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Becoming a Mother in a Strange Land: What cultural care immigrant women experience in Portugal?

Tornar-se Mãe em uma Terra Estranha: Que cuidado cultural mulheres imigrantes experienciam em Portugal?

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Abstract

A woman who experiences motherhood in the context of immigration is susceptible to mismatches in care, compromising her own experience of pregnancy and childbirth and satisfaction with care. This study intends to understand the traditions, beliefs, and practices of cultural care related to pregnancy, childbirth and postpartum of immigrant mothers in Portugal. It is Qualitative research, using the semi-structured interview in which 60 immigrant mothers participated. Content analysis was supported by NVivo 10. Various beliefs, traditions and cultural practices associated with pregnancy, childbirth or postpartum, from different cultures, are presented. Of special relevance are the bans and prohibitions imposed on the pregnant woman. Overall, immigrant mothers felt their cultural practices were respected without significant cultural conflicts, contributing to the satisfaction with the care received. A minority reveals the existence of a course to be followed in promoting adaptation to cultural transitions to the host country.

Keywords: Beliefs; Practices; Cultural Care; Immigration; Maternity.

Resumo

Uma mulher que experimenta a maternidade no contexto da imigração, é suscetível a inadequações no atendimento, comprometendo sua própria experiência da gravidez e do parto e a

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satisfação com o atendimento. Este estudo pretende compreender as tradições, crenças e práticas de cuidado cultural relacionadas à gravidez, parto e pós-parto das mães imigrantes em Portugal. É um tipo de pesquisa qualitativa, utilizando a entrevista semi-estruturada, em que 60 mães imigrantes participaram. A análise de conteúdo foi apoiada por NVivo10. Várias crenças, tradições e práticas culturais associadas à gravidez, parto ou pós-parto, de diferentes culturas, são apresentadas. De especial relevância destacam-se as interdições e proibições impostas à mulher grávida. No geral, as mães imigrantes reportam que as suas práticas culturais foram respeitadas sem conflitos significativos, contribuindo para a satisfação com o atendimento recebido. Uma minoria revela a existência de um percurso a ser seguido na promoção da adaptação às transições culturais do país anfitrião.

Palavras-Chave: Crenças; Práticas; Cuidado Cultural; Imigração; Maternidade

With the current globalization, a reflection of the increase of migratory flows, one is witnessing the explosion of linguistic, cultural and health practices heterogeneity (Coutinho, Silva, Pereira, Duarte, Neto, Mendes & Leitão, 2012) by people from of different cultures. These cultures, like all others, present myths that underlie their beliefs concerning various events and transitions. Pregnancy is strongly marked by various cultural practices; it is common for women to be associated with a certain fragility, especially during this stage (Collière, 1989, Lima, 1979). The origin of some beliefs may be based on poor education presented by pregnant women, the concretization of labour at home, a few decades ago, with poor health care and lack of prenatal care, responsible at the time for the high infant and maternal mortality (Martins, 2004).

During pregnancy, a woman undergoes a period of major vulnerability and any behaviour can be reflected in the foetus, with vetoes instituted to pregnant women in order to protect mother and child, either during pregnancy, childbirth and postpartum. These protective health behaviours were founded initially in reporting stories and experiences of other women. Continuous transmission of beliefs, myths and values associated with motherhood, assured by older, gained prominence in that they referred to a period in which a woman becomes a mother, marked by ambiguity of feelings experienced (Coutinho & Parreira, 2011).

Motherhood is predominantly involved in cultural patterns (Leal, 2005), so the meaning ascribed to it has changed over time, according to the cultures, beliefs and cultural practices. Depending on each culture, thus will be the expectations, and ways of looking at pregnancy, childbirth and care for new-borns (Lopes, Santos, Matos, & Ribeiro, 2009). Thus, the high migration responsible for mixing and cultural heterogeneity, leads to the coexistence of a plurality of therapeutic methods and practices of health, making it important that the nurses are armed with knowledge and skills to enable them to deal with different cultures and develop a cultural, sensitive and holistic care, focusing on singularities people (Coutinho, Silva, Pereira, Chaves, et al., 2012; Coutinho et al., 2011).

It is in this scenario that assumes special importance to cultural competency reported by Leininger (1991), which combines the diversity, universality and culture, nursing care, valuing and respecting the different experiences, non-judgmental and providing a rewarding experience of pregnancy. It is thus justified that countries through their health systems and professionals respect the beliefs, values and cultural practices of indigenous people as well as immigrants (Purnell & Paulanka, 2010).

