

## ABSTRACT

### **Background:**

The Italian regulations protect and guarantee the maternity for every woman, regardless her law regularity and nationality. Nevertheless, according to the national and regional epidemiological data, there is a huge discrepancy on the health indicators which concern the maternity, especially in pregnancy care and during the post-natal period. Probably this is due to more difficulties in accessing health services for the migrant women. The aim of this dissertation is to investigate the access to the health services in Turin area, the perception of needs and the satisfaction about the care that the foreign women experience during the maternity, especially in post-partum period (meant in this study as the whole first year of life of the baby), analyzing their experiences and their tales.

### **Materials and methods:**

A qualitative research was performed based on narrative interviews. A group of twenty-six women was considered. These women come from different Countries of the world and they have different law status but all of them gave birth in the last year. Most of them were recruited among the women who were in the main Vaccination Centre of Turin. A semi-structured interview was proposed among the mothers so they felt to freely talk about their maternity experiences and their personal thoughts about it. The narrative interviews were accurately transcribed and then reviewed according to the *content analysis* method.

### **Results:**

The study has highlighted a general convergence between the epidemiological data and the personal stories the interviewed women have experienced.

A substantial part of the group reports a delay in the first obstetrical visit that means a late beginning of the whole maternity clinical pathway.

We found a big variety among the stories about their delivery experiences but the feelings of social isolation and loneliness is shared by almost all of them, perceived like a huge burden especially during puerperium. The lack of a strong social and familiar network, which should support the pregnant woman and the

new mother, and the remarkable difficulty to access the health services, are the causes of distress and discomfort in facing the critical points of motherhood, for example breastfeeding and the baby care matters.

### **Conclusions:**

According to the care needs which emerge from the study, the midwife is the most qualified professional in charge of the maternity. This figure should be committed to providing a personalized care customized on the necessities of the migrant woman, promoting, together with the other health figures and with the important help of the cultural-linguistic mediator, interventions that take into account the vulnerability and the cultural differences of the migrant woman. The interventions should facilitate the accessibility and acceptability of the facilities and services by the migrant woman, supporting her empowerment.