse Education Today. 2017 (56), 29 – 34.

Graneheim, U.H., & Lundman, B. 2003. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004 (24), 105 – 112.

Green, J.M. & Baston H.A. 2003. Feeling in Control during Labor: Concepts, correlates and consequences. Birth: Issues in Perinatal Care. 30 (49), 235 – 247.

Grove, S.K., Burns, N. & Gray, J.R. 2013. The practice of nursing research. Appraisal, synthesis and generation of evidence. St. Louis: Elsevier.

Heaman, M., Bayrampour, H., Kingston, D., Blondel, B., Gissler, M., Roth, C., Alexander, S. & Gagnon, A. 2012. Migrant women's utilization of prenatal care: a systematic review. Maternal Child Health Journal. 2012 (17), 816 – 836.

Henriksen, L., Grimsrud, E., Schei, B. & Lukasse, M. 2017. Factors related to a negative birth experience – a mixed methods study. Midwifery. 2017 (51), 33 – 39.

Hildingsson, I., Johansson, M., Karlström, A. & Fenwick, J. 2013. Factors associated with a positive birth experience: an exploration of Swedish women's experiences. International Journal of Childbirth. 3 (3), 153 – 164.

Heino, A., Vuori, E. & Gissler, M. 2017. Perinataalitilasto – synnyttäjät, synnytykset ja vastasyntyneet 2016. Accessed 29 Mar 2018.
http://www.julkari.fi/bitstream/handle/10024/135445/Tr_37_17.pdf?sequence=1&isAllowed=y

Hoang, H.T., Le, Q. & Kilpatrick, S. 2009. Having a baby in a new land: a qualitative exploration of the experiences of Asian migrants in rural Tasmania, Australia. Rural and Remote Health 9: 1084. Accessed 19 Oct 2016.
http://rrh.org.au/articles/subviewnew.asp?ArticleID=1084

Hodnett, E.D., Gates, S., Hofmeyr, G.J. & Sakala, C. 2013. Continuous support for women during childbirth (review). The Cochrane Database of Systematic Reviews 2013, Issue 7.

ICM. 2017. International definition of the midwife. Core document. International Confederationof Midwives. Accessed 24 Apr 2017.
https://internationalmidwives.org/assets/uploads/documents/Position%20Statements%20-%20English/New%20Position%20Statements%20in%202014%20and%202017%20/ENG%20Definition_of_the_Midwife%202017.pdf

Igarashi, Y., Horiuchi, S. & Porter, S.E. 2013. Immigrants' experiences of maternity care in Japan. Journal of Community Health. 2013 (38), 781 – 790.

Imberg, W.C. 2008. The Meaning of U.S. Childbirth for Mexican immigrant women. Dissertation. University of Washington.

Ito, M. & Sharts-Hopko, N. 2002. Japanese women's experience of childbirth in the United States. Health Care for Women International. 2002 (23), 666 – 677.

Keegan, S. 2009. Qualitative research. Good decision making through understanding people, cultures and markets. London: Kogan Page.

Khanlou, N., Haque, N., Skinner, A., Mantini, A. & Kurtz Landy, C. 2017. Scoping review on maternal health among immigrant and refugee women in Canada: prenatal, intrapartum, and postnatal care. Journal of Pregnancy. 2017 (17), 1 – 14.

Korpi, H. 2010. Lapsikuolleisuuden väheneminen ilmentää yhteiskunnan muutosta ja kehitystasoa. Accessed 29 Mar 2018. Updated 27 Sep 2010.
http://www.stat.fi/artikkelit/2010/art_2010-06-07_007.html?s=0

Kvale, S. & Brinkmann, S. 2009. InterViews: learning the craft of qualitative research interviewing. Thousand Oaks: SAGE Publishing Inc.

Larkin, P., Begley, C.M. & Devane, D. 2009. Women's experiences of labour and birth: an evolutionary concept analysis. Midwifery. 2009 (25), 49 – 59.

Lee, K. 2013. The lived childbirth experience of Korean first-time mothers in the United States. International Journal of Childbirth. 3 (1), 39 – 51.

Lephard, E. & Haith-Cooper M. Pregnant and seeking asylum: exploring women's experiences 'from booking to baby'. British Journal of Midwifery. 24 (2), 130 – 136.

Lincoln, Y.S. & Guba, E.G. 1985. Naturalistic inquiry. Newbury Park: SAGE Publications Inc.

Lundgren, I. & Berg, M. 2007. Central concepts in the midwife-woman relationship. Scandinavian Journal of Caring Sciences. 2007 (21), 220 – 228.

Malin, M. & Gissler, M. 2009. Maternal care and birth outcomes among ethnic minority women in Finland. BMC Public Health. 9 (84).

Melnyk, B.M. & Fineout-Overholt, E. 2011. Evidence-based practice in nursing & healthcare. A guide to best practice. Philadelphia: Wolters Kluwer Health, Lippincott Williams & Wilkins.

Miszkurka, M., Goulet, L. & Zunzunegui, M.V. 2010. Contributions of immigration to depressive symptoms among pregnant women in Canada. Canadian Journal of Public Health 101 (5), 358 – 364.

Mulder, R. 2013. Hoitotyöntekijöiden kulttuurinen kompetenssi. Master's thesis. University of Tampere, School of Health Sciences.

Munk-Olsen, T., Laursen, T.M., Mendelson, T., Pedersen, C.B. 2010. Perinatal mental disorders in native Danes and immigrant women. Archives of Womens Mental Health. 2010 (13), 329 – 326.

Murray, L., Windsor, C.A., Parker, E.A. & Tewfik, O. 2010. The experiences of African women giving birth in Brisbane, Australia. Health Care for Women International. 31 (5), 458 – 472.

Nicolaou, M. 2011. The pregnancy and post birth experience of women from refugee backgrounds living in the outer east of Melbourne. A Healthy Mothers Healthy Babies Research Report. EACH Social and Community Health.

Noseworthy, D.A., Phibbs, S.R. & Benn, C.A. 2013. Towards a relational model of decision-making in midwifery care. Midwifery. 2013 (29), 42 – 48.

Nystedt, A., Kristiansen, L., Ehrestråle, K. & Hildingsson, I. 2014. Exploring some Swedish women's experiences of support during childbirth. International Journal of Childbirth. 4 (3), 183 – 190.

Olin, R-M. & Faxelid, E. 2003. Parents' needs to talk about their experiences of childbirth. Scandinavian Journal of Caring Sciences. 2003 (17), 153 – 159.

Ottani, P. 2001. Birth in an unfamiliar culture: the lived experience. Dissertation. University of Massachusetts.

Pachuki, M.A. & Breiger, R.L. 2010. Cultural holes: beyond relationality in social networks and culture. Annual Review of Sociology. 2010 (36), 205 – 224.

Phiri, J., Dietsch, E. & Bonner, A. 2010. Cultural safety and its importance for Australian midwifery practice. Collegian. 2010 (17), 105 – 111.

Reed, R., Rowe, J. & Barnes, M. 2016. Midwifery practice during birth: ritual companionship. Women and Birth. 2016 (29), 269 – 278.

Repo, H. 2015. Valmistuvien sairaanhoitajaopiskelijoiden kulttuurinen kompetenssi ja etniset asenteet. Master's thesis. University of Turku, Department of Nursing Science.

Repo, H., Vahlberg, T., Salminen, L., Papadopoulos, I. & Leino-Kilpi, H. 2017. The cultural competence of graduating nursing students. Journal of Transcultural Nursing. 28 (1), 98 – 107.

Ross-Davie, M. & Cheyne, H. 2014. Intrapartum support: what do women want? A literature review. Evidence Based Midwifery. 12 (2), 52 – 58.

Ryttyläinen, K. 2005. Naisten arvioinnit hallinnasta raskauden seurannan ja synnytyksen hoidon aikana – naisspesifinen näkökulma. Dissertation. Kuopio University Publications E. Social Sciences 128.

Saha, S., Beach, M.C. & Cooper, L.A. 2008. Patient centeredness, cultural competence and healthcare quality. Journal of the National Medical Association. 100 (11), 1275 – 1285.

Sainola-Rodriguez, K. 2009. Transnationaalinen osaaminen – uusi terveydenhuoltohenkilöstön osaamisvaatimus. Dissertation. Kuopio University Publications E. Social Sciences 172.

Sandall, J., Soltani, H., Gates, S, Shennan, A. & Devane D. 2016. Midwife-led continuity models versus other models of care for childbearing women (review). The Cochrane Database for Systematic Reviews 2016, Issue 4.

Savage, J.S. 2006. The lived experience of knowing in childbirth. The Journal of Perinatal Education. 15 (3), 10 – 24.

Small, R., Roth, C., Raval, M., Shafiei, T., Korfker, D., Heaman, M., McCourt, C. & Gagnon, A. 2014. Immigrant and non-immigrant women's experiences of maternity care: a systematic and comparative review of studies in five countries. BMS Pregnancy and Childbirth. 2014 (14), 152.