Another pondering factor is the vulnerability felt by immigrant pregnant women, since it flows through two transitions: motherhood, which entails a reorganization of the roles of the couple for a healthy adjustment to parenting, and immigration, a phenomenon that involves large changes with consequent changes in the psyche (Coutinho & Parreira, 2011; Ramos, 2004).

The family uprooting and the consequent lack of support network that the family is associated with lack of support in the host country, the situation of lawlessness, ignorance of their rights and language barriers substantially hinder access to health services (Lopes et al., 2009). This feeling of non-integration in society intensifies as the beliefs and values are not respected, reflecting the lower demand for health services and serious deficits in health care during pregnancy, so it is considered a risk group due subsequent morbidity and mortality that are associated with them (Topa, Neves, & Nogueira, 2013).

The discrimination and constraints felt, both with regard to society, the entrance into the working world, either facing the services, because of being immigrant or undocumented, increases their vulnerability in the host country and promotes feelings of social exclusion, making it difficult the use of existing resources and support their active participation in the community.

Based on the above, we intend to understand the beliefs, traditions, and practices of cultural care related to pregnancy, childbirth and postpartum of immigrant mothers in Portugal, in order to contribute to the provision of culturally congruent care.

Participants and Methods

This study is part of a research protocol, of a qualitative exploratory-descriptive nature. It had the participation of 60 immigrant women from two different groups of Health Centres in the central region of Portugal. The 21 nationalities represented in the sample were: Brazilian ($n = 14$), Ukrainian ($n = 11$), Chinese ($n = 8$), Moldova ($n = 4$), French and Russian ($n = 3$ each), and Indian and Spanish ($n = 2$), and thirteen other nationalities, Congolese, Dutch, Cape Verdean, Guineans, Argentinean, Pakistanis, Byelorussian, Polish, Romanian, Ethiopian, Canadian, Senegalese and Switzerland ($n = 1$ for each). Inclusion criteria were: being an immigrant, being a mother for less than a year, the knowledge of Portuguese language and agreeing to participate in the study. Table 1 presents some socio-demographic and obstetric data.

Table 1. Socio-demographic and obstetric characterization of the sample.

	Imigrant (N=60)
Age Group	
< 21	1
21-35	43
> 35	16
Marital Status	
Married/de facto union	49
Single/divorce/widow	11
Academic Qualifications	
≤ 9º grade	13
10-12º grades	17
Higher Education	30
Professional status	
Employed	44
Unemployed	16
Pregnancy Monitoring	
Monitored	41
Not monitored	19
Nº de gestations	
1 gestation	22
2 gestation	21
3 or more gestations	17
Nº de deliveries	
1 delivery	29
2 deliveries	20
3 or more deliveries	11

Fonte: Elaborado a partir de Medeiros et al. 2013.

Data collection was conducted between February 2011 and February 2012, through semi-structured interviews, with a weekly average of 1.5 interviews. The guiding instrument consisted of socio-demographic characterization of eight open questions in order to get the data from the speech of the informants themselves. The interviews took place at the Health Centres involved, with a varied duration 45-125 minutes with a mean of 70 minutes.

Data analysis was based on Categorical Analysis Technique of content analysis (Bardin, 2013), with the support of *Qualitative Analyses Software Certified Partner* (QSR NVivo version 10) program. Similar ideas were systematized and codified by registration unit (RU) and their categorization.

This study was approved by the ethics committees of the Health Centres involved in the study. The interview instrument was previously submitted to the National Commission for Data Protection and obtained authorization for its implementation (Case 85/2011, No. 191/2011). The data confidentiality and anonymity of participants were guaranteed. The informed consent for the interview and the recording verbatim was obtained after full information about the study. To maintain anonymity, each participant was identified by two letters of the alphabet, followed by their nationality (e.g. DC Ukraine).

Resultados

After the analysis and coding of verbatim and participants, according to the obtained data, revealed three main categories: Cultural Beliefs and Practices; Cultural Care, Cultural traditions.

Regarding the category "**Cultural beliefs and practices**" implemented: during pregnancy, childbirth and after the baby is born, most participants knew at least one myth or belief of their culture, although not all have placed them in practice (most Ukrainian mothers). The prohibitions are characteristic of most beliefs, with greater emphasis during pregnancy, followed by the period after birth (cf. Table 2).

