

Research Article

Importance and Peculiarities of Practically Used English In Maternity Services in Lithuania

Alina Liepinaitienė^{1,2,3*}, Edvinas Ignatavičius¹, Ugnė Misiūnaitė¹, Aneta Tolvaišaitė¹, Audrius Dėdelė²

¹Kauno kolegija Higher Education Institution, Kaunas, Lithuania

²Vytautas Magnus University, Faculty of Natural Sciences, Department of Environmental Sciences, Kaunas, Lithuania

³Republican Šiauliai county hospital, Šiauliai, Lithuania

*Corresponding author: Alina Liepinaitienė, Vytautas Magnus University, Faculty of Natural Sciences, Department of Environmental Sciences, Kaunas, Lithuania, alinute91@gmail.com

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Abstract

Introduction: Every living organism is destined to communicate. Some make sounds, others smell, others draw attention to themselves with their body patterns and their colors. People do this not only through actions but also through words. Therefore, human beings are part of an ongoing process in which they have no choice whether or not to be a participant but are the subject and object of communication.

Methods: Analysis of scientific literature. A scientific literature analysis approach is used to analyze existing literature on the use of English as a second language in medical and maternity settings. Document content analysis. Analysis of WHO document, analysis of publicly available documents dealing with medical staff communication with foreign patients and recommendations. Linguistic analysis of semi-structured interview. The data were collected using semi-structured interviews. This interview is characterized by the fact that the researcher has a pre-prepared plan - questions. Open-ended questions are asked during the interview, closed questions are avoided. Qualitative content analysis. Excluding categories and subcategories of the theme.

Results: The results of the linguistic analysis reveal that different midwifery processes and phenomena can be described in various ways in English, e.g., healthcare providers use "labor" and "delivery" as synonyms for childbirth. English serves as a lingua franca, enabling effective communication between midwives and foreign mothers, but sometimes translation applications are used. Collaboration and communication between midwives and foreign mothers ensure higher quality healthcare and accurate exchange of vital information.

Conclusions: The study uncovers a need for a unified system regarding second language knowledge.

Keywords: communication, maternity services, midwifery, oral communication.

Introduction

English is now one of the most spoken languages in the world, understood by the majority of the population. While English used to be called an international language, now it has become a universal language. English has become the world's lingua franca, as it is the international language of business, commerce, science, and many other key areas. According to [statista.com](https://www.statista.com), there were around 1.5 billion people worldwide who spoke English either natively or as a second language in 2022. The usage of English in contexts where two or more speakers from different national cultures get into contact with each other is not a new phenomenon. Language is an instrument of communication [1].

Communication as a discipline can be said to be international and very versatile, but there are still various language problems, such as the language barrier. This multiplicity of languages means cultural diversity, but it also means difficulties. Language barriers between countries, states, businesses, and citizens have important social consequences: they promote linguistic inequalities, hinder the mobility of workers, impede access to cross-border public services, reduce citizens engagement in political activities, and create difficulties for international transactions and e-commerce [2].

In 2015, the number of forced displacements around the world reached a record high. At the end of the year, 65.3 million people had been forcibly displaced globally due to persecution, conflict, generalized violence or human rights violations [3]. Refugees are more likely to face diseases and their complications when they arrive in a foreign country, as

well as difficulties in accessing health care, due to a number of challenges such as not knowing the local language [4] difficulties in understanding and familiarising themselves with their new health care system, where they face many barriers, including a lack of health professionals, long waiting times, and the high cost of medicines and health care services [5].

Regarding the importance of English language there was aim of this paper to reveal importance and peculiarities of practically used English in maternity services in Lithuania.

Methods

Study design and participants

There were 12 midwives involved in this research. All midwives were working in hospital settings, maternity units. Data was collected using a semi-structured interview method, data analysis was performed using qualitative content analysis. The research participants were interviewed during remote meetings. After the introductory conversation explaining the purpose of the survey and obtaining consent to use the provided information only for the purposes of scientific work, participants agreed to the possibility of recording. All data are coded and analyzed in a summarized form. The research was conducted for three months. All midwives participated in the study voluntarily.