Somers-Smith, M.J. 1999. A place for the partner? Expectations and experiences of support during childbirth. Midwifery. 1999 (15), 101 – 108.

Streubert, H.J., & Carpenter, D.R. 2011. Qualitative research in nursing. Advancing the humanistic imperative. Philadelphia: Wolters Kluwer Health, Lippincott Williams & Wilkins.

TENK. No date. Ethical review in human sciences. Accessed 9.4.2018. http://www.tenk.fi/en/ethical-review-in-human-sciences

TENK. 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Guidelines of the Finnish Advisory Board on Research Integrity.

Thorstensson, S., Ekström, A., Lundgren, I. & Hertfelt Wahn E. 2012. Exploring professional support offered by midwives during labour: an observational and interview study. Nursing Research and Practice. Accessed 31.10.2017. http://dx.doi.org/10.1155/2012/648405

Truong, M., Paradies, Y. & Priest, N. 2014. Interventions to improve cultural competency in healthcare: a systematic review of reviews. BMC Health Services Research. 2014 (14), 99.

Tuomi, J. & Sarajärvi, A. 2018. Laadullinen tutkimus ja sisällönanalyysi. Helsinki: Tammi.

Tynkkynen, T. 2012. Sairaanhoitajien asenteet maahanmuttajia kohtaan kulttuurisen kompetenssin näkökulmasta – kyselytutkimus sairaanhoitajille Helsingin ja Uudenmaan Sairaanhoitopiirin päivystyspoliklinikoilla. Master's Thesis. Laurea University of Applied Sciences.

Urquia, M.L., Glazier, R.H., Blondel, B., Zeitlin, J., Gissler, M., Macfarlane, A., Ng, E., Heaman, M., Stray-Pedersen, B. & Gagnon, A. 2010. International migration and adverse birth outcomes: role of ethnicity, region of origin and destination. Journal of Epidemiological Community Health. 2010 (64), 243 – 251.

Walsh, D.J. 2010. Childbirth embodiment: problematic aspects of current understandings. Sociology of Health and Illness. 32 (3), 486 – 501.

WHO. 2016. Companion of choice during labour and childbirth for improved quality of care. Accessed 19 Oct 2016.

http://www.who.int/reproductivehealth/topics/maternal_perinatal/companion-during-labour-childbirth/en/

WHO. 2018. Midwifery. Accessed 24 Apr 2018. http://www.who.int/topics/midwifery/en/

Williamson, M. & Harrison, L. 2010. Providing culturally appropriate care: a literature review. International Journal of Nursing Studies. 2010 (47), 761 – 769.

Wilson, L. 2012. Cultural competence: implications for childbearing practices. International Journal of Childbirth Education. 27 (1), 10 – 17.

Zelkowitz, P., Saucier, J.F., Wang, T., Katofsky, L., Valenzuela, M. & Westreich, R. 2008. Stability and change in depressive symptoms from pregnancy to two months postpartum in childbearing immigrant women. Archives of Women's Mental Health. 2008 (11), 1 – 11.

Zelkowitz, P., Schinazi, J., Katofsky, L., Saucier, J.F., Valenzuela, M., Westreich, R. & Dayan, J. 2004. Factors sssociated with depression in pregnant immigrant women. Transcultural Psychiatry. 41 (4), 445 – 464.

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Appendix 1: Informed consent in English

Congratulations on your new baby!

You are invited to participate in a study on immigrant women's childbirth experiences. You are eligible for the study if you are an immigrant living in Finland, have recently had a baby in Finland and speak Finnish or English. The study is the thesis study of Hilla Gould, a midwife and Master's Degree student. The purpose of this study is to provide information to health care providers working within the Finnish health care system with pregnant women and new mothers, in order for them to be able to understand and meet the needs of these women. The aim of this study is to discover the childbirth experiences of immigrant women in Finland, and to understand the meaning of giving birth in a new country and culture to immigrant women. The study aims at exploring the meanings of social support and lack thereof, and the implications of support from midwives during childbirth.

If you choose to participate in the study, you will be interviewed once by the researcher. The interview will be recorded. The time and place of the interview will be agreed to suite your schedule. You will be interviewed on your personal background and childbirth experiences. The duration of the interview is estimated to be 30 minutes to 1 hour.

Participation in the study is completely voluntary, and if at any point you wish to discontinue your participation, you are free to do so by informing the researcher. Your participation in the study, declining participation, withdrawing your consent or discontinuing your participation will not affect the care you receive in any way. All information you choose to give during the study will be handled confidentially, and all material will be disposed of after the study is completed. Your identity will only be known by the researcher, and no information in the study report can be traced back to you. No patient records or files will be included in the study.

Participation in the study will cause no harm for you. There will be no direct benefits to you from the study, but the information you provide might help health care professionals better meet the needs and expectations of immigrant women giving birth in Finland.

For further information on the study, please contact the researcher:

Hilla Gould
Midwife, Master's student
+358 50 XXX XXXX
hilla.gould@student.laurea.fi

I have read the information above about this study, and hereby agree to participate in it. I am aware that I can withdraw from the study at any point, without it affecting the treatment or care I will receive.

Name: _____

Address: _____

Signature: _____

Date and place: _____

Please provide contact information for the researcher to set up the time for the interview:

Phone number: _____

Email: _____

Appendix 2: Informed consent in Finnish

Paljon onnea vauvan syntymästä!

Pyydämme Teitä osallistumaan tutkimukseen maahanmuuttajanaisten synnytyskokemuksista. Sovellutte tutkimukseen, mikäli olette Suomessa asuva maahanmuuttaja, olette synnyttäneet äskettäin Suomessa ja puhutte suomea tai englantia. Tämä tutkimus on osa kätilö ja YAMK-opiskelija Hilla Gouldin opinnäytetyötä. Tutkimuksen tarkoitus on tarjota tietoa Suomen terveydenhuollon työntekijöille, jotka työskentelevät raskaana olevien ja synnyttäneiden äitien parissa, jotta he voisivat paremmin työssään vastata näiden naisten tarpeisiin. Tutkimuksen tavoite on selvittää maahanmuuttajanaisten kokemuksia synnytyksestään, ja ymmärtää mikä merkitys maahanmuuttajanaisille on synnyttää vieraassa maassa ja kulttuurissa. Tutkimuksen tavoitteena on selvittää sosiaalisen tuen tai sen puutteen merkitys synnytyskokemukselle ja kätilön tarjoaman tuen vaikutus.

Jos päätätte osallistua tutkimukseen, tutkija haastattelee Teitä yhden kerran. Haastattelu nauhoitetaan. Haastattelun paikka ja ajankohta voidaan sopia Teidän aikataulunne mukaan. Haastattelussa kysytään henkilökohtaisista taustoistanne sekä synnytyskokemuksestanne. Haastattelun arvioidaan kestävän 30 minuutista 1 tuntiin.

Tutkimukseen osallistuminen on täysin vapaaehtoista, ja voitte halutessanne jättäytyä pois tutkimuksesta missä vaiheessa tahansa, mistä syystä tahansa, ilmoittamalla siitä tutkijalle. Tutkimukseen osallistuminen, tutkimuksesta kieltäytyminen, osallistumisen keskeyttäminen tai suostumuksen peruminen ei vaikuta muuhun saamaanne hoitoon. Kaikkea antamaanne tietoa käsitellään luottamuksellisesti ja tiedot hävitetään tutkimuksen päätyttyä. Henkilöllisyytenne on vain tutkijan tiedossa, eikä valmiista tutkimusraportista voida päätellä Teidän henkilöllisyyttänne antamienne tietojen perusteella. Potilasasiakirjoja ei käsitellä osana tutkimusta.

Tutkimukseen osallistumisesta ei koidu Teille haittaa. Tutkimuksesta ei ole Teille välitöntä hyötyä, mutta antamanne tiedot saattavat auttaa kehittämään Suomessa synnyttävien maahanmuuttajanaisten saamaa hoitoa ja terveydenhuollon henkilökuntaa vastaamaan paremmin heidän tarpeisiinsa ja odotuksiinsa.

Lisätietoa tutkimuksesta saatavilla tutkijalta:
Hilla Gould
Kätilö, YAMK-opiskelija
+358 50 XXX XXXX
hilla.gould@student.laurea.fi

Olen perehtynyt yllä oleviin tietoihin tutkimuksesta ja suostun osallistumaan tutkimukseen. Olen tietoinen, että voin halutessani milloin vain jättäytyä pois tutkimuksesta sen vaikuttamatta saamaani hoitoon tai kohteluun.