Table 2. Category: Cultural beliefs and practices. (continua)

	SUBCATEGORIES	Imig
DURING PREGNANCY	You should not cut hair during pregnancy so the delivery won´t go wrong and the child speak late	**4**
	A pregnant woman should eat for two	**3**
	Do not dye your hair, nails or eyes during pregnancy because it can harm	**2**
	Do not prepare the trousseau before birth, not to jinx it.	**2**

	Do not say that you are pregnant before three months to avoid the evil eye and abortion	**2**
	Do not put a finger to his mouth to prevent bad things for the child	**2**
	The pregnant should not touch the cat for the child not be hairy and have cleft lip	**2**
	A pregnant woman cannot go to church or cemetery because it's bad luck	**2**
	Exercising and hiking in late pregnancy facilitates and speeds up labour	**2**
	Believing in Buddhism gives spiritual support to overcome difficulties	**1**
	Believing that the needle test tells gender of baby	**1**
	Sex at any stage of pregnancy can cause birth	**1**
	Keys, coins, belts, chains, mobile phone and metal objects in pockets can cause stains on baby	**1**
	Do pat on the belly to pamper baby	**1**
	Not smelling flowers during pregnancy so that everything goes well with the child	**1**
	Do not say the name and sex of the baby before birth because it may jinx	**1**
	Do not go over felled trees for the baby to will be born with circular neck	**1**
	Do not treat your teeth during pregnancy because it harms	**1**
	Do not use scissors and needles during pregnancy not to cut anything to the baby	**1**
	For the sake of the child the pregnant cannot be scare	**1**
	Use amulets against the evil eye	**1**
IN CHILDBIRTH	A pregnant woman should cut her nightgown before going to the maternity for the baby to come out well	**1**
	Do epidural only when medical advice because the delivery should be as natural as possible	**1**
	Having an epidural removes the sensitivity in childbirth and feels the sting postpartum	**1**
	Who has a caesarean will have little milk to breastfeed	**1**
	To be evangelical and believe in God helps to overcome the difficulties of childbirth	**1**
	Transmit only to the relatives when going for childbirth, so it goes well	**1**
AFTER THE BABY IS BORN	Protect your baby from the evil eye: red ribbon in the baby's arm / wear clothes inside out / don't leave the house for a month / 5 weeks / forty days after the birth	**6**
	Perform swaddling the baby in the first days of life	**3**
	The mother should eat meat, chicken, hominy / peanut / rice to have more milk for breastfeeding	**3**
	The baptism of the baby should be performed before four weeks of life / up to 80 days after birth	**2**
	The newborn bathes immediately after birth	**2**

	After birth a ceremony is held where families gather to celebrate	**1**
	Giving money or food to the poor or animals after birth for the baby's life to go well	**1**
	At the time of the birth the father or brother shaves the hair to become more clean and purify	**1**
	Do not eat pork for a month after childbirth because they hinder healing	**1**
	Do not take anything home after 18 hours, trash and not pay cash after the baby is born because it's bad luck	**1**
	Do not go to the cemetery for forty days after the birth of the baby	**1**
	Do not leave home with the baby at night	**1**
	The baby is fed breast milk up to six months and then with juice of carrot and apple peel	**1**
	Do not cut the hair of the baby not to cut his intelligence	**1**
	The newborn bathes only in the third or fourth day after birth	**1**
	Perform circumcision after birth to male babies	**1**
	Using cotton swab with olive oil for rectal stimulation to baby	**1**
	Using saline in cleaning the baby's eyes	**1**

Fonte: O Autor.

There are also, currently, several references to prohibitions related to contact and use of some objects during pregnancy to protect the baby, of stains or deformation. Using necklaces, walking under a rope or above a toppling tree can cause the baby to be born with the umbilical cord around his neck, because it is assumed that the mother's body is homologous to the baby. Touching certain animals is also prohibited because they are considered impure. During pregnancy remains the fear of the influence of the evil eye, resorting to the use of amulets, or the concealment of pregnancy. The preparation of the trousseau should not be done long before delivery. The experience of sexuality during pregnancy is governed by various taboos and interdictions associated with incitement of the delivery. With regard to food, beyond the custom to satisfy the wants and desires of food of the pregnant woman, remains the belief that she must eat for two. Also dental treatments are not recommended during pregnancy. The childbirth preparation is accomplished through cultural practices, and to obtain an easy delivery in some cultures, mothers were advised to perform the exercise. In contrast, other cultures, there are women who perform work restriction during pregnancy. The baby's name must not be transmitted to anyone not to jinx. In turn, there are various methods of divining the sex of the baby, such as the use of needle test in an attempt to unravel it. A pregnant woman should not cut her hair, to prevent the birth from not going well.

