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Original Research

Ethnic variation in maternity care: a comparison of Polish and Scottish women delivering in Scotland 2004–2009

D.R. Gorman [a,*], S.V. Katikireddi [a,b], C. Morris [c], J.W.T. Chalmers [c], J. Sim [a], K. Szamotulska [d], E. Mierzejewska [d], R.G. Hughes [e]

[a] Department of Public Health, NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG, UK
[b] MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, 4 Lilybank Gardens, Glasgow G12 8RZ, UK
[c] Information Services Division, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB, UK
[d] Department of Epidemiology, National Research Institute of Mother and Child, Kasprzaka, 17 a 01-211 Warsaw, Poland
[e] Simpson Centre for Reproductive Health, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh EH16 4SA, UK

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ABSTRACT

Objectives: Birth outcomes in migrants vary, but the relative explanatory influence of obstetric practice in origin and destination countries has been under-investigated. To explore this, birth outcomes of Scots and Polish migrants to Scotland were compared with Polish obstetric data. Poles are the largest group of migrants to Scotland, and Poland has significantly more medicalized maternity care than Scotland.
Study design: A population-based epidemiological study of linked maternal country of birth, maternity and birth outcomes.
Methods: Scottish maternity and neonatal records linked to birth registrations were analysed for differences in modes of delivery and pregnancy outcomes between Polish migrants and Scots, and compared with Polish Health Fund and survey data.
Results: 119,698 Scottish and 3105 Polish births to primiparous women in Scotland 2004–9 were analysed. Poles were less likely than Scots to have a Caesarean section and more likely to have a spontaneous vaginal or instrumental delivery. The Caesarean section rate in Poland is significantly higher and instrumental delivery rate lower than for either group of women in Scotland.
Conclusions: Methodologically, comparing a large group of migrants from one country with the host population has advantages over grouping migrants from several countries into a single category, and allows more informed analysis of the effect of health services.

Polish mothers' being slightly healthier explains some of their lower Caesarean section rate compared to Scots in Scotland. However, dominant models of obstetrics in the two

* *Corresponding author*. Tel.: +44 0131 465 5446.
E-mail address: Dermot.gorman@nhslothian.scot.nhs.uk (D.R. Gorman).
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countries seem likely to influence the differences between Poles delivering in Poland and Scotland. Further investigation of both is required.
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Introduction

Variation in maternity outcomes amongst migrant and minority ethnic women is well-established in the UK and elsewhere in Europe with different outcomes for specific groups within Europe's heterogeneous migrant and minority ethnic populations.[1–11] In the United Kingdom (UK) there has been a significant rise in migration from the 'Accession 8' (A8) countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) since 2004.[12] Polish migrants now form the largest group of foreign nationals in Scotland and the second largest in the United Kingdom (after Indians).[12] 2012 estimates suggest that there are 687,000 Poles living in the UK of whom 73,000 are in Scotland.[12] They are predominantly young adults and National Records for Scotland data show births to Polish-born women in Scotland increasing steadily from 31 in 2004 to 1681 in 2009 (comprising 2.9% of all live births).[13]

Little is known about the UK maternity experiences of Polish and A8 migrants in comparison with their locally-born white counterparts or more established migrant and minority ethnic populations. Previous research suggests that different processes linked to migration may influence outcomes for different groups of women, highlighting the importance of investigating whether there are distinctive maternity experiences and outcomes associated with this 'new' wave of migration.[8]

Findings from other European countries on experiences of Eastern European migrants have consistently shown lower rates of Caesarean sections in these populations, and have cited the 'healthy migrant effect' in explanation.[3,5,14] However, previous studies have aggregated women from a highly diverse range of countries into the category 'Eastern European'. Different healthcare systems and obstetric practices make it difficult to distinguish the effects of population characteristics from other country-specific factors including the influence of contrasting health systems and clinical practices.

There are significant differences between the Polish and Scottish maternity care systems. Migrant women living in Scotland are entitled to the same free National Health Service (NHS) maternity care as UK citizens and care is characterized by a philosophy of 'normality'. This philosophy is for birth not to be unnecessarily medicalized and care for low risk pregnant women is led by midwives and guided by avoidance of what is considered unnecessary antenatal or intra-partum intervention.[15] In Poland Soviet-era central health provision has been replaced by the National Health Fund (NHF), an insurance-based system for funding health services, accompanied by general encouragement of market-driven health services.[16] Polish care is obstetrician-led, and relatively highly-medicalized with the Ministry of Health specifying its shape.[17] Public obstetric care is free through the NHF but has become increasingly difficult to access with consequently high levels of resort to private practitioners, particularly for antenatal care which has become more highly 'commodified' than hospital care for delivery.[18] Poland is characterized by a higher Caesarean section rate (31.5% vs. a Scottish level of 24.9% in 2009)[19,20] but a lower rate of instrumental delivery (estimated from Polish National Health Fund data at below 3%[21] compared to Scottish care where 13.2% of deliveries are using forceps or vacuum).[20]

Previous qualitative research with obstetricians (which was primarily about how staff communicate with ethnic minorities)[22] and feedback from midwives and Polish women in Scotland have suggested that Caesarean section rates may be higher amongst Polish migrants than Scottish-born women (RH personal communication). The authors thought that this could be because their expectations of health care derived from the Polish maternity system and Polish norms. Therefore they hypothesized that Polish women may experience higher Caesarean section rates and lower instrumental rates as their expectations of care exhibited a marked influence on maternity care received.

This study aimed to compare maternal and birth outcomes of Polish and Scottish women having babies in Scotland and describe any differences in the clinical profile and service use associated with migration from Poland.

Methods

To investigate maternity and birth outcomes by maternal country of birth (used as a marker of migration status) a linked dataset using routinely-collected administrative data was created. The Scottish maternity and neonatal database links a number of health records based on a unique identifier augmented by probability matching and includes the mother's obstetric records (SMR02), baby's birth and neonatal information from Scottish Birth Record (SBR) and from SMR11 (the system which was in place prior to the SBR), Scottish Stillbirth and Infant Death Survey (SSBID) and National Records for Scotland (NRS) birth, stillbirth and infant death records. The SMR02 return is completed at the time of discharge of any patient from a Scottish maternity hospital, and over the period studied is estimated to be over 98% complete.[20,23]

The Scottish maternity and neonatal database, maintained by Information Services Division Scotland (ISD), records individual patients' use of maternity services, pregnancy-related complications and information on risk factors including gestational age at booking, mode of delivery, pregnancy outcome, maternal smoking history at booking, maternal body mass index (BMI) at booking, mode of delivery and parity

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