The study participants were selected by non-probability purposive sampling. All data are coded and analyzed in a summarized form. The confidentiality of the subjects was ensured by using fully anonymous interviews. The research results are summarized. When applying the interview method, the subjects do not experience risk or harm. Interviewing midwives can cause a small inconvenience in terms of the time allotted for the interviewing process. On average, the interview took 30 minutes (the shortest survey lasted 20 minutes, the longest - 40 minutes). The duration of the surveys depended on the eloquence of the research participants and their willingness to share their experiences based on the questions presented. With each of the participants, the time of the interview was arranged personally, at a time convenient for them, in order to avoid haste and extraneous distractions. Those who agreed to participate in the study spoke sincerely and willingly and shared their experience and point of view.

Most of the participants in the study were midwives working in midwifery for more than 10 years, and midwives were over 30 years old. The research involved 5 research participants from level III and level II B inpatient facilities providing health care services, where midwives provide low-risk birth care independently to women from foreign countries.

This methodology provides an overview of the research methodologies used and explains the rationale behind the choice. This section describes the type of study, its rationale, data collection and methods of data collection and analysis, describes the organization of the study and the ethical principles of the study, presents the participants and their characteristics. The purpose was to determine the linguistic peculiarities of English as a non-native language in maternity service in Lithuania. Verbal consent was obtained from participants. The study was carried out from October 1st, 2022, to March 1st, 2023, in delivery departments of various hospitals in Lithuania.

Data collection and analysis methods

Analysis of scientific literature. A scientific literature analysis approach is used to analyze the existing literature on the use of English as a second language in medical and maternity settings.

Document content analysis. Analysis of WHO document, analysis of publicly available documents dealing with medical staff communication with foreign patients and recommendations.

Linguistic analysis of semi-structured interview. The data were collected using semi-structured interviews. This interview is characterized by the fact that the researcher has a pre-prepared plan - questions. Open-ended questions are asked during the interview, closed questions are avoided.

Qualitative content analysis. Excluding categories and subcategories of the theme. The collected interview data was analyzed in summary, based on the method of qualitative content analysis. The voice recordings of the interviews and the researcher's notes were transcribed immediately after the interview and read many times during the analysis, distinguishing the main categories and subcategories, and making their interpretations. The obtained results are supported by the collected literature analysis and scientific sources.

Results

English use in midwifery is commonplace and midwives do not report requiring additional help to support each other with the language. During the research, it was observed that midwives, when expressing their views on the use of English, emphasize that the use of the language can determine the quality of and satisfaction with the medical services provided. The responses of six respondents show that midwives use basic English to inform women about health problems and conditions related to childbirth. To provide a general overview, two distinct categories were developed to group the responses gathered, with subcategories (see Table 1).

Table 1: Linguistic peculiarities of practically used English in maternity services from the perspectives of Lithuanian midwives (N=12).