I cannot do anything with needles; I cannot cut or sew cloth (DA Ukraine).

> If a tree falls down and gets overturned on the road and you are pregnant, you cannot go over it because otherwise the baby can get the umbilical cord around the neck (CS Ukraine).
>
> If you have a bad thing and you put a finger in the mouth, the child can do the same (CN Moldova).
>
> They say you cannot play with animals in pregnancy, for example with cats (...) the child is born with a disease, with rabbit lips (CX Moldova).
>
> You cannot smell the flowers because something will also happen with the child that is not good (BZ Moldova).
>
> Pregnant women usually go with a brooch on clothing against the evil eye, after lots of amulets (DC Ukraine).
>
> Up to three months no one usually says anything to anyone who is pregnant, just to the closest people (...) because it is the most fragile time to abort, and if it happens it is associated to the evil eye (DC Ukraine).
>
> When it reaches the 7th month, the pregnant women walk more, up and down many stairs, because that will make the birth easier and faster (BW Pakistan).
>
> We can not cut your hair during pregnancy, because they say the birth will go wrong (AZ Ukraine).

Regarding Cultural beliefs and practices implemented in the delivery, it should be noted that the time of birth is a moment dreaded and feared, on which certain secrecy must be maintained, ask for divine help, and be subject to practices that facilitate labor. The use of epidural analgesia does not seem to be well regarded in certain cultures, for delivery should be as natural as possible, performing only analgesia due to medical advice.

> We have the habit of, when we go to have the baby, we have to cut our gown, nightgown, used when preparing to go to the maternity, up to the middle, for the child to come out well (AZ Ukraine).
>
> In Holland it is very important that everything happens as naturally as possible and many women think so. Sometimes too much because it can be dangerous but, for example, we met a Dutch woman who is a doula here in Portugal, and she said "At the hospital they almost always cut the perineum and make epidural even if it is not your will to" ... in Holland I think that is a very important value, to do it as natural as possible. So in Holland, if you take an epidural is more or less ... a medical advice and it is not because it is your will (CD Netherlands).

Regarding Cultural beliefs and practices put in place after delivery; these are closely linked to the care of the new-born and the general care of the mother in order to protect the baby. In Chinese and Pakistani culture, the baby bathes immediately after birth. In Canada, the bath is given later, around the third or fourth day. Performing abdominal bandage in the new-born is practiced in Chinese and Ukrainian culture, and circumcision of the new-born male is held in Pakistan. Another practice with the new-born refers to the use of a cotton swab with olive oil as performing rectal

stimulation in Spanish culture. As a way to protect it from the evil eye, a red ribbon in tied on the child's arm, in Pakistan and Spain, using clothes inside out is used. For this same reason, in China, you cannot go out at night; in Russia outings of the mother and child, from home, is restricted to the first month; that period in India is one month and one week; in Romania and is forty days. In some cultures the baby is considered unclean until the baptism, and should be baptized up to 80 days after birth, Ethiopia and Romania, before four weeks of life. In other cultures, such as Pakistan, with the goal of becoming cleaner, one gives money or food to the poor or to the animal, as it is believed that it is important for the baby's life to go well. Breastfeeding is also subject to cultural beliefs and practices and in Brazil, after the baby is born, the mother should eat plenty of hominy (corn cooked with milk) to have plenty of milk, in Guinea is the peanuts and rice, and China, one must eat meat every day. In Brazil it is believed that the pork meat difficult healing. Some also interconnect the lack of milk to breastfeed to the type of caesarean delivery.

> It is customary in my country for the first bath to be only on the third or fourth day (AY Canada).
>
> Must wear the underwear inside out. Because of the evil spirits (CA Spain).
>
> When a child is born the father shaves the hair ... the father or brother (BX Pakistan).
>
> Women after childbirth do not eat pork for a month, because the meat of the pig is very bad for the healing (BV Brazil).

Category of "**Cultural Traditions**" relating to motherhood emerge nine subcategories that determine the behavior and practices related to being a mother and being female (Table 3).

Table 3. Category: Cultural Traditions.