Nimi:_____

Osoite: _____

Allekirjoitus:_____

Päivämäärä ja paikka:_____

Pyydämme lisäksi antamaan yhteystietonne tutkijalle haastattelun sopimista varten:

Puhelinnumero:_____

Sähköposti:_____

Appendix 3: The themes for the interviews

- Subject's background: age, country of origin, immigration status and history
    - Tell me about yourself: how old are you, how long have you lived in Finland, what did you do before you had your baby?
    - Where were you born? How was your life there? Have you lived elsewhere?
    - What brought you to Finland?

- Current situation: family situation, social networks in Finland and elsewhere
    - Tell me about your family in Finland, who does it include?
    - Who else do you include in your social support network in Finland?
    - Do you have family elsewhere?
    - How have they supported you during your pregnancy and childbirth?
    - Do you feel you have received enough support during your pregnancy and childbirth?

- Obstetric background: parity, previous childbirth experiences (where, when)
    - Have you had children before? Or have you been supporting someone at childbirth?
    - Where? When?
    - What were those experiences like (compared to this one)?

- Knowledge and expectations of childbirth and Finnish maternity care system prior to last pregnancy and delivery
    - What did you know about the Finnish maternity health care system before your pregnancy? In particular the maternity hospital and labor ward?
    - What were your expectations about the maternity health care system? In particular the maternity hospital and labor ward?

- Childbirth experience: brief description of labor, thoughts and feelings of labor
    - Tell me about your labor? How many days has it been since?
    - (How did it begin? What forms of pain relief did you use? How long was your labor? Were there any complications?)
    - How do you feel about your labor now? What were the positive or negative aspects?

- Support received during labor: who, what, how
    - What kind of support did you receive during your labor? From who? How did you experience it?
    - What was the role of the midwife? What kind of a relationship did you develop with her (or them)?
    - Was language/communication an issue?

- Perceptions on how personal expectations were met during labor
    - What kind of expectations did you have about labor?
    - How were those expectations met?

- Perceptions on what influenced personal childbirth experience
    - What do you consider the most important factors that affected your childbirth experience

Appendix 4: Childbirth experience of immigrant women in Finland - analysis table

they said that their English is not good I also understand that Finns may also have issues speaking English they might act without speaking or something lääkärit tulee ja menee, puhuu suomen kieli if something is happening, and the person is not even saying it or speaking out I was thinking maybe it is the language issue	Experiences of linguistic problems with professionals	Communicating in a foreign language during childbirth		
then we still could understand the important things no big problem with the miscommunication ihan hyvin on pärjännyt ja kyllä ne ymmärtää ihan hyvin mitä mä tarkoitan Joskus sanon jotain väärin, mutta ne ymmärtää mitä mä sanon ei ollut mitään merkitystä (kielellä) No, I don't think so (any importance on language) I got all the information I needed, and everything in English I didn't have any problem concerning communication	Experience of sufficient communication			
se (kieliongelmat) voi vaikuttaa just se äidin synnytys jälkeen kokemus ei tiedä mitä hänelle tehdään				

kieli on just se iso rooli, et se ymmärtää mitä tapahtuu, askel askel(eelta) voi tulla just niinku se huono kokemus siitä, koska ei ymmärtänyt mitä siellä tapahtui jos sulla ei oo kielitaitoo, niin vähän vaikea pyytää kun on ollu just huono synnytys että ehkä kielitaidon vaikeuksii On se mun mielestä pikkasen (kieli vaikuttanut)	Language problems affecting childbirth experience			
oli niinku paljon ennakkoluulot siitä (kivunlievityksestä) vaikka neuvolatäti puhui, mut silti oli paljon ennakkoluulo monella on tommoisia ennakkoluuloja, ensisynnyttäjillä Tommosii ennakkoluuloja, vaikka mä kävin synnytysvalmennuskurssi äidit, jotka on synnyttänyt [country], ja sit ku ne tulee täällä ihan eri tavalla synnytyksessä ei tiennyt mitä odottaa, lääkäreiltä jos mä olisin tienny et noi kivunlievitys auttaa, niin olisin ehkä ottanu aikaisemmin the expectations were high because of the history and what you hear	Preconceptions of Finnish maternity care			
the system met my expectations in some ways yes, in some maybe not that much as I expected so many things that I didn't expect a little bit surprised that we just had like only two ultrasounds for the whole pregnancy				

it was quite different than my experience in here I expected from Finland a bit more natural approach to this kind of situations I was surprised, when here in Finland, the assistant, she helped me with everything I was also surprised when they didn't take the baby to bath There was a difference, but it was not positive or negative difference here you have your own birthing room here it's just like, you are just normal, like it's a natural thing I feel like I am just a normal person when I am pregnant, I am not like a sick person in Finland, they allow everyone to enter your room	Unexpected differences between health care models		Giving birth in a foreign country	
I am pleased with the medical system in Finland yes, it (medical system) met my expectations I like their system really pleased with both, the system in Finland, the system in [country], I mean labor system hyvä just et on tommonen systeemi, et voit soittaa ja kysellä I really appreciate that system quite impressed with how they provide for us and supported us through the labor I'm very impressed with the midwives in Finland	Satisfaction with the Finnish maternity health care system	Famous yet unfamiliar Finnish maternity health care system		

I was not even expecting that I will get this much support in hospital I couldn't even imagine that she would take care of me that much I was really pleased and really kindly surprised with the attention, with the patience of the doctors and the assistants I'm really impressed with the midwives here in that hospital I am really impressed by the midwife and the support in here I'm so impressed that that hospital, almost everything is provided things that I would never think that I need there, they provided it, and it's useful				
I feel like I have no worry when it comes to being pregnant and giving birth in Finland I feel safe to give birth in Finland I felt safer here mä halusin vain ihan niinku siinä sairaalassa, että mä tiedän että lääkäri on lähellä	Importance of safe maternity care			
even though I'm still waiting for my documents, no one even showed that oh, you don't have at this moment any residence permit, why should we do this I haven't noticed anything (being an immigrant affecting anything) I haven't noticed any cultural or any difference				

mä niinku ajattelin et Suomi on ihan mahtava paikka, et ei oo niinku korkeampaa presidentin lapsi syntyi samassa paikassa kun tavallinen niinku ulkomaalainen se ei oo mitenkään kantasuomalaisille eikä ulkomaalaisille, et se on kaikille samanarvoiset (terveyspalvelut) Synnytyksessä se ei oo mun mielestä näkynyt (että on maahanmuuttaja)	Equal treatment for all women giving birth	Effect of immigrant status on care		
I'm thinking it was maybe because of the way I appeared	Appearance affecting treatment			
I was expecting that everything goes on well the most important was the safety of both of us that I know I'm safe, I'm here and she's also safe ad she's also here että kaikki, koko raskaus menee hyvin ja syntyy terve lapsi, se oli niinku erittäin tärkeä toisesta raskauden aikana niinku odotin että kaikki menee hyvin ja syntyy terve lapsi, se oli tärkein mitenkä niin ku synnytys menee, ihan sama, mut lapsella on kaikki hyvin ei tapahtunut mitään niinku eka kerta et kävelin, se oli tärkeä mulle et mä pystyn hoitaa vauvan ja kävellä kunnolla kaikki menee hyvin ja vauva syntyy Et kaikki paranee niin kuin synnytyksen jälkeen mullaki	Expectations about safe childbirth			

Et joku on lähellä et kaikki menee hyvin tärkeä on että on hyvä kätilö mukana oli tärkeä vielä että mieheni on lähellä	Expectations about support during childbirth	Expectations about childbirth experience	
I was thinking it's going to be fast mä vain huusin siellä, kun mä en tiennyt et se voi tulla niin nopeasti I only had in mind that it will be painful	Expectations about course of childbirth		
(toivoin) kipulääkettä, mutta ei ehtiny we wanted some hands-on learning Mulla oli just se paperille kirjattu (toivomukset) tehtiin just se toivomuslista minkälaisii pitäis olla I didn't want to use that (vacuum), if not really needed	Individual wishes for childbirth experience		
mä odotin ainakin kaikista pahin, kuolenko minä, lapsi, kaikki odotin jotain tosi pahaa Ehkä pelotti se taas, et tulee kipu Ja (pelotti) taas että kuinka kauan se kestää, että jaksanko sitten loppuvaiheessa toi ponnistusvaihe oli mun pahin painajaiset	Fears about childbirth		
all the experiences are very highlighted at that time and feelings and everything the delivery is so important, kind of, part of things	Childbirth as an emphasized experience		
The experience is totally different			