Categories	Subcategories	The main quotations
Linguistic peculiarities of practically used English in maternity services by midwives who need some additional help to support each other with language	Midwives no need any help regarding communication with women during childbirth process	<p><i>“Basic knowledge of the language for my opinion is enough, also it’s really important to not be afraid to speak incorrectly, often times some of my colleagues don’t even try speaking even though they understand the language pretty well. Mostly relatives of the patient have to translate the commands of the staff.”</i> (Interviewee No. 3)</p> <p><i>“...knowledge of the languages is considered like useful benefit...”</i> (Interviewee No. 10)</p> <p><i>“I thinks it’s really important, not only for the patients, but also for foreign students coming here for practice. Basic knowledge of the language for my opinion is enough, also it’s really important to not be afraid to speak incorrectly, often times some of my colleagues don’t even try speaking even though they understand the language pretty well”</i> (Interviewee No. 2)</p>
	Midwives need support to understand or give information in English language	<p><i>“Most of them are local Lithuanian but in my country, there are also a lot of Albanian and Arab. When we have a misunderstanding, we usually use Google translate or call a translator to help”</i> (Interviewee No. 1)</p> <p><i>“If we have a difficult situation, we invite someone who speaks better and could to translate”</i> (Interviewee No. 2)</p> <p><i>“Google translator is usually used or a specialist who knows the language better is invited.”</i> (Interviewee No. 8)</p>
Midwives facing with communication difficulties in foreign language	Midwives facing with communication difficulties because of lack knowledge and practice speaking in English language about laboring women	<p><i>“There are no strict requirement but knowledge of the languages is considered like useful benefit”</i> (Interviewee No. 8)</p> <p><i>“In my work environment there is a requirement to know foreign languages. The main language that needs to be spoken is English, although not ideally, but to be able to communicate with the patient.”</i> (Interviewee No. 6)</p> <p><i>“No there isn’t such requirement. But of course, English comes in handy a lot.”</i> (Interviewee No. 3)</p>
	Midwives facing with communication difficulties because of using a lot of medical words	<p><i>“We use medical terms often, Terms like epidural or some medicine like oxytocin and the dilation of the cervix are the most common Terms I think”</i> (Interviewee No. 6).</p> <p><i>“It was not so easy to communicate about medical facts for person who did not know the language well and do not have knowledge about health system at all.”</i> (Interviewee No. 9).</p> <p><i>“...you have to explain the medical term in ordinary simple words for women who have no experience in health care or have poor dictionary and is worried about her and the baby health of course.”</i> (Interviewee No. 12).</p>

Main responses are presented below:

“Basic knowledge of the language for my opinion is enough, also it’s really important to not be afraid to speak incorrectly, often times some of my colleagues don’t even try speaking even though they understand the language pretty well. Mostly relatives of the patient have to translate the commands of the staff.” (Interviewee No. 3)

“...knowledge of the languages is considered like useful benefit...” (Interviewee No. 10)

“I thinks it’s really important, not only for the patients, but also for foreign students coming here for practice. Basic knowledge of the language for my opinion is enough, also it’s really important to not be afraid to speak incorrectly, often times some of my colleagues don’t even try speaking even though they understand the language pretty well” (Interviewee No. 2)

“Communication in a foreign language with patients from another country is very important, because the quality of

services the patient receives depends on it. I think that the level of knowledge of the language should be such that the midwife could understandably provide information to the woman about the entire course of childbirth and answer any questions that arose.” (Interviewee No. 6)

“It is really important because most of the times during labor all the women’s need someone to be next to them and to support them and language is very powerful.” (Interviewee No. 1)

“English is important for quality services, I think you still have to know specific words and phrases, don’t be sloppy, speak like a native speaker” (Interviewee No. 9).

The analysis of the interview data has shown several key areas of importance, namely language proficiency, communication, practical language use, and use of specific words. The interviewees unanimously underline the importance of language proficiency in their professional context, particularly in scenarios involving foreign patients or a multicultural workplace. This importance is manifested through their emphasis on effective communication as a cornerstone for delivering quality services. There is a consensus among the participants that the focus should be on practical language usage rather than linguistic perfection, with phrases like *“don’t be afraid to speak incorrectly”* and *“understandably provide information”* reinforcing this sentiment. However, a contrasting viewpoint advocating higher proficiency levels is also present, suggesting a diversity of opinions on the ideal degree of language competency. The benefit of language knowledge is seen as extending beyond patient interactions to supporting foreign students or colleagues in the same environment. The emphasis on knowing specific words and phrases underscores the importance of precise and accurate terminology in their field.