SUBCATEGORIES	Imig
Nutritional care of pregnant women and children in Portugal are better / worse	4
Discrimination in the country of origin because of being single mother/pregnant woman/ being immigrant	4
Restricting the number of children per couple in China	3
The father does not follow the clinical surveillance because it is not allowed	2
Utmost care that pregnant women have to avoid efforts in your country	2
Care of the pregnant just for female professionals because of religion in Pakistan	1
Favouring natural treatment over medical treatment in Ukraine	1
Use of traditional dress of Pakistan during pregnancy	1
Polygamy be allowed to have more children in Pakistan	1

Fonte: O Autor

Several immigrant mothers interviewed compared their cultural tradition linked to maternity to the ones in Portugal. This highlights the existence of differences between Portugal and their country of origin in relation to nutritional care of pregnant women and children; discrimination

in the country of origin because of being a young pregnant/ a pregnant woman/being an immigrant; restricting the number of children per couple in China, unlike Portugal; the father is not present in clinical surveillance due to not being allowed/practiced in their culture; paramount care that the pregnant women have to avoid efforts in their country, compared to Portugal; just female professionals to care of the pregnant woman just because of religion in Pakistan, which does not happen with Portuguese women in Portugal; privileging natural treatment over medical treatment in Ukraine, unlike Portugal; use of traditional dress of Pakistan during pregnancy, completely covered or just leave the face on display; polygamy be allowed to have more children, in Pakistan, but only if the first wife allows it, and the man is rich enough.

> I think here in Portugal one eats better during pregnancy than in France (France AB).
>
> Pakistan pregnant women are more careful about what they eat, than here in Portugal (BW Pakistan).
>
> That's it ... they discriminated me especially because I was having a child while being single and being 19 years old (AD Brazil).
>
> In Ukraine] make more discrimination against outsiders (DC Ukraine).
>
> There are people who leave China because they want more children (AM China).
>
> It's a not a guy's thing, the more normal is for mother or sister to go with the pregnant or so (BW Pakistan).
>
> There, in Ukraine, its more women to one side and men to another (AG Ukraine).
>
> There, when one has a heavy job when pregnant, one may stop working or exchange it for another lighter work for her. If she can not work, you can sit to rest and then get back to work, not like here in Portugal, working, working, working until the end (DA Ukraine).
>
> Only women who treat women because it is our religion and our culture is also like this (BW Pakistan).

The category of "cultural care", encompassing ways of looking at the organization of obstetric care in different cultures, we find differences during pregnancy, childbirth, postpartum, and depending on the workers who attend in different countries (Table 4).

Table 4. Category: Cultural Care.

(continua)

SUBCATEGORIES		**Imig**
During Pregnancy	Without appropriate monitoring pregnancy in Portugal / in your country	14
	Lack of preparation for healthy parenting, in other countries	3
	surveillance consultations conducted in hospital and private obstetrician, other countries	2

In delivery in other countries	**Using relief techniques and avoid the epidural so you can share the pain elsewhere**	**4**
	Able to walk about during labour in other countries	2
	Able to choose the type of delivery in other countries	2
	Could have the birth at home, in other countries	2
	Prohibition of kristeller manoeuvre in Poland	1
	Not take as long to resort to caesarean section in France	1
After delivery in other countries	Separation of mother and child for the mother to recover, other countries	6
	More hospital days in Ukraine	1
	Fewer days of hospitalization in Brazil	1
Throughout pregnancy, delivery, and post-partum in other countries	Com acompanhamento por profissionais de saúde, doulas e parteiras:	
	Realizada visita domiciliaria pelos profissionais de saúde	3
	Acompanhamento por uma doula[1] ou parteira no período pós-parto	2
	Acompanhamento contínuo realizado por um médico escolhido pela grávida	1
	Acompanhamento contínuo realizado por uma parteira na gravidez, parto e pós-parto	1
	Acompanhamento realizado por um profissional de saúde especializado	1
	Sem acompanhamento pelos profissionais de saúde:	
	Falta de acompanhamento de uma enfermeira no parto, se não for paga	1
	Não realização de visita domiciliária no pós-parto	1
	Falta de acompanhamento contínuo pelo mesmo profissional de saúde	1
Depending on the health professionals who attend	Due to improved attitudes of professionals in Portugal	16
	Due to consider pregnancy as disease elsewhere	6
	Due to lower autonomy of nurses in other countries	5
	Due to the worse training of professionals in other countries	4
	Due to the worst training of professionals in Portugal	2

Fonte: O Autor

Several interviewed immigrant mothers compared and highlighted the existence of differences in care between Portugal and their country of origin. The lack of adequate surveillance in their countries of origin, the precariousness of prenatal care, lack of consultation and surveillance examinations, and the lack of information received, were many of these distinctions. This distinction leads them to feel more confident, calm and clarified with the care received in Portugal, which exceeded their expectations. There are countries, like the Netherlands, where the father involvement in preparation courses for parenting is noticeably higher than in Portugal, which has an active role in the simulation of the types of breath during childbirth, assist the mother. On the other hand, this situation is described by informants Brazilian and Russian nationality, in whose countries they were unable to carry out the preparation for parenting.

