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CLINICAL ARTICLE

Obstetric care for resident immigrant women in Argentina compared with Argentine women

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ABSTRACT

Objective: To evaluate inequities in obstetric care in Argentina between women from Argentina and resident immigrants. **Methods:** A secondary analysis was performed using data generated from a prospective, multi-center, descriptive study conducted in 2008 that assessed perinatal care in 12 public hospitals in the city of Buenos Aires and 70 public hospitals in Buenos Aires Province. In the original study, eligible women answered questions about their obstetric history, sociodemographic characteristics, and prenatal and intrapartum care within 48 hours of delivery. In the present analysis, the associations between nationality and prenatal care, intrapartum care, and perinatal outcome were determined. **Results:** The study included 10 898 women. The sociodemographic characteristics were similar between the groups, although the proportion of adolescents was higher among Argentines than among immigrants (20.1% versus 12.5%), whereas immigrant women were less educated (30.7% of the immigrant women reported 0–6 years of education compared with 7.3% of Argentines). Likewise, there were few differences in obstetric care during pregnancy and delivery, and the pregnancy outcomes were also similar between the groups. **Conclusion:** There were few clinically significant differences in medical care between Argentine women and resident immigrant women during the prepartum and intrapartum periods.

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1. Introduction

Inequities and disparities in health care are present throughout the world. Over the past 15 years, growing concern about inequality in health care and access to care, particularly in terms of maternal-fetal health, has led to the publication of numerous research studies [1–9]. The majority of these studies focus on patient characteristics, as opposed to healthcare provider bias, as the cause for disparities, and the studies tend to assess outcomes rather than deviations from generally accepted standards of care.

There is mounting concern internationally about the impact that immigration might have on a country's healthcare system and, importantly, about the quality of care that immigrants receive compared with the native population [10]. Quality of care can be measured objectively by evaluating whether certain processes are implemented that are considered to be standard of care, or by evaluating outcomes [6,11]. Studies performed in high-income countries have shown lower quality of care during pregnancy and poorer pregnancy outcomes among immigrants compared with native women [12,13]. In countries with a large resident immigrant population, it is increasingly important to explore whether there is an association between nationality

(that is, country of birth) and obstetric care, and to work to address any correctable disparities.

Argentina is one such country with a large resident immigrant population, which is estimated to constitute 4.5% of the total population based on the 2010 census [14]. Argentina's healthcare system is based on universal public coverage, financed through taxes; it is free of charge for both citizens and foreigners; identification is not required to access care. The healthcare system has 3 sectors: the social security sector, the public sector, and the private sector, financed through obligatory or voluntary insurance schemes. Those who do not have formal work or cannot afford private insurance attend public health institutions. Public maternity hospitals are either general hospitals with maternity services or specific maternity hospitals, and are free of charge.

With these details in mind, a retrospective secondary analysis of a large questionnaire-generated Argentine database was initiated to examine inequities in prenatal and intrapartum care among women born in Argentina versus immigrants living in Argentina.

2. Materials and methods

In 2008, the Ministry of Health of the Province of Buenos Aires conducted a perinatal survey [15] at the maternity wards of 82 public hospitals, including 70 of the busiest maternity wards in the Province of Buenos Aires and 12 maternity wards in the capital of Buenos Aires.

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All births (10 087 deliveries) during the month of September were included and 9664 (95.8%) mothers were interviewed. The Province of Buenos Aires is the most populated province in Argentina; it comprises 39% of the country's population with a total of 15 594 428 inhabitants, 5% of which are immigrants. In 2010, the Ministry of Health reported 288 831 live births in the Province of Buenos Aires, resulting in a birth rate of 18.9% [16]. In the Province of Buenos Aires, as in the entire country, 99% of deliveries occur in hospitals [17]. Prenatal and intrapartum care at hospitals is provided free of charge by midwives and medical doctors (residents, general practitioners, and obstetricians/gynecologists).

The primary objective of the original study was to evaluate medical care during pregnancy and to analyze demographic characteristics of the mothers to determine the impact of socioeconomic factors on the quality of maternal–fetal health care.

The survey included women who delivered a live-born or stillborn infant with a gestational age of at least 22 weeks or a birth weight of more than 500 g at one of the study sites, and women who delivered at home but were hospitalized in the obstetrics department at one of the study sites during the postpartum period.

The period of data collection was from September 1 to September 30, 2008. Data were collected from 2 sources. Within 48 hours of delivery, a questionnaire-guided interview was conducted to obtain

information about the nationality (defined by the country of birth), prenatal care, care during delivery, use of contraception, and socioeconomic status. In addition, laboratory information (hemogram, urinalysis, blood glucose, Venereal Disease Research Laboratory [VDRL] screening, Chagas screening, HIV screening, toxoplasmosis screening) and clinical information for which written documentation was required (type of delivery, presence of eclampsia, receipt of magnesium sulfate, receipt of corticosteroids, and clinical outcomes of the neonate) was obtained directly from the medical records. The interviews were conducted by selected midwives at each hospital who had attended a scheduled interview workshop led by the study coordinator. The workshop consisted of a review of the study's manual of operations and included information on informed consent collection and data protection.

Study supervisors monitored the data collection, visiting each site and reviewing a random sample of questionnaires to ensure that they were completed fully and that the data matched hospital records.

The study received ethics approval from several ethics committees: the institutional review board (IRB) of the Center for Medical Education and Clinical Research (CEMIC), an independent IRB that is registered with the US Office for Human Research Protections; the Central Ethics Committee, which is an IRB overseeing all research studies conducted at hospitals in the Province of Buenos Aires; an independent regional



Fig. 1. Nationalities of the women included in the study ($n = 10\,898$).

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