

MIGRANT MOTHERS AND PREGNANCY OUTCOME : HEALTH CARE IN A “FREE ACCESS” HOSPITAL IN ITALY

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AIM OF THE STUDY

The migration process in different country, has raised several problems regarding the health care in particular in obstetric area. The aim of the study is to evaluate pregnancy and neonatal outcome in migrants obstetric patients seeking for consultation and admitted to an obstetric emergency department of a free health care hospital. A secondary aim is to identify the prevalence of diseases in different ethnic subgroups, in order to hypothesize specific risk profile for ethnic origin.

MATERIALS AND METHODS

This clinical retrospective study was conducted in the Obstetric Department of the Policlinic Hospital Umberto I "Sapienza" University of Rome. We examined clinical data of 3984 pregnant patients offering to a public free access hospital between January 2014 to December 2015. Patients were divided into 5 groups: Group 1 "Europeans" (562 patients), Group 2 "Asians" (284 patients), Group 3 "South Americans" (124 patients), Group 4 "Africans" (233 patients) and a control group, Group 5 "Italians" (2781 patients). Mode of Conceive, Spontaneous Miscarriage and Elective Pregnancy Termination frequency, Gestational Age at delivery, Neonatal weight, Mode of birth and Obstetrics Complications were considered.

RESULTS

Our analysis revealed statistically significant differences regarding incidence of very early preterm labour (Migrants: 1.3 % vs Italians: 0.6 %; $p < 0,05$) and GM2 (Migrants: 1.1%, vs Italians: 0.5%; $p:0.05$) between migrants and Italians. Analyzing different ethnicity impact, an higher significant frequency of Small for Gestational Age (SGA < 2500gr: $p < 0.05$) and Large for Gestational Age (LGA > 4500 gr: $p < 0.008$), was shown respectively in South American and African women.

CONCLUSIONS

Pregnancy in migrant women is actually a major object of debate for obstetricians. Each sanitary operator applied in obstetrics should be aware about migration medicine and how ethnical background can influence the incidence of obstetrical complications and the mode to approach migrant patients.

The improving in communication, comprehension and integration will further support the migrants health care.

Obstetrics Complications

Parameters	Migrants N:1132	Italians N:2582	p
Preterm delivery (< 37weeks)	175 (15,4%)	349 (13,5%)	NS
Very Early PTD (24-28 weeks)	15 (1,32%)	16 (0,6%)	0,048
Early PTD (28-34 sett)	60 (5,3%)	107 (4,14%)	NS
Late PTD (34-36 ⁺⁶ sett)	100 (8,8%)	226 (8,7%)	NS
IUGR	34 (3,1%)	84 (3,3%)	NS
Diabetes	31 (2,7%)	63 (2,6%)	NS
-GMD A1 White	17 (1,5%)	44 (1,7%)	NS
-GMD A2 White	13 (1,14%)	13 (0,5%)	0,05
-Pregestational Diabetes	1 (0,08%)	6 (0,2%)	NS
PIH	56 (4,9%)	132 (5,4%)	NS
Placental adesive disorders	13 (1,2%)	23 (0,9%)	NS
-placenta previa	12 (1,1%)	21 (0,8%)	NS
-placenta accreta	1	2	NS
Placental Abruptio	3 (0,3%)	12 (0,4%)	NS

Delivery and neonatal outcome

Parameters	Migrants (1132 cases)	Italians (2582 cases)	P
GA at delivery (weeks)	38,74±2,22	38,37±2,50	NS
Mode of delivery			
VD	547 (48,3%)	1048 (40,6%)	NS
OD	58 (5,2%)	99 (3,8%)	NS
CS	527 (46,7%)	1435 (55,6%)	NS
Neonatal Outcome			
Weight (mean, gr)	3062,19±692,34	3056,94±663,81	NS
<2500 gr	197 (17,4%)	432 (16,7%)	NS
2500-4500 gr	915 (80,8%)	2135 (82,7%)	NS
>4500 gr	20 (1,8%)	15 (0,6%)	0,0013