> You're not going to the hospital during pregnancy in the Netherlands; you go to an obstetrician who has his own practice (CD Netherlands).

> Surveillance consultations here in Portugal are more frequent than in Brazil (CI Brazil CI).
>
> In Spain I think they do, and not here, an ultrasound every month, because here you only make the 3 scans (DB Spain).
>
> I feel that here [Portugal], even appointments, everything is very fast. In Canada the midwife asks for the ultrasound ... Here in Portugal I had 4 ultrasounds, which I thought a bit excessive. In Canada, we only do two scans. I did it because my doctor thought it was good to do, and I found it strange, because as I had no indicators out of normal, in my analysis (AY Canada)

As for the category cultural care related to childbirth, it should be noted that, in the speeches of informants, delivery in Portugal, by comparison with their countries of origin, is becoming increasingly medicalized event. Births in the Netherlands are organized in order to be performed at home. In Russia there is the possibility to choose water birth, Poland and Spain can ambulate during labour, and in Ukraine, it is important that pregnant women feel pain, reason why they do not opt for epidural.

> We are against epidural in Ukraine, because it is important, for all women to share the pain of childbirth (AC Ukraine).
>
> Our pregnant women do not take epidural for the delivery, there are other ways to relieve pain (BX Belarus).
>
> In Poland the woman could walk during labour, and here in Portugal they didn't allow me (BY Poland).
>
> In Russia we can choose what kind of birth we want to have. Normal birth or water birth. Childbirth can be chosen (BS Russia).
>
> The difference, from France to Portugal, in healthcare, is that in France they do caesareans sooner. There they do not wait for so long, when they see that it is required. (AB France)
>
> Here in Portugal, during birth, the nurse pushes the belly, and in Poland it is forbidden because it may harm your baby. In Poland I do not know whether it is prohibited, but it is not done (BY Poland)

As for the category cultural care related to postpartum, greater emphasis is given to the separation of mother and child, for the mother to recover, in Ukraine, Russia, China and Guinea. Also in Ukraine, there are some who think of this separation as a negative aspect, thanking thus the experience provided by Portuguese health professionals, particularly in skin to skin contact, which reflects the appreciation of the creation of the emotional bond between the two. Also emerges the need for more hospital days to rest, like in Ukraine, or fewer days of hospitalization, as is the case of Brazil.

> There [Ukraine] when a baby is born it does not stay with the mother, the nurses take them and lead to a room, only bringing them back to breastfeed, so mothers rest, and that's good (BB Ukraine).

> A child is born and goes to the nursery, the mother recovers and the child is only brought for breastfeeding (BS Russia).
>
> Ukraine babies were separated from their mothers. These are the negative parts of my country; they do not allow the skin to skin contact (BU Ukraine).
>
> There in Ukraine when the woman has a baby, she stays in the hospital longer than here, she stays for 5 or 6 days after birth there. Here it is very fast and sometimes the woman does not dare to walk, walking is heavy (DA Ukraine).
>
> In Brazil they have the child one day and they are out the next day (AR Brazil).

Cultural care throughout pregnancy, childbirth and postpartum in different countries is highlighted in perspective of existing monitoring by health professionals, doulas and midwives, and the prospect of no monitoring by health professionals. With regard to monitoring by health professionals, it should be noted that in Brazil home visits in the postpartum period are not performed. In Russia, the professionals go to the homes to perform delivery, following thereafter for two months, until the postpartum woman is able to travel to the health centre to conduct surveillance of child health. Monitoring by doulas, conducted in the Netherlands, is considered essential for the recovery, being flaunted as failure in Portugal. Also in Canada, surveillance of health care on delivery and in the postpartum period is all the responsibility of a midwife who cares, in a perspective of continuity. In general, the participants highlight the better attitudes compared to their country by the Portuguese professionals, denoting the proximity. The greater autonomy and responsibility of nurses in Portugal stunned mothers of Eastern origin positively.