I don’t have any traumas or anything (not) positive and not negative either It is what it is (the childbirth experience) Kokemus on mulla ollut kaikki lapset ihan erilainen muut lapset ehkä pääsee helpompi, toiset vähän vaikeempi raskauden voi olla ihan erilainen, synnytys on ihan erilainen no traumas which was important for me kaikki on ollut ihan erilaisia (synnytyskokemuksia)	Neutral feelings towards childbirth experience	Perceptions about childbirth experience	
I vaguely just remember what happened to me when I was in the delivery room mostly I don’t remember what happened to me I don’t remember those hours before the doctor came don’t remember much about the delivery I kind of like blacked out taju melkein lähti siinä että mä en tiennyt mitään En muistanut ollenkaan kun oli uusia naamoja koko ajan En mä muista siitä kunnolla	Unclear memories about childbirth experience		
Mä oon tyytyväinen, sitä mä just odotin. That made my birth experience a really good one (midwives and support) I think it’s positive (experience) Very very satisfied			

it was positive (experience) it is quicker, I was really surprised, but positively surprised it was really positive experience mulla oli ihan hyvä kokemus Se oli mun mielestä paljon parempi, helpompi oli ihan hyvä fiilis, ei ollut mitään ongelmaa kaikki meni mun mielestä hyvin Ehkä tästä niinku synnytyksestä olin, tykkään paljon enemmän olen onnellinen että synnytyksen jälkeen kaikki oli hyvin during the delivery time also, in general I'm satisfied with the themes the baby is healthy, they took care of her, so I'm happy for that I was very happy with her (midwife) toi oli kyllä kaikista helpoin kaikki onnistui Kaikki meni hyvin, mun mielestä Tää oli niinku kaikista paras synnytys	Positive feelings towards childbirth experience			
I'm really impressed with what they did to take care of me I feel like I was in good hands in that pregnancy and also in that giving birth I had so much confidence that they would do like the best thing that they could				

I think they know exactly what to do I feel very confident that they decide what is best for me I trust them totally I trust that we needed to use (vacuum), so fine	Feelings of trust during childbirth	Experiencing positive feelings during childbirth		
I feel safe in that delivery room	Feeling of safety during childbirth			
I feel very relieved when finally my baby is out	Feeling of relief during childbirth			
I just can't control my screaming I knew I had no option crying or whatever would not stop it en ollut niin kuin mukavuusalueella mä en halunnut nähdä heitä silmään kun koko ajan tuli uusi ihmisiä, se oli vähän, ei ollut mulle normaali asia	Feeling of being out of control or comfort zone			
we both are a bit new with this so many things you have to learn that was a bit shocking in the hospital when the midwives tell you so many things you have to do and you are new in this	Adapting to a new situation			
I was just so surprised and a little bit annoyed because I was thinking I would be assigned to the same midwife I felt bad I just felt that the doctor just came, did that and left, that was my feeling and I really didn't like it That was very tough	Feelings of discontentment during childbirth			

I didn't like that they were using without waiting … things that I didn't want to do I still cry about it she disappeared, and that is a bit suspicious to me it's not nice to hear that, oh there is so many people, patients				
I was so stressed out within that period the whole process was stress sekin oli sellainen niin kuin iso stressi niinku mulle ja kaikille, miehellekin it comes the day, and you are so stressed with the pain and everything that you forget about videos that you have watched ehkä mulla oli joku sellainen ittellä, stressaava tietsä niinku olo	Feeling of stress during childbirth	Experiencing unpleasant feelings during childbirth		
scared that they don't know my situation I'm left with some kind of like, anxiety I'm always thinking like is this going to affect him in the future kyllä oli vähän pelkookin siinä että mitä voi tapahtua välillä tuli mieleen, että jos hän, jos minä kuolen tässä pelko siitä et jos en selviä niinku tästä Sen takia se oli ihan niinku kamala ja kauhea, kaikki näytti ihan pimeä silloin, odotin mitä vauvalle sitten käy ja onks hän sitten terve kun kaikki loppuu	Feeling of fear during childbirth			

Pelotti kyllä ihan kauheesti, vaikka toinen kerta synnyttämässä Ehkä sulla on ite enemmän kokemus että sä tiedät mikä on tulossa, mut loppujen lopuks pelko on ihan erilainen kyllä se sieltä lapsi tulee, mut jos minä kuolen siinä			Experiencing physical and emotional feelings during childbirth	The childbirth experience of immigrant women in Finland
Kaks yötä nukkumatta melkein että mä en enää jaksa you are so tired and unable to do anything you are tired you have no power at that moment to keep your legs and at the same time to push vaikka olin niinku just luovuttanut et en mä jaksa, mä haluun tehdä se sektio	Feeling tired during childbirth			
I trust them but I told that I didn't really want to use this vacuum you are excited (about the baby) and you cannot enjoy it, that is tough you trust them but they do those things and it makes you not trust them and that is not good	Contradicting feelings during childbirth			
the pain that I endure, yeah. No one could help me with that I was in so much pain lyhyt synnytys mutta tosi tosi kipeä mä odotin et milloin se kipu tulee Vaikka kipu oli, mutta oli kyllä helppo				

that is tough, because you have the pains you have enough with your own pain and then there is three more women there with the same pains and crying I was in so much pain you have to learn how to manage the pain that you have it was as painful as I expected It was just painful Maybe the recovery is worse than the actual pain I was like no, I don't wait, it was so painful one of the most painful things during the delivery, when they remove it (balloon) nobody told me that it would be so painful I think they shouldn't say that either because, yeah, you are in pain also, so you don't care if you have many patients my only thought at the moment was, just take this off of me, because it was just killing me Because really, it's painful it is really painful, but when you hug your baby after labor, I think you forget all the pain how painful it could be	Childbirth as a painful experience	Experiencing labor pains and having pain relief available		
heti menin suihkuun, ajattelin et se auttaa varmaan Heti pyysin niinku kipulääkkeet, mulle pistettiin tänne joku epiduraali oli hyvin auttanut				

I took this epidural and it was great she made it not that painful, I think, it was good Well, thank god I had it (epidural) the only one that helped was the epidural mä arvostan että mä oon saanu täällä niinku paljon etuja, kivunlievitys, kipulääkkeet	Experiencing relief from labor pain			
The other ones (pain relief methods) didn't really help me when I was calling, the midwives were telling that take Panadol and this and that they advised me some epidural, I didn't take they advised me some Panadol some Burana, I didn't take mulla ei auttanut mitään niinku ne puudutukset eikä lääkkeet Olen kokeillut kaikki (lääkkeet), muttei auttanut yhtään mitään ne lääkkeet ei auttanut this gas, but it didn't help that much	Experiencing pain despite available pain relief			
the doctor came with the vacuum some of the placenta was also left there mulla oli niinku synnytyksen jälkeen niinku lantiossa oli joku ongelma olo oli niinku heikko mulla oli kova huimaus ja tuntu että pyörrytti nobody thought that I would be doing this naturally (vaginally) everybody was like, this is not progressing	Complications for the mother during childbirth			

mulla oli mennyt just se epiduraali väärässä paikkaa ehkä ne epäili ensin et oli toi raskauden toksidi Lääkäri tuli ottamaan jotain kokeita tästä päästä ehkä mulla on lähtenyt just paljon verta		Complications occuring during childbirth	Complications being prevented and treated	
this one was put in emergency care for some time kun eka syntyi, häntä leikattiin seuraavana päivänä Kaks päivää lääkäri katsoi niinku sydämen, kun ekana päivänä kuului niinku jotain ylimääräisiä kävimme Lastenklinikalla vielä katsomassa tän pään alueen ton hematooman	Complications for the newborn			
she was also very fast in realizing that the baby was not breathing she could realize that the crying was not enough so she was very fast that no, this is not ok, and to take immediate action the midwife there just called for the special doctor they called to the doctor only when some problem happened or some complication happen then they would just call for the doctor they would call the doctor mun kätilö kävi lääkärille sanomassa	Midwife reacting to unexpected complications			
Midwives there, they didn't scold me they don't make me feel horrible				

they don't like shut me up I didn't have to explain anything They were very understanding really understanding She was very supportive Very supportive, both of them (midwife and student) She was very helpful this midwife was very helpful during the pushing aspect she brought this, something like this, I feel it also really helped Also the doctor was very gentle this assistant, she was so kind some midwives there just encouraged me se kannustus auttoi paljon mulla oli tosi hyvä kätilökin sitten oli tosi hyvä sairaanhoitaja siellä ambulanssissa Ihan ekasta päivästä kaikki henkilökunta, kaikki oli erittäin hyvin That doctor was very nice the nurses and everything it was nice I think The midwife who helped me through my delivery was very nice there was also a trainee, doing some practice, she was also very nice they were both very nice (midwife and student)	Kind, supportive, helpful professionals	Experience of being treated well during childbirth		

there was very nice doctors Mun mielestä todella kiva kätilö I had very nice nurse they were coming, checking me, checking the baby, they were very attentive the assistant was very attentive She was really, very, very attentive I think during my labor she made great work They were really great the people factor, it was really great midwife assistant, she was really great ne on mun mielestä tosi ihana				
every step they explained what they are going to do with me they (doctors) were very nice and explaining, when I was in the prenatal department she was able to answer all the questions we had and help us There was some doctors there, they were very explaining, and caring about the situation nehän kertoo eri vaihtoehtoja heti alussa sit kätilössä oli ihana kun just toi kivunlievitys ja nää niinku lääketiedollisuus oli niinku todella hyvä lääkäri, et selitti mulle näitä ongelmia, mitä voi tulla, oireita ja, mikä on menny ja näytti niinku ihan kuvallisena	Experience of being kept informed during childbirth		Experiences of treatment by professionals during childbirth	