The quotations were:

“Most of them are local Lithuanian but in my country, there are also a lot of Albanian and Arab. When we have a misunderstanding, we usually use Google translate or call a translator to help” (Interviewee No. 1)

“If we have a difficult situation, we invite someone who speaks better and could to translate” (Interviewee No. 2)

“Google translator is usually used or a specialist who knows the language better is invited.” (Interviewee No. 8)

“I am usually able to communicate with these patients, but sometimes, especially if the information needs to be delivered urgently, I have difficulty communicating clearly.” (Interviewee No. 3)

Midwives facing communication difficulties, such as not knowing the language or not being able to explain the situation to the patient in a language they understand, seek help in a variety of ways that are available to them. All of the respondents in this group mention the need to interact with people from different backgrounds which makes their workplace multilingual in nature. This leads to the need for various solutions to communication issues and respondents claim that they use technology for translation *“we usually use Google translate”* and *“Google translator is usually used”* or as an alternative at least one participant mentioned inviting a specialist to provide translation services. Furthermore, even those who can communicate in English state that in urgent

situations they are unable to provide information in a proper manner. Overall, the communication difficulties discovered through this analysis show that even considering the variety of ways to interact with their patients, midwives still face challenges that might possibly diminish the efficacy of communication.

The following quotations address formal requirements in their institution regarding knowledge of a foreign language: *“There are no strict requirement but knowledge of the languages is considered like useful benefit”* (Interviewee No. 8)

“In my work environment there is a requirement to know foreign languages. The main language that needs to be spoken is English, although not ideally, but to be able to communicate with the patient.” (Interviewee No. 6)

“No there isn’t such requirement. But of course, English comes in handy a lot.” (Interviewee No. 3)

“To my knowledge, there is no such requirement, but it is always seen as an advantage. The requirement to know a foreign language is very low. I guarantee that not all medical institutions require the ability to speak a foreign language.” (Interviewee No. 7)

The difficulties in the use of English could possibly be caused by a lack of unified, state level formal requirements for English as 3 out of 4 participants report that there are no requirements for language proficiency, while one states that their employer requires them to know a foreign language. Furthermore, the responses gathered show that English is the most popular second language used in the work practice of respondents *“...of course English comes in handy a lot.”*, finally the focus on practicality over perfection (also seen in the previous set of answers) can be found in this set. Phrases such as *“no strict requirement”*, *“knowledge of the languages is considered a useful benefit”*, and *“English comes in handy a lot”* underscore this sentiment. However, there is a contrasting viewpoint expressed by Interviewee No. 6, who reports a requirement to know foreign languages, primarily English, in their work setting. This discrepancy may suggest variation in language policies or expectations across different departments or institutions within the same field. Additionally, the belief that language skills are seen as an advantage, but not necessarily a prerequisite, is highlighted in the final excerpt. To summarize, a clear lack of unified language policy is seen, different institutions have different requirements, but a need for foreign language ability is observed across the board.

The following set of responses addresses the issue of medical terminology.

“We use medical terms often, Terms like epidural or some medicine like oxytocin and the dilation of the cervix are the most common terms I think” (Interviewee No. 6).

“It was not so easy to communicate about medical facts for person who did not know the language well and do not have knowledge about health system at all.” (Interviewee No. 9).

“...you have to explain the medical term in ordinary simple words for women who have no experience in health care or have poor dictionary and is worried about her and the baby health of course.” (Interviewee No. 12).

“I use medical terms in Lithuanian language very often. In other languages I do not use because there are only Ukrainian

women who is needed care therefore, I do not speak Russian, especially medical terms in Russian." (Interviewee No. 3).

"Every day, episiotomy, amniotomy, epidural anesthesia, variability, accelerations, decelerations etc." (Interviewee No. 4).

"The care of each patient involves the use of medical terms such as neonatal jaundice, bilirubin levels, arterial blood pressure, pulse, saturation, complete blood count, CRB test, glycaemia, blood pH, urine salts, ocular fundus reflex, neonatal morning toilet etc." (Interviewee No. 5).