> The difference is that in Canada we have a midwife. The midwives do all the monitoring of pregnancy and postpartum. Our midwife who follows us on pregnancy, childbirth, she is there even if it has to be a C-section and there is no hospital or obstetrician who follows this up there, she is there forever. After the birth the midwife is there for when the mother comes home, makes visits every two days at home, helps with breastfeeding, helps in the first bath, is there to accompany the mother in the first two weeks. From these first two weeks, she goes every fifteen days. It is also a midwife who weighs the baby, giving the vaccines. The midwife is going to follow everything, and this is very good, because the person who accompanied us during pregnancy will give this sequel, I think it gives more comfort and confidence to the mother. Here we do not have it (AY Canada).
>
> In the Netherlands, health care is the responsibility of the doula is the only difference. In your house is a doula as a nurse who takes care of the mother and baby, ten days after delivery (CD Netherlands).
>
> In Russia when a woman is pregnant, professionals come to our house and we do not need to come to the health centre, there deliveries are made by a doctor at home and when the baby is born they return to make him massages, auscultation, ... such thing does not happen here (AK Russia).

Cultural care are also conditioned on the basis of health workers who attend the mothers, in Portugal and in their countries of origin, as their attitudes, which are considered better in the

Portuguese nurses, due to the fact these professionals in other countries consider pregnancy as an illness and because they have less autonomy and less training.

> In Portugal, the professionals pay more attention; they explain the issues in a more direct way. Then worry, phone home to see if all is well, and there [in Brazil] we do not have this care. Here they called, were always very attentive ... and there it does not happen. I do not know if it is because it is a much bigger country, more people, I do not know, but there there's none of that, here it is more personalized (AE Brazil).
>
> Have closer relationships with users than in Russia (BR Russia).
>
> There, in India, the nurses sometimes get fed up, speak faster, they do not explain things (CU India).
>
> In my country, the pregnant woman is closer to being considered a patient, they say not do this or do not eat that (BX Belarus).
>
> In Ukraine we have no help from nurses; the doctors are the ones who take care of everything (AZ Ukraine).
>
> In Russia during childbirth only doctors help (AK Russia).
>
> Nurses in Portugal have more autonomy and responsibility, what a nurse does there in Belarus is just done by doctors, a nurse cannot do it there, they can learn how to do it there but have no right to (BX Belarus)
>
> In Canada, it never occurred to anyone to ask for help, that because nurses are always there and guide us, and help us (AY Canada).

Discussion

Beliefs and cultural practices of immigrant mothers, with regard to the periods of pregnancy, childbirth and post-partum were very diverse. As for the pregnancy period it should be noted that the prohibitions, interdictions and instructions, find meaning in the speech by Kitzinger (1978). This author argues that these interdictions in pregnancy have the strength of taboos in order to prohibit, with the belief that the neglect before the same can result in disastrous changes. These changes can affect the gestating woman and the baby, as the bodies are in symbiosis and whatever the mother does, it will be reflected. The belief about the contact and use of objects in this period occurs from ancient times, when the Romans had banned pregnant women of wearing bracelets, keys, scissors and other materials in order to protect the baby at birth (Martins , 2007), remaining rooted in the culture of most interviewed mothers. Martins (2007, p. 76th) also states that since the middle ages there is a belief that associates the birth of a child with cleft lip with the fact that pregnant woman has touched certain animals. According to some reports of participants our study, this act is forbidden because it is considered unclean. In fact, the cat is to be avoided due to the risk of toxoplasmosis.

Also in this period, in relation to the preparation of the trousseau, long before the birth of the baby, is not be welcomed by some mothers. This guidance can be anxiety-provoking in the pregnant woman and conflict with her cultural practices, to the extent that health professionals advise the preparation of the same in advance to meet any anticipated need. In this context one must adopt a professional practice, providing culturally congruent care, enabling the woman to take a conscious, free and well informed decision. This is a fundamental approach, because, as relates Collière (2003), the development of knowledge and adjustment of practices are closely linked to therapeutic relationship established between care giver and cared person.

Beliefs linked to childbirth were related to the different forms of pain relief and no use of epidural for consequences they feared could occur later. This practice is not entirely free of any risk, which associated with less favourable results that may have occurred in the past, even combined with other surgical interventions, can be the foundation for the fear on the part of women (Davies, Myles, & Graham, 2006). While one might associate with pain relief in childbirth one cannot prove their total harmlessness (Anim-Somuah, Smyth Rebecca, & Jones, 2011) this actually being a personal choice of cultural base (Schytt & WaldenstrÖM, 2010).