She (midwife) didn't have rush, she was there when, to answer all the questions Oli aina vastannut kysymykseen kun mä olin jotain kysynyt häneltä				
Olis voinu kieltäytyä, mut sit mäkin olin ihan väsynyt et olin samaa mieltä kaikki vauvat kohdellaan sulle niin, että tää on sulle se ensimmäinen ja tää on ihan just erilainen they just let me do whatever I feel comfortable she came to me and she asked me what can she do She was asking do you feel well, or do you need anything täytettiin kaikki paperit ja kaikki niinku koneella toiveet meistä välitettiin niinku	Individual wishes and situation taken into account			
if had not woken up at that time, they could have just given me blood then I had to tell them that I don't want to take blood the midwife was like, it's good for you that you go for a walk they'll be like can you stay at home, maybe it's not time they didn't give me choice maybe they could have asked my husband's consent (for the blood transfusion) There was no choice or questions				

then also midwife said that maybe we could have wait a bit more without using that, so I don't know to believe missing a bit maybe more information about that (induction because of diabetes) she (doctor) insisted that yes we need to use (vacuum) that I was not explained why at the moment And I was not really explained why it was needed just so soon I told her can we wait a little bit and she said, no, no we have to use it now some experiences that you were not really listened to nobody was telling me that try, if you see that it is coming, then try to push	Experience of insufficient communication during childbirth	Experience of being neglected by professionals during childbirth		
I felt that she had rush It was obvious they were busy I know they are busy the only thing I remember is the doctor 5 minutes in my room I didn't see the doctor again probably more doctors needed, with not so much rush they (doctors) are just so called, that they come, yeah we have to use this and they leave We did have to wait quite long for her to come	Experience of professionals being busy			

Kätilö, Ja sit tukiverkko (tärkeimpiä vaikuttamaan synnytyskokemukseen) Mun mielestä ne on ihan sama (kätilön ja tukiverkoston merkitys eri synnytyksissä) That made my birth experience a really good one (midwives and support)	Midwife's effect on childbirth experience		
I feel safe when my husband is there I always feel safe when he is there I feel more safe when he is there I couldn't do it without him I think I die if he's not there it's good that my husband was there it's always helping when you have somebody It was great to have him definitely needed (husband's presence) For me just was important, that thing (husband being there) Is good to have something to touch	Importance of husband's presence in childbirth	Importance of family and social support	
Kaikki oli siellä mukana ja mun mielestä olisin tarvinnut just silloin paljon ihmisiä ja äitin tukea Mun mielestä toi tukiverkko on ihana Ja sit tukiverkko (tärkeimpiä vaikuttamaan synnytyskokemukseen) Ne tuki niinku hengellisesti, kannusti ja sanoi että kohta on kaikki ohi	Importance of support network		

it was nice how they kept us and the baby together at all times they let us be with the baby (they supported us) through the like taking care of the baby when we were at the hospital	Professionals supporting bonding with the baby			
it's not easy for the mothers to be alone if I have to be with somebody else in the room, it's fine, but not alone (without husband) it was just difficult to handle at that moment when you have to be alone that was very difficult and actually, I really hated that, so yeah that was bad (being without support) But I would say that that (being alone without husband) was the, the thing that most affected me during that time there	Feeling of being alone		Importance of social support for childbirth experience	
have some kind of way to have (husband) be more there not force (husband) to go home for the night they don't have the family room we wanted to have this family room, but they were taken We were always thinking we would be able to get the family room If my husband could stay with me and my baby at night in the hospital, then I can say it is the perfect thing	Dissappointment in not having a family room	Hospital arrangements affecting experience of social support		

En tiedä miten se olis voinu niinku parempi, ehkä perhehuone you think that you will have your, the room after you have the baby, your husband and you then you don't have (the family room) and your husband has to leave				
the worst thing for that was the hospital arrangements they have this timetable that your partner has to leave you the same timetable where your husband has to leave If you have to share a room with somebody, at least they should let somebody be with you speaking with the other mothers there, everybody had the same opinion I do have to say about the premises and how the arrangements are there, that was really affecting me during that time That is the one thing that is not so flexible	Inflexibility of hospital arrangements			

Appendix 5: Support during childbirth - analysis table

basically it (support network) is my husband Just my husband's family (in Finland) also my husband my husband is here to support my husband is my best friend here tärkeä on että on mieheni lähellä ja joka päivä auttaa	Husband		
I have good friends that advised me our best friends are our daughter's godfather and godmother, they live in Finland also I have friends we're getting more and more new friends, each day mulla on kavereita I have friends here I have friends that I met here I have friends that I knew before coming here then there are some people that I can call then some friends of course also friends who have kids on kavereita I have some friends that I met like when I came here not my childhood friends	Network of friends in Finland		
somalialaisia kavereita They are also [nationality]			

we know a lot of [nationality] here because we are all from the same place, we become more or less like a family here They might not be [nationality] but they are Africans a network of [nationality] people living in Finland	Friends of same ethnic background	Construct of the support network of pregnant immigrant women	
Aika iso perhe, mun äidillä on 8 lasta tällä hetkellä Suomessa asuu 3, plus minä Äiti asuu just mun kanssa just mun kaikki ystävät asuu lähipiirissä ja perhe asuu lähipiirissä yes I am, very close with my friends and family äiti tuli perheen yhdistyksen kautta mun miehen kautta on täällä Suomessa muita sukulaisia äiti joka tukee paljon Silloin kun mä olin raskaana niinku ekan, mulla oli vielä äiti tukena täällä Olen muuttanut äidin ja isäpuolen kanssa Suomeen tärkeä oli just niinku perhe	Family in Finland		
My whole family is still in [country] they live around the globe Isosisko jäi sinne ja me muut kolme tulimme [country] kautta I have some family here and there now days it is normal that different nations lives in different places kaikki olivat niinku siellä, kaikki sukulaiset, kaverit Mieheni on kotoisin [country], hänen vanhemmat ovat siellä My big brother is in [country], the rest are in [country]	Family around the globe		

my family lives in [country]		
mä uskon ainaki neuvola et jos on jotain muutoksi mä uskallan kyllä kysyä ja nuoret kyllä uskaltaa kääntyä tonne neuvola puoleen neuvola, nythän on niinku tulkit se on se hieno, et neuvolassa on nyt just somalialaiset neuvolatätit hyvä just et on tommonen systeemi, et voit soittaa ja kysellä I was pleased with neuvola I went to Naistenklinikka and of course I got good support there I am pleased with the medical system in Finland I was not attending to a health clinic like neuvola in [country], so this was my first experience with neuvola and it was great I had very nice nurse I have noticed that everyone was very kind there (in neuvola) I like their system maybe the system, somehow, also I got support from neuvola the midwife there in the neuvola, yeah, it was good I start reading a bit, the Kela website and things like that ekan kanssa mä olin käynyt niinku paljon useammin neuvolassa the health care was really good tai sit soittaa puhelimeen et ei edes tarvii kertoo nimee ja käsitellä niinku niitä asiat	The maternity health care system	The support network of pregnant immigrant women in Finland
I have a lot of friends in Finland and they have, they also have kids, and their kids were born in Finland, so they have told me beforehand	Previous experience and knowledge	

mä ajattelen et kun toinen syntyy, mulla on kokemus ja olen kuitenkin vanhempi, kun olin silloin olin nuori, että tota, nyt en ehkä tarvii niin paljon tukihenkilöitä			
I work in that small company and I feel like we are family there I'm close with my colleagues my company is good	Colleagues		
aika hyvä tukiverkosto täällä Suomessa I guess it can always be stronger, but I'm satisfied so far Mun mielestä on (hyvä tukiverkosto) Mun mielestä on niinku yks tosi tärkeä ihminen on niinku parempi kun joku 5 tai 6 (etäisempää) ei oo niinku pitkä matka Periaatteessa niinku riittävä (tukiverkosto)	Sufficient support network in Finland		
I think that the support is not that enough as far as I'm concerned I cannot say I have the support network in Finland Vaikkei oo ketään sukulaista periaatteessa lähellä Suomessa ei oo ketään niinku sukulaisia they don't really live close täällä meillä ei oo ketään tukena I don't have family in Finland normally like no supporting network for me here	Insufficient support network in Finland		
they all also have busy schedules			