The excerpts demonstrate a recurrent theme of the necessity and frequency of using medical terms, with phrases such as "we use medical terms often", "I use medical terms in Lithuanian language very often", "Every day", and "The care of each patient involves the use of medical terms". The interviewees also mention specific medical terms like "epidural", "oxytocin", "episiotomy", "amniotomy", and "neonatal jaundice", among others, indicating the wide range of medical terminology used in their practice. The data also reveal the challenge of conveying these complex terms to individuals who may lack medical knowledge or language proficiency, as highlighted in statements like "it was not so easy to communicate about medical facts for person who did not know the language well" and "you have to explain the medical term in ordinary simple words for women who have no experience in health care". Since the primary goal is patient care, interviewees emphasize that there are difficulties in using specific terms and that they must simplify to achieve the primary goals of care which include informing their patients about their health and the health of their newborn. A good example of relative simplification is the use of the word "delivery" while talking about childbirth and "labour" while talking about the childbirth process while there are just uterus contractions, without any push of the baby out of the womb. While the use of one instead of the other is technically not accurate, the message is conveyed, and the patient is informed. The final set of responses is presented below.

"...most of the times during labor all the women's need someone to be next to them and to support them..." (Interviewee No. 8).

"...there is a problem with communication I use translator or asking for help who is fluent in other languages, especially during delivery." (Interviewee No. 7).

"You have to communicate with foreigners not only during childbirth, but also before the birth itself. Communication goes very well, patients communicate willingly, answer questions, talk about the events that happened" (Interviewee No. 5).

The responses from the three interviewees show that language comprehension and proper use are extremely important in care. Foreign mothers giving birth in Lithuania must understand all of the information provided by the doctor or the midwife.

After the analysis of linguistic peculiarities of practically used English in maternity services in Lithuania it can be concluded that there are few recurring themes across all the categories developed. Midwives use the English language in their day-to-day work, encountering patients who do not speak Lithuanian in any capacity. There is a real lack of language knowledge among midwives as the majority did not show a full comprehension and control of English. While

these shortcomings are remedied using the help of professional translators or technological tools this is not always possible due to the nature of midwifery. A real need of multilingual staff can be observed through the responses. As the medical field is rich in the use of complex medical terms and names, which are in Latin and rarely translated into other languages, knowledge and correct use of English can ensure smooth communication between multicultural medical staff in a wide range of medical situations involving patient care, such as prescribing medications or performing various medical procedures. The linguistic analysis carried out in this paper and the responses of the interviewees show that the basic or even worse than basic knowledge of English can be a limiting factor in providing empathetic care, clear directions and a positive experience for the patient and their newborn.

Discussion

English is an integral part of the medical staff's ability to provide a quality service when communicating with patients. In the Wahyuni 2021 study, 156 medical students were interviewed by interview method. The data for the study was collected using questionnaires written in google form. The first part of the questionnaire was about the importance of the English language and the priority of English language skills. The second part was about the need for English in an academic setting and the need for English in a career. One of the questions was about the importance of English language skills for academic success. The results showed that listening to the patient is one of the most important skills for medical students [6]. Similar results can be found in our study 7 midwives mentioned in interviews that communicating and listening to the patient is very important and helps to build trust in health professionals, it also helps to ensure the quality of the services provided and avoids miscommunication problems that can have a negative impact on further treatment.

In this study it was found that although English language skills are often not required by the employer, midwives' knowledge of English is identified as necessary in the working environment. In 2018, 34 midwifery students, 7 lecturers and 7 midwives were interviewed in a survey carried out by the Academy of Midwifery in February 2018. The results showed that the majority of midwifery students (61.8%) find English useful. 38.2% of the respondents stated that English is necessary for communicating with foreign patients. 41.2% of respondents think that English is a must for future job success [7]. The results of this study may have been similar because, with increasing emigration and migration in Europe, it is more and more common to find patients in different parts of the world speaking a language other than the national language of that country. With a wide variety of languages, we can agree that English is the most widely spoken language, which is why we see in the responses that English is identified as useful in the working environment, both in communicating with patients and in ensuring quality of service [7].