The period after childbirth, also known as the fourth trimester of pregnancy, is marked by a denoted symbiosis between mother and son (Kitzinger, 1978). As is known, in the past mortality rates were higher in postpartum and thus the various precautions were taken, leading to the appearance of restrictive practices in this vulnerable phase. This concern and insecurity of the care of the new-born, led to the development and perpetuation of diverse beliefs mainly relating to the care of the new-born, which vary culturally and were reported by the mothers.

The category of cultural traditions allows to perceive, through the speeches by the immigrants, who travel with these populations when there is mobility of the same to other countries, leading to a different worldview and consequent unequal interpretation of realities. Among some cultural traditions one can emphasize food as making the characteristics of a people emerge, how can we verify the testimonies of mothers. Regarding the restriction of the number of children per couple, this comes as a barrier to stop the population increase, which is in agreement with that by Purnell e Paulanka (2010). According to these authors, "China continues to make efforts to slow the rate of population growth by imposing one child per couple" (Purnell & Paulanka, 2010, p. 150; Scharping, 2003). In fact, this evidence corroborates the references of three Chinese mothers.

Regarding cultural care category, these become important in all periods of maternity, to better understand the cultural particularities of each woman who becomes a mother, in Portugal.

When comparing the health care received during pregnancy, in her country, with those received in Portugal, it is possible, of course, to understand the satisfaction with the care received in Portugal.

In general, pregnancy it is a social challenge that requires change and requires adaptability and individual reconfiguration. Thus, preparation classes for parenting, also referred in the statements of the mothers, have proved important to increase confidence of the couple (Lopes et al., 2009).

Also, with the passage of time, labour has been performed in a hospital setting, and the medicalization of childbirth in Portugal was reported by study participants. This statement is echoed in Seibert, Silva, Santos, & Vargens (2005), as stating that delivery has been far from sociocultural and family context, turning a natural event in a woman's life in a medicalized, due to the institutionalization of childbirth. This transformation resulted in decreased choice by the woman in labour, as the position and type of delivery, since not all countries allow the mother to make this choice, thus confining the delivery to bed (Seibert et al., 2005). This fact is highlighted by the study participants, which would like to have the opportunity to make such a choice, as they do at home. However, in certain countries of Northern Europe, there is a higher frequency of delivery at home, as mentioned by Lopes et al. (2009).

Also the epidural is not seen with good eyes in certain countries, such as Ukraine, because they consider important to share the pain, which meets the state by Lopes et al. (2009) that in rural areas people are closer to each other and the suffering inherent in certain life experiences are shared and collectively valued.

The monitoring conducted throughout motherhood is quite variable as can be seen by the speech of the study participants. The monitoring conducted by doulas or midwives is ingrained in some cultures, although it has undergone several transformations over time as highlighted by Cheung (2009).

Conclusion

This study aimed to understand the beliefs, traditions and cultural practices of care related to pregnancy, childbirth and postpartum of immigrant mothers in Portugal. In this study, immigrant mothers demonstrate, through their testimonies, the various beliefs, traditions and cultural practices associated with motherhood. The results showed that the cultural context of each mother significantly influences their experience of motherhood.

Overall, immigrant mothers felt their cultural practices were respected, without significant cultural conflicts, contributing to the satisfaction with the care received. A minority reveals the existence of a path to go in promoting adaptation to cultural transitions to the host country.

In this sense, the implications for practice arising from this study are based largely on transcultural nursing of Medeleine Leininger. Understanding the origin of the cultural practices of different countries allows nurses to develop a culturally appropriate care to avoid cultural imposition and attitudes of ethnocentrism. This care can also reduce barriers in the access to health care and the creation of favorable conditions for hosting services through a climate of trust and understanding.

Promote health surveillance in immigrants by conducting home visits by nurses/specialists in maternal health and obstetrics may also contribute to the experience of becoming a mother and therefore for a healthy parenting.

One can conclude, therefore, that pregnant immigrants are a vulnerable group, in which care must be submitted to a special approach that meets their beliefs, traditions and cultural practices.

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Notas

[1] Doula It is an experienced woman who offers emotional and practical support to a woman (or couple) before, during and after childbirth (Simkin, 2013)

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