monella on perhe ja lapset ja työ, kaikilla on semmoinen elämä you can ask others for support when they think it's that urgent you cannot really ask for support when they think it's just leisure or something for fun sometimes it's like difficult even, (to) have any benefit from them I don't want to ask for help from people easily I prefer not to ask for help from them	Difficulty to utilize support network in Finland	Functioning of the support network of pregnant immigrant women in Finland	
I could actually ask for help if I really need to when I really need help, the people will help me don't hesitate to just contact them that they could help me Voi pyytää apua, vaik olis mitä tahansa, vaik olis keskiyöllä. we assist each other monet tarjoavat apua jos sä tarviit niinku soita, tulen auttamaan Heti olisin voinut soittaa äidille Mä muistan, että kun oli mun äiti, mä ajattelin että ihanaa, et hän oli niinku lähellä ja oli aina auttanut heti kun soitti	Availability of support network In Finland		

mun äiti asuu nyt mun kanssa, et se oli aika kiva jos mä olin koulussa myös loppuun saakka mun ystävät voi käydä hakee, viedä mun lasten niinku tukiopetukset It is only physical help (we need)			

first support and first help was from our friends joka toinen päivä hän kävi meillä tai olis voinut olla ihan koko viikon meillä jos olis ollut tarve mummi on tulossa, tällä viikolla, että saadaan sitten vähän apua physically taking care of the kids and myself mieheni aina vie niinku autolla pojan kouluun mun mies aina hakee lapsii	Family and friends assisting with every-day life		
viimeisellä kuukaudella varmaan kaikki oli soittanut Mitäs sulle kuuluu, onko kaikki hyvin joka päivä kaikki olivat soittanut tai lähettänyt jotain viestiä että no missä sä oot Kaikkia kiinnostaa monet lähettävät viestiä ja kysyvät mitä kuuluu kummitäti, joka asuu Saksassa, hänkin niinku usein soittaa they are in contact every day, or twice a day we are in contact all the time many contacts through skype emme usein niinku tavata, soitellaan enemmän (in contact with family) when there is the need I call them maybe once or twice a week	Long-distance communication with family and friends	Support from family and friends during pregnancy	
my sister just constantly tell me some experience she just ask me to do the thing that she is supposed to do in [country] mom would say, don’t scold the staff and midwives my mom was asking if, do they take bribe to take care of you or not			

äitikin sanoi, et jos mä en oo siellä, että älä panikoi, sun pitää rentoutua äitin sanoma et pitää rentoututua, hengittää kunnolla, aina kun supistus loppuu, hengitä mä aina kysyn äidiltä, koska mä saan häneltä parhaat neuvot Äiti(ltä) aina kyselen äiti, että mitä mä teen, nyt tekee mieli syödä, mitä mä teen nyt äiti niinku vähän muutti mun mielen sä kuuntelit sitten äidin neuvoa koen kyllä että äiti antaa niinku parhaat neuvot Pitää antaa rintaa, kokeile, kokeile Yleensä mä kysyn mun äidiltä, jos on jotain kivusta liittyvää, et onks tommoinen oire normaali nuorten kesken kyllä puhutaan aika paljon, et jos on just synnytysmasennus voit mennä puhuu kavereiden kaa Mä en tiennyt synnytyksestä mitään, ennen kuin nyt kun äiti puhui	Advice from family and friends		Support for immigrant women during pregnancy
just se raskauden aikana seurattu mulla oli tää streptokokki, että sitten tiedettiin jo, että ku lapsivesi tulee tai menettää lapsivesi, ni heti se suonen kautta antibiootti ku sä oot siinä ja et muista sanoo kätilölle kaikki sun sairaudet, et ne onneks ne näkyy tietokoneessa heti just viimesen tää loppuvaihe huomattiin että mulla on diabeetti se on just mun mielestä neuvolan käyntiki aika tärkee, että sun vointi seurataan ja vauvan vointi	Monitoring of pregnancy		

Mun mielestä on todella hienoo, et just sun raskauden aikana seurataan säännöllisesti Jos sulle sanotaan et lepää, niin lepäät sitten During the pregnancy I'm happy that, you know, I was taken care of the things that I had it's (neuvola) very nice, you have your midwife and they check some small things every time you go		Support from the maternity health care system during pregnancy
ponnistusvaihe on ollut vaikee, et mä sain sieltä niinku hyviä neuvoja että kokeile eri asentoo tää oli eri asento, kun hän sano mulle et kokeile eri asento kun se ponnistusvaihe you have these childbirth classes that's supposed to show you something tehtiin just se toivomuslista minkälaisii pitäis olla mä kävin synnytysvalmennuskurssi	Preparation for childbirth	
monet noudattaa just se neuvola (neuvot) neuvolankin täti sanoo aina, että äiti tietää parhain, vaikka imetys tai sun jaksamiseen silloinkin mä uskallan just neuvola tätille kysyä, että aiheuttaakse niinku mun myöhemmin elämässä vakavat oireet mä tarvitsen vielä (neuvoja, opastusta), kysyn paljon I got all the answers and help I needed She is very attentive and offering I guess all the services that there is	Support from maternity clinic	
sulla on niinku kielivaikeuksii, mut sä saat sieltä paljon tuki äidit saa just niinku oman kieliset tulkit, jotka selittää niinku parempi vauvan turvallisuuden	Interpretation services	

I would just google it netissähän on nyt joka asiassa, mikä mun mielestä aiheuttaa, että monet ei kuuntele sitten neuvolan ohjeita	Advice and information from the internet	Advice and information from the internet	

I always feel safe when he is there with his presence he might be able to assist and save me I said please, you are my savior I feel more safe when he is there I think I die if he's not there Et joku on lähellä et kaikki menee hyvin	Feeling of safety during childbirth		
it's good that my husband was there Onneks hän oli lähellä ja mukana oli tärkeä vielä että mieheni on lähellä I couldn't do it without him It was great to have him definitely needed (husband's presence) Ainakin on erittäin tärkeää että on tuki, tukihenkilö mukana Miehenikin oli lähellä siellä For me just was important, that thing (husband being there)	Husband's presence during childbirth		
because my husband is also like reading about things he knows if something shouldn't be At least like someone close to you knows what is happening I was asking him what is that, do you think it's advisable to take, can you find out the side effects sometimes I'm asking his opinion			

maybe they could have asked my husband's consent hän (mies) sanoi hei, hänellä on niinku kolmessa edellisessä synnytyksessä leikattu ja ommeltu my husband would know better we discussed a little bit about what I wanted It's very important to discuss it beforehand he would just like ask for the support he was checking also that things were ok there	Advocacy by husband during childbirth	Support for immigrant women from husband during childbirth	
he was like explaining to me how to push he was telling me that I'm not pushing the right way he was giving me some kind of strategy he was giving me information he could tell me that the baby's head is out he could say that if you lie this position, maybe that might help do it this way, that might help the information that he gave	Information from husband during childbirth		
he had to help me get out of bed and all those things he was helping with basic things I wanted to have if I was cold or something so he was helping me miehenikin oli puhunut koko ajan mun kanssa Antanut vettä ja kysyy mitä kuuluu holding the gas mask and stroking the hair or whatever, talking to you My husband brought some fruits and vegetables	Physical assistance from husband during childbirth		

koko ajan hän (mies) on niinku tukenut ja auttanut mun miehenikin oli koko ajan lähellä ja auttamassa			
I wouldn't like him to be inside because he was with my daughter, and I don't think that four-year-old child needs to see this hän (mies) jäi tänne lasten kanssa, koska äiti tuli just	Husband taking care of other children		
And (helping) through the pain also Is good to have something to touch If I ask or suggest (he helps relieve the pain)	Pain relief from husband during childbirth		
meillä on just tää tukiverkosto, et aika paljon (tukihenkilöitä mukana synnytyksessä) siinä oli mun mies, mun serkku, mun sisko, mun siskon tytär kaikki muut oli ulkopuolella, mut siinä oli varmaan joku 20 sehän näkyy et meillä kun joku synnyttää ni heti kaikki menee sairaalaan kattomaan tai sitten niinku tulee kotiin Kaikki oli siellä mukana ja mun mielestä olisin tarvinnut just silloin paljon ihmisiä ja äitin tukea Oli riittänyt näitä ihmisiä ku oli eka synnytys, kyl siellä tukena mulla oli paljon henkilöitä mulla oli äiti mukana, kaveri, mieheni, eli mulla oli kolme henkilöä tukena synnytyssalilla ja siellä koko synnytyksen niinku aikana Hän (äiti) oli aina mukana, aina auttanut äiti tuli just kun me lähdettiin täältä ovesta Synnytyksen aikanakin soitin heti aamulla, sit hän (äiti) tuli tänne	Presence of family and friends at childbirth		

