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Citizenship, education and occupational status in pre- and post- partum care

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Objective

In Italy there are more than two millions immigrant women: the majority enjoy good health and are of reproductive age. Indeed, pregnancy, delivery and postpartum care are the main reasons of hospitalisation for foreign resident women. Although nowadays, about 15% of all newborns are to parents who are both immigrants, very few studies have investigated the differences, if any, in health care need between immigrant and native born mothers.
In this presentation the key indicators of health care during pregnancy and postpartum in Italian women are compared to those among immigrants, using the results of two studies on a total of 6942 women.

Methodology

Data for this study were obtained from two similar population-based follow-up studies in 25 Italian Local Health Units (LHU) conducted in 2008/9 and 2010/11, to evaluate changes in pregnancy, delivery and post-partum care. In each study women who had given birth and resident in these LHU were the target population. Women were recruited and interviewed within a few days of their giving birth and again at 3 months after delivery, by trained interviewers using questionnaires. The first questionnaire was structured in four sections regarding pregnancy, delivery, postpartum and socio-demographic characteristics. The follow-up questionnaire included items regarding assistance and breastfeeding after discharge from hospital.
In both surveys, all resident women who had given birth within the defined period were recruited. The period for each LHU was defined as that within which 120 deliveries were expected according to the previous year delivery data. Exclusion criteria were: severe illness of mother or child; women with an active infection and fever>38°; women with haemorrhage>1000cc. Since the objective of this study focused on the comparison of the principal pre-post

partum care indicators by citizenship and education, data of the two surveys were pooled. Descriptive analyses of the main pre-post natal care indicators are reported by citizenship and education. Design-based χ^2 test was used for comparisons. All the analyses were weighted by the reciprocal of the sampling fractions.

Results

On a total sample of 6942 women, 6189 (89.2%) were Italians and 753 (10.8%) were foreign. At follow-up, 5906 women (85% of the total sample) were reinterviewed of which 5320 Italians (86%) and 586 foreigners (78%). Migrant women had a lower education level and were more likely to be unemployed. A slightly higher percentage of multiparous was observed among migrants. The mean age of foreigners was three years lower than that of Italians (Tab 1).

Tab. 1 Sample characteristics

	Foreigners (n.753 10.8%)	Italians (n.6189 89.2%)
Low education (%)	46.5	26.9
Employed (%)	47.2	70.6
Multiparous	49.9	46.1
Mean-age	29	32

While Italian women (IT) were more likely to receive assistance during pregnancy from private gynaecologists, most of the migrants (FO) tend to use public family care services (consultori familiari), especially among low educated (70.1%) (Tab 2). Participation to antenatal classes during the actual or a previous pregnancy is similar between migrant and the least-educated Italian women, while Italian women with high education level attended antenatal classes in large majority (61.6%). In a previous study on pre and post natal care among foreigners (1), lower values were found for the assistance by public family care services (43.7%) as well as for the attendance to antenatal classes (19.6%). This can be related to a selection effect of LHU included in this study, which were all involved in the implementation of the national programme for mother and child health (Progetto Obiettivo Materno Infantile) that includes the implementation of public family care services and the promotion of antenatal classes among its key objectives.

Tab. 2 Natal care indicators by education and citizenship (%)

	Low education			**High education**		
	IT	**FO**	χ^2	**IT**	**FO**	χ^2
N	1705	331	p	4484	422	p
Prenatal indicators						
Pregnant women receiving care by public family care services / obstetrician	17.2	70.1	<0.001	12.4	47.6	<0.001
Attended antenatal classes	32.0	20.2	0.010	61.6	36.4	<0.001

Periconception folic acid supplementation	15.9	5.5	<0.001	25.9	11.3	<0.001
Deliveries with caesarean section	38.1	22.6	0.016	34.5	32.8	0.713
Postnatal indicators						
Exclusive/predominant breastfeeding at 3 months after delivery	49.9	47.1	0.831	58.9	63.6	0.334
Registration with NHS paediatrician more than 15 days from birth	16.3	22.3	0.298	13.8	14.1	0.935

A critical difference between Italian and migrant women is observed for the periconceptional folic acid supplementation, which can be considered an indicator of the women's empowerment. The folic acid assumption among immigrants was nearly three time less than among Italian women, with less consumption among low educated women (low IT: 15.9% and low FO: 5.5%). The use of folic acid in periconception period was estimated to be about 4% in studies conducted before the year 2006, when the National Public Health System (NHS) began to advertise and offer this vitamin free to all women planning a pregnancy. Thus, its use is expected to increase further considering that only 20-30% of pregnancies are not planned, as resulted in a previous study (1).

