Purpose:
To explore how Chinese women who immigrated to Canada in the last 5 years access and use maternity care services, their support system and postpartum emotional wellbeing.

Background:
Culturally and linguistically appropriate health care is suggested by many researchers as a necessity for all immigrants in Canada. Relatively little research examines the access and use of maternity care services by immigrant women in Canada, especially Chinese immigrants. Chinese women practice special culture-based behaviours and eat a special diet during pregnancy and postpartum. Exploring these cultural practices and preferences will contribute to the body of knowledge related to immigrant women’s maternity care and will help inform culturally sensitive care for Chinese women who live in Canada.

Methods:
A cross-sectional survey was used. Thirty participants were recruited from the Chinese community in Toronto, Canada. Eligible participants were Chinese new immigrant women, fluent in English or Mandarin, within two to six months after delivering their baby. The Edinburgh Postnatal Depression Scale and the Ontario Mother and Infant Survey II: Part H-Satisfaction with services were used to assess risk of postpartum depression, health and social service needs and utilization patterns. A demographic data questionnaire was also filled out by the participants. Data analysis was conducted by SPSS 21.0.

Results:
Chinese immigrant women preferred to receive care from Chinese healthcare providers, with an obstetrician over a midwife. They received appropriate pregnant information, such as physical changes, nutrition, and exercise, through oral or written form. The information was provided in both English and Chinese, while preferred Chinese. Half of the Chinese immigrant women manifested possible postpartum depression. Women with own mother as a key helper had lower depression than women with husband as a key helper. Women demonstrated lower postpartum depression when they were more satisfied with the health service in the community.

Conclusion:
Although the sample size was small, the result of this preliminary study enhanced our knowledge and understanding of Chinese women’s utilization of maternity health services. Improving access to postpartum health service in the community was emphasized and recommended. Health care professionals should acknowledge that a linguistically and culturally sensitive maternity service played an important role in Chinese women’s searching information and emotional wellbeing during pregnant and postpartum period.