silloin kun oli eka synnytys, onneksi et oli kaikki ihmiset mukana perhe on aina tukena, kaikki it's always helping when you have somebody		Support for immigrant women from family and friends during childbirth	
Kaikki on varmaan puhunu niinku ihan tukemisesta mun serkku esimerkiks koko ajan puhu ja hieroi Ne tuki niinku hengellisesti, kannusti ja sanoi että kohta on kaikki ohi ei fyysisesti mut henkisesti niinku tuntui että kun on ollut perhe ja kaikki, jotenkin sai unohtamaan ne kivut perhe tukena ei tiedä lääketiedollisuus mitään Ku joku juttelee kun kaikki oli mukana, ja kaikki oli puhunut mun kanssa kaveriki oli aina jotain vitsejä niinku sanonut, välillä nauroimme ne vaihtaa jotain muuta ajat… niinku menneitä tai siten muistaa vanhat synnytyksestä tai puhuu omat synnytyksestä, niin jotenki se kivunlievitys tulee siitä hän oli vielä vähän et sun pitää kyllä sä pärjäät sen kaikki toi jotenki et auttaa jaksamaan	Emotional support from family and friends during childbirth		
mehut ja kaikki tää äiti oli just niinku antanut vettä yksi oli hieronut, toinen oli antanut vettä hieroi	Physical support from family and friends during childbirth		

pyysin mun tukihenkilöt niinku hieroo, hieronta tai kuuma lämpöpussi ihan rauhassa, et vaik silittää			
I took my kids to one of my friends for the weekend kotona kuitenkin mun perhe tulee siivoo ja auttaa ruoan ja muiden lasten kaa, et siinä on just se helpotus	Childcare during childbirth by family and friends		
Sen takia meillähän on mukana just nää tukihenkilöt joilla on suomi kielinen, jos on mahdollista	Interpretation by family and friends during childbirth		
heti se päätti et niinku käynnistetään ehkä ne epäili ensin et oli toi raskauden toksidi se oli tosi hyvä, et lääkäri niinku selitti minkä takia pitää käynnistää oli niinku todella hyvä lääkäri, et selitti mulle näitä ongelmia, mitä voi tulla, oireita ja, mikä on menny ja näytti niinku ihan kuvallisena lopulta lääkäri päätti että nyt se epiduraali paikka Lääkäri tuli ottamaan jotain kokeita tästä päästä sanoi että kaikki ok, että happea riittää sanoi että pitää seurata the baby is healthy, they took care of her, so I'm happy for that She was like following the rhythm of the baby's heart, she was following the rhythm of my pain I would say that the doctors and midwives, they were very professional the doctor came with the vacuum only when some problem happened or some complication happen then they would just call for the doctor she took the baby to check she was also very fast in realizing that the baby was not breathing	Medical interventions by professionals		

she could realize that the crying was not enough so she was very fast that no, this is not ok, and to take immediate action it was the old midwife who was assisting that … pulled the boy out			
she was controlling each step she was controlling everything during this labor Midwife was telling what to do, giving instructions She was giving instructions, putting some, I don't know, equipments on me she was controlling the situation She was taking care of anything she was giving instructions to the assistant kätilö sano et sun pitää rentoutua hän oli semmoinen aika kova ja oli, "nyt pitää synnyttää ja tee noin ja noin", oli täysin erilainen if your leg is tired, put it this way, do this or breathe like this she said you can put your leg your foot on my side, and push me mun kätilö kävi lääkärille sanomassa näyttivät miten pitää toimia, miten pitää hengittää ja pitää jalkoja I felt that the whole of the labor ward or maternity ward was run by midwives just one midwife just took care of me and do all the necessary monitoring and management the midwife there just called for the special doctor they called to the doctor they would call the doctor	Midwife being in control of labor		Support for immigrant women during childbirth

the midwife said I should take a breath and breathe in	
ne kannusti just kun mä sanoin et mä haluun sektion ne kannustaa kannustaminen kannustus, se oli tärkeä hän puhui koko ajan ja kyllä osaat ja kyllä tää kannustaminen on mun mielestä tosi tärkeä Se kannusti se kannustus auttoi paljon Se sanoi kyllä sä osaat Se sairaanhoitajan kannustus some midwives there just encouraged me	Encouragement from professionals during childbirth
She was very supportive I am really impressed by the midwife and the support in here That made my birth experience a really good one (midwives and support) quite impressed with how they provide for us and supported us through the labor oli tukenut, auttanut koko ajan Very supportive, both of them	Supportive care from professionals during childbirth
she was helping me she was offering her help the assistant was helping me with breathing, with everything I was surprised, when here in Finland, the assistant, she helped me with everything	

She even was ready to help me with dressing on, with everything mun mielestä ihan hyvin ne on auttanut Kyllä ne auttoi hyvin after giving birth the midwives took very good care of me She was very helpful this midwife was very helpful she was very helpful they were helping helped me to just like clean up myself (helped me) just take care of my baby she like helped me to take a shower clean up things vessassa ja sit kun mä en pystynyt jotenkin siellä seisomaan she helped me with the bathroom and everything jos haluu vaihtaa eri asentoo mä en pystyny olee niinku just siinä sängyssä, mä pyysin et voinks mä mennä seistä, niin se sano joo, ja auttaa just mut seisomaan during the pushing aspect she brought this, something like this paljon helpompi ne menee ne supistukset kun on siellä pallolla	Physical support and assistance from professionals during childbirth		
also everything we needed (midwife and student were helping) I'm so impressed that that hospital, almost everything is provided like almost everything is included	Professionals catering to the needs of the woman in labor		

things that I would never think that I need there, they provided it, and it's useful I think if I ask for anything then I will (get it) mä sain kaikki mitä mä tarviin			
sit kätilössä oli ihana kun just toi kivunlievitys ja nää niinku lääketiedollisuus nehän kertoo eri vaihtoehtoja heti alussa kaasun käytöstä they advised me some epidural they advised me some Panadol some Burana when I was calling, the midwives were telling that take Panadol and this and that they offered me this pain relief options I took this epidural and it was great this gas, but it didn't help that much the only one that helped was the epidural mä arvostan että mä oon saanu täällä niinku paljon etuja, Kivunlievitys, kipulääkkeet epiduraali oli hyvin auttanut Heti pyysin niinku kipulääkkeet, mulle pistettiin tänne joku	Medical pain relief	Support for immigrant women from professionals during childbirth	
she was like, you can push my hand or do whatever you need to in this moment, in order to relieve your pain the midwife even said you can scream if it makes you feel better they just let me do whatever I feel comfortable she was trying to help me relieve like the pain in so many ways	Non-medical pain relief		
puhunut mun kanssa ja kysynyt paljon			

vointin kysely et onko jotain muutoksia She was asking do you feel well, or do you need anything they were coming, checking me, checking the baby, they were very attentive kätilö tuli kysymässä että miten voin välillä tultiin että kaikki hyvin ja mitä lapselle kuuluu meistä välitettiin niinku the assistant was very attentive She was really, very, very attentive I was not even expecting that I will get this much support in hospital I couldn't even imagine that she would take care of me that much when you see and when you get that much support, that much love and that much attention, you forget about everything, really I was really pleased and really kindly surprised with the attention, with the patience of the doctors and the assistants From my first step to Naistenklinikka, I have felt only attention she came to me and she asked me what can she do, even she started to massage by back nothing more than attention, or less kätilö kysyi, miten mä voin	Care and attention from professionals during childbirth		
todella hieno et hän on ollu (läsnä) mulla oli yks kätilö joka oli mun kanssa aina kun oli vain niinku yks ihminen koko ajan mukana Hänellä ei ollut mitään kiirettä, näytti siltä ainakin	Presence of professionals during childbirth		

She (midwife) didn't have rush, she was there when, to answer all the questions auttanut, oli lähellä			
it's a good thing that they allow my husband to be in that birthing room vaikka oli kaks (tukihenkilöä), toinen ylimääräinen ja hän antoi, niinku että just suvaitsevainen hän ei huutanut tai sanonut et kaikki pitää lähteä pois	Professionals recognizing the role of the support network		
they (doctors) were very nice and explaining, when I was in the prenatal department every step they explained what they are going to do with me There was some doctors there, they were very explaining, and caring about the situation they explained me that they don't wash the baby in order, I don't know this water to stay on his skin, and it protects him from allergy and different kind of viruses the midwife was very knowledgeable she was able to answer all the questions we had and help us I got all the information I needed, and everything in English Oli aina vastannut kysymykseen kun mä olin jotain kysynyt häneltä vauva on ihan kohta ulkona, kaikki on hyvin tämmöinen et sä oot kohta auki se vain sanoi että, ei ole paljon jäljellä Kätilö kattoi, sanoi että kaks senttiä auki, muttei vielä	Information from professionals during childbirth		
the only option they offer you is okay, we can take your baby with us here, and you can sleep a bit			

when the midwife saw me so exhausted she even offered to just bring the baby to her office hän sanoi että mä voin olla siellä sairaalassa tai voin lähteä kotiin täytettiin kaikki paperit ja kaikki niinku koneella toiveet hän tarjosi taas et mä jään sinne, että saan jotain kipulääkettä, tai sit lähen kotiin	Acknowledging the individual needs and situation of the woman		
Hän oli semmoinen niinku rauhallinen siellä oli joku, joka oli rauhallinen hän oli tosi niinku rauhallinen ja se rauhoitti minuakin se rauhallisuus siinä tilanteessa	Calming and reassurance from professionals during childbirth		