The frequency of deliveries with caesarean section was lower among migrant women compared to Italians. Nevertheless, if we consider education, the best educated migrant women reached similar values as those of Italians (32.8% vs 34.5%). Nor citizenship neither education affected consistently the preferences expressed by women on the kind of delivery and feeding the baby they would chose, if possible. In fact, almost all the Italian and migrant women said to prefer spontaneous delivery (86.3% and 87.2%, respectively) and breastfeeding (96.5% and 95.7%, respectively) (results not reported in the table).

Three months after delivery, 56% of both Italians and foreigners reported that they were still breastfeeding exclusively/predominantly, with the higher educated women reporting higher frequencies of breastfeeding, especially among foreigners (low: 47.1% vs high: 63.6%).

A delay in registration with a NHS paediatrician was observed in 22.3% FO and 16.3% IT lower educated women, while there was no difference by citizenship within the highly educated women.

In Table 3 the use of prenatal care is reported by citizenship and occupational status of the women.

The higher use of public services for pregnancy care by foreign women is confirmed, independently of their occupational status. In both groups employed women participate more frequently in antenatal classes and assumption of folic acid in the periconception period is more prevalent. Moreover, the risk of caesarean section is lower for employed women, although the value among non employed FO (31.2%) almost reaches that of the employed Italian women (33.9%).

Tab. 3 Prenatal care indicators by occupational status and citizenship (%)

	Non Employed			Employed		
	IT	**FO**	χ^2	**IT**	**FO**	χ^2
N	1926	428	p	4254	322	p
Prenatal indicators						
Pregnant women receiving care by public family care services / obstetrician	16.3	62.4	<0.001	12.6	53.1	<0.001
Attended antenatal classes	36.9	24.9	0.001	60.6	33.4	<0.001
Periconception folic acid supplementation	15.9	6.8	0.010	26.2	10.6	<0.001
Deliveries with caesarean section	39.3	31.2	0.144	33.9	24.6	0.042
Deliveries with elective caesarean section	23.4	15.7	0.053	19.3	11.5	<0.001
Deliveries with urgent caesarean section	15.9	15.5	0.885	14.7	13.1	0.691

Occupational status has a strong effect on post-natal care among immigrant women (table 4). In fact, if 71.9% of those unemployed were still exclusively/predominantly breastfeeding at 3 months, this percentage becomes 57.6% in FO employed who do not work after 3 months, and is only 21.0% among those who have already restarted. The same negative effect of an early restart of work is observed for the delay in the registration with a NHS paediatrician (not restart:13.8% vs restart:31.9%).

Tab. 4 Postnatal care indicators by occupational status at 3 months from partum and citizenship (%)

	Non Employed			Employed not restarting work at 3 months			Employed restarting work within 3 months		
	IT	**FO**	χ^2	**IT**	**FO**	χ^2	**IT**	**FO**	χ^2
N	1857	399	p	3683	261	p	649	93	p
Postnatal indicator									
Exclusive/predominant breastfeeding at 3 months after delivery	50.6	71.9	0.002	60.4	57.6	0.601	50.4	21.0	0.015
Registration with NHS paediatrician more than 15 days from birth	17.3	14.4	0.457	13.0	13.8	0.843	15.6	31.9	0.003

Conclusions

Although the Italian and migrant women expressed similar preferences concerning motherhood, the study indicates that citizenship affects the recourse to appropriate care practices in the pre- and post-natal periods.

However, the better educated immigrant women tend to have similar results to the Italians. On the contrary, the lower educated migrant woman present a more

negative situation in pre-post partum care, especially for those aspects relating to their ability to make use of health opportunities (such as to attend antenatal classes or to consume folic acid in periconception period) or to face difficulties (such as to breastfeed exclusively at three months after delivery or to register with a NHS paediatrician within 15 days from partum when restarting working). The combination of citizenship and education status may exacerbate the initial social disadvantage of immigrants.
Occupational status also plays a significant role in modifying the actual possibilities to be exposed to appropriate practices, also among Italian women. In general women with a higher social position have greater ability to use the health services and are more aware of good health practices. Thus this study suggests that interventions which focus on women's empowerment and take into account the specific life/work difficulties of foreigners may contribute to improve the indicators of pre- and post-natal care also for the most disadvantaged migrant women.

1) Lauria L, Andreozzi S (a cura di), Percorso nascita e immigrazione in Italia: le indagini del 2009, Rapporti Istisan 11/12, 2011
(http://www.iss.it/binary/publ/cont/11_12_web.pdf)