Best Practice & Research Clinical Obstetrics and Gynaecology xxx (2015) 1–11

Contents lists available at ScienceDirect

Best Practice & Research Clinical Obstetrics and Gynaecology

journal homepage: www.elsevier.com/locate/bpobgyn

3

Perinatal outcomes among migrant mothers in the United Kingdom: Is it a matter of biology, behaviour, policy, social determinants or access to health care?

Shuby Puthussery, MSW, MSc, PhD, Senior Lecturer in Public Health *

Department of Clinical Education and Leadership, Institute for Health Research, University of Bedfordshire, Putteridge Bury, Hitchin Road, Luton, Bedfordshire LU2 8LE, UK

Keywords:
perinatal outcomes
migrant mothers
UK
ethnicity
disparities

This paper examines trends in perinatal outcomes among migrant mothers in the UK, and it explores potential contributors to disparities focusing on pregnancy, birth and the first year of life. Trends in perinatal outcomes indicate that ethnic minority grouping, regardless of migrant status, is a significant risk factor for unfavourable outcomes. It is unclear whether migrant status per se adds to this risk as within-group comparisons between UK-born and foreign-born women show variable findings. The role of biological and behavioural factors in producing excess unfavourable outcomes among ethnic minority mothers, although indicated, is yet to be fully understood. UK policies have salient aspects that address ethnic inequalities, but their wide focus obscures provisions for migrant mothers. Direct associations between socio-economic factors, ethnicity and adverse infant outcomes are evident. Evidence is consistent about differential access to and utilisation of health services among ethnic minority mothers, in particular recently arrived migrants, refugees and asylum seekers.

* Department of Clinical Education and Leadership, Institute for Health Research, University of Bedfordshire, Putteridge Bury, Hitchin Road, Luton, Bedfordshire LU2 8LE, UK. Tel.: +44 7835 738992; Fax: +44 1582 743918.
E-mail address: shuby.puthussery@beds.ac.uk.

http://dx.doi.org/10.1016/j.bpobgyn.2015.09.003
1521-6934/

Introduction

Disparities in health experiences and outcomes between migrant and native populations pose significant challenges to practitioners and policymakers alike in many developed countries such as the United Kingdom (UK). This paper examines trends in perinatal outcomes among migrant mothers in the UK, and it explores potential contributors to disparities focusing on pregnancy, birth and the first year of life. With a long-standing history of migration dating back to the 1960s, migrants originating from a diverse range of countries constitute a steadily growing share of the UK population: about 7.8 million in 2013 compared with 3.8 million in 1993 [1]. UK migrant communities have traditionally originated from the Asian subcontinent, Africa and the Caribbean; however, with a shift in migratory patterns over the past three decades, there has been a significant inflow of political asylum seekers from parts of Asia and Africa in addition to migrants from Central and Eastern European countries, particularly Poland, following the expansion of the European Union [2–4]. This in turn has resulted in a novel population diversity that has been described as 'super-diversity' [2]. Women constitute more than half – 54% in 2013 – of the migrant population with significant numbers in reproductive ages [1,5]. In 2013, births to foreign-born mothers represented over a quarter (26.5%) of the total live births compared with approximately one-tenth (11.6%) in 1990 [5]. With increasing numbers of foreign-born women of childbearing age, migrant women will continue to account for a significant proportion of mothers over the next years in the UK. Recent figures indicate that Poland, Pakistan, India, Bangladesh and Nigeria are the five most common countries of birth for foreign-born mothers in the country [5].

The article draws on evidence from an extensive search of bibliographic databases such as Medline, CINAHL, Embase, PubMed, PsychInfo, DARE and MIDIRS, and online resources such as Google Scholar and the electronic library of the author's institution. The original search was conducted in December 2014, followed by an updated search in May 2015. A sample of clinicians, academics and public health specialists was also contacted for relevant research papers and practice and policy guidelines. For purposes of clarity, the term 'migrant mothers' as referred in the paper are those who are born outside the UK, although all women born abroad will not be recent migrants. Births in England and Wales have long been recorded by mothers' country of birth, but a new category 'ethnicity' was introduced as part of the census data in the 1990s. Ethnicity is self-defined and subjective to the person concerned, but usually it will be linked to migration from abroad. Ethnic groups in the UK are generally differentiated based on a combination of factors including racial origin, skin colour, cultural and religious affiliation, national and regional origins and language. Details of various ethnic categories, their development and application have been described elsewhere [6,7]. Although the meaning of ethnicity remains