Appendix 6: Role and relationship with midwife - analysis table

She was very helpful this midwife was very helpful she was very helpful mun mielestä ihan hyvin ne on auttanut Kyllä ne auttoi hyvin	Helpful behavior of midwife	Midwife's behavior and attitude during childbirth	
vaikka oli kaks (tukihenkilöä), toinen ylimääräinen ja hän antoi, niinku että just suvaitsevainen	Tolerant attitude of midwife		
Very supportive, both of them She was very supportive	Supportive behavior of midwife		
the assistant was very attentive She was really, very, very attentive	Attentive behavior of midwife		
very positive (midwife), that maybe was great She was very, very positive, which is good in those situations	Positive attitude of midwife		
really understanding They were very understanding	Understanding attitude of midwife		
this assistant, she was so kind Mun mielestä todella kiva kätilö they were both very nice the nurses and everything it was nice I think The midwife who helped me through my delivery was very nice	Kind behavior of miwife		

there was also a trainee, doing some practice, she was also very nice			
kannustaminen on mun mielestä tosi tärkeä kannustus, se oli tärkeä	Encouragement by midwife during labor		
tärkeää on että on hyvä kätilö mukana she was able to answer all the questions we had and help us the midwife was very knowledgeable I think they are really experienced I would say that the doctors and midwives, they were very professional	Experienced professionals		
she was controlling each step she was controlling everything during this labor she was controlling the situation I felt that the whole of the labor ward or maternity ward was run by midwives they can handle my situation They knew every information about me	Midwife in control of the labor	Midwife's professional role during childbirth	Role of midwife in childbirth
semmoinen niinku että antaa ohjeita Midwife was telling what to do, giving instructions She was giving instructions, putting some, I don’t know, equipments on me että mäkin kuuntelen hänen ohjeita ja teen kaikki, pystyn tekemään kaikki mitä hän sanoo	Midwife giving instructions		

kaikki vauvat kohdellaan sulle niin, että tää on sulle se ensimmäinen ja tää on ihan just erilainen	Midwife recognizing the uniqueness of the situation		
sit kätilössä oli ihana kun just toi kivunlievitys ja nää niinku lääketiedollisuus	Importance of pain relief and medical knowledge		
she was also very fast in realizing that the baby was not breathing she could realize that the crying was not enough so she was very fast that no, this is not ok, and to take immediate action the midwife there just called for the special doctor they called to the doctor only when some problem happened or some complication happen then they would just call for the doctor they would call the doctor mun kätilö kävi lääkärille sanomassa	Midwife reacting to unexpected complications		

I think during my labor she made great work mulla oli tosi hyvä kätilökin midwife assistant, she was really great They were really great ne on mun mielestä tosi ihana Wouldn’t improve it any way, anyhow, it was great (relationship with midwife)			

the people factor, it was really great I was very happy with her Very very satisfied mä olin oi kiitos heti kun supistus loppui mä olin kiitos, sä oot ihana I really appreciate that system I really appreciate that quite impressed with how they provide for us and supported us through the labor I'm very impressed with the midwives in Finland I'm really impressed with what they did to take care of me I'm really impressed with the midwives here in that hospital I am really impressed by the midwife and the support in here	Satisfaction with midwife and midwife's work	Positive experiences about relationship with midwife during childbirth	
I had so much confidence that they would do like the best thing that they could I think they know exactly what to do I feel very confident that they decide what is best for me I feel like I was in good hands in that pregnancy and also in that giving birth I trust them totally I know that they know all of the needed information Olin kuunnellut koko ajan kätilön, hänen niinku neuvoja ja ohjeita, mitä hän sitten sanoo I was trying to obey the midwife's directives	Trust in midwife		

I just try to follow them	
Mä itsekin rauhoituin siinä jotenkin se rauhoittu mun mieli hän oli tosi niinku rauhallinen ja se rauhoitti minuakin she made it not that painful, I think, it was good it made me feel more confident	Midwife facilitating sense of control
From my first step to Naistenklinikka, I have felt only attention meistä välitettiin niinku when you see and when you get that much support, that much love and that much attention, you forget about everything, really	Care and attention given by midwife
Midwives there, they didn't scold me they don't make me feel horrible they don't like shut me up	Absence of abuse by midwife
I was not even expecting that I will get this much support in hospital I couldn't even imagine that she would take care of me that much I was really pleased and really kindly surprised with the attention, with the patience of the doctors and the assistants I was surprised, when here in Finland, the assistant, she helped me with everything	Professionals exceeding expectations
On helpompi kun on sama henkilö koko ajan todella hieno et hän on ollu (läsnä)	

Ettei ollut mitään kiirettä mulla oli yks kätilö joka oli mun kanssa aina Hänellä ei ollut mitään kiirettä, näytti siltä ainakin hän oli ehtinyt tehdä kaikki alusta loppuun ennen kuin hänen vuoro päättyi She (midwife) didn't have rush, she was there when, to answer all the questions nyt oli paljon parempi, kun oli vain niinku yks ihminen koko ajan mukana	Continuous care and presence of midwife		Relationship with midwife during childbirth
ymmärrän että on kiire it's not nice to hear that, oh there is so many people, patients It was obvious they were busy you know they cannot be there helping you all the time I think they shouldn't say that either because you are in pain also, so you don't care if you have many patients the nurses are busy	Busy midwives		
sitten ne vaihtoi niinku vuorot että aina tuli välillä yksi ja toinen ja sitten toinen lähti ja toinen tuli kun koko ajan tuli uusi ihmisiä, se oli vähän, ei ollut mulle normaali asia Kun kaikilla on eri tavat ja sitten niinku toiselle sopii semmoinen ja toiselle niinku toinen tapa every night or every day it's a different midwife	Having to adapt to changing midwives		
I was thinking oh, why do I need to push this poor assistant			

I would just keep saying sorry to them	Feeling apologetic towards midwife		
I'm thinking it was maybe because of the way I appeared The suggestion that I should go for a walk when they had not even checked my situation if I had not also like, insisted that no I can no longer stay at home some experiences that you were not really listened to they were about to give me blood, and I don't like taking blood then I had to tell them that I don't want to take blood	Experiences of not being heard by midwife	Negative experiences about relationship with midwife during childbirth	
nobody was telling me that try, if you see that it is coming, then try to push nobody told me that it would be so painful	Lack of information about labor		
maybe I put my daughter at risk by trying to obey the midwife's directives I felt bad I was just so surprised and a little bit annoyed because I was thinking I would be assigned to the same midwife I was a little bit uneasy at first (about changing midwives) I'm left with some kind of like, anxiety scared that they don't know my situation sä saat paljon avustusta, mut myös siin on se pelko, et miks noin paljon tuki	Feelings of mistrust and anxiety		

jos sä et oo aikaisemmin saanut mitään tuki, niin se voi olla just se ennakkoluulo, et mitä mun pitää antaa sen vastaan, siinä se on mun mielestä se ennakkoluulon tulo So, I don't know (what) to believe I didn't believe her, I thought that she was trying to motivate me to push			
En muistanut ollenkaan kun oli uusia naamoja koko ajan mulla ei ollut vaatteita ja ihmiset tuli en ollut niin kuin mukavuusalueella mä vain halusin, että ei ne näkee minut mä en halunnut nähdä heitä silmään	Being outside of own comfort zone		
jos sulla ei oo kielitaitoo, niin vähän vaikea pyytää se (kieliongelmat) voi vaikuttaa just se äidin synnytys jälkeen kokemus maybe they could have asked my husband's consent ei tiedä mitä hänelle tehdään On se mun mielestä pikkasen (kieli vaikuttanut) if something is happening, and the person is not even saying it or speaking out they said that their English is not good I was thinking maybe it is the language issue I also understand that Finns may also have issues speaking English they might act without speaking or something	Problems with language and understanding		
ihan hyvin on pärjännyt ja kyllä ne ymmärtää ihan hyvin mitä mä tarkoitan		Communication with midwife during childbirth	

Joskus sanon jotain väärin, mutta ne ymmärtää mitä mä sanon then we still could understand the important things no big problem with the miscommunication I didn't have to explain anything I didn't have any problem concerning communication I got all the information I needed, and everything in English	Feeling of mutual understanding		
synnyttäjä näkee sun naamakin että oletko sinä siellä, onks sulla joku huoli, tuleeko tää lapsi mä aina katsoin hänen kasvot mä vain katoin hänen silmät	Non-verbal communication		