Another study was conducted by Higginbottom et al. (2019) on the "Experience of and access to maternity care in the UK by immigrant women" [8]. The objective of this research was to explore the issues of access to and experience of

maternity care for immigrant women, based on a systematic review and narrative synthesis of empirical research. For this thesis, the authors included 40 studies with different methods: 22 qualitative, 8 quantitative and 10 mixed methods. Migrant women need health professionals who are culturally sensitive and knowledgeable in their field, and who provide fair and excellent midwifery care, taking into account the impact of trauma. This care should be supported by multidisciplinary and inter-agency teamwork to ensure consistent and continuous support throughout the process. The importance of such comprehensive support was the subject of a study by Fair et al (2020), which searched 7472 articles, of which 51 were eligible and included. The research was carried out in 14 European countries and focused on women described as migrants, refugees, or asylum seekers. According to Fair et al (2020) [9], four main themes emerged: *'Finding a way - the experience of navigating the system in a new place'*, *'We don't understand each other'*, *'It's important how you treat me'*, and *'My needs go beyond pregnancy'*. Migrant women need culturally competent health care providers who provide equitable, quality and trauma-informed maternity care based on interdisciplinary and inter-agency teamwork and continuity of care. New models of maternity care are needed that go beyond clinical care and address the unique social, economic, and psychosocial needs of migrant women [9]. Migrant women require health professionals who are culturally sensitive and provide equitable, quality and trauma-informed obstetric care. Interdisciplinary teamwork and continuity of care are essential. New models of midwifery care should take into account not only clinical aspects but also their unique needs.

Medical professionals across various fields frequently encounter a range of challenges, and one notable recent example is the global COVID-19 pandemic. This unprecedented health crisis has significantly transformed healthcare delivery methods in numerous countries worldwide, with a close impact on midwifery. A study done in Australia by Bradfield et al (2021) showed, that women expressed greater apprehension regarding their personal and family's well-being and safety in relation to COVID-19, whereas midwives, doctors, and midwifery students showed a higher level of concern regarding occupational exposure to the virus due to their work in healthcare settings, compared to those receiving care in such environments. Based on the findings of Bradfield et al (2021), this study provides an opportunity to explore and compare the experiences of mothers receiving and providing care in Australia during the COVID-19 pandemic in a unique way. The study suggests that individuals such as midwifery students and female partners were more likely to express feelings of isolation as a result of the changes implemented in care delivery. Although there were concerns about care not meeting expectations, the majority of respondents expressed satisfaction with the quality of care provided [10]. However, it is worth noting that midwives and midwifery students were less likely to agree with this view.

Conclusions

1. The information provided by the midwives must be understood by the birthing mother. Which means that the language must be accessible. Scientific literature analysis shows that communication in the health care system occupies more than 80 percent of all work. That means communication is one of the most important linguistic aspects in maternity service. Thus, it can be concluded that communication is one of the linguistic components, without which maternity services cannot be provided. Communication as a linguistic part consists of verbal and non-verbal communication and accessible information for women.
2. There are various ways to describe different obstetric processes and phenomena in the English language. For example, healthcare providers use words such as "labor" and "delivery" as synonyms for childbirth. There are many midwives in Lithuania who can speak English while taking care of delivering women. Midwives use the English language as a lingua franca, and in most cases, foreign mothers understand the information provided by midwives. In some cases, midwives or foreign women use technological tools such as translation applications to understand each other. Midwives use verbal and non-verbal communication signs, such as: body language, gestures, arm movements, to understand or to give additional information to the woman. They usually use other colleagues' experiences (other sources) to reveal their opinion about language importance. Also, it depends on the context when midwives show the importance of language. Thus, results show that the communication in maternity services consists of these components: content, experience, feedback from women or other colleagues, environment, information receiver.

Conflict of interests. There were no interests conflict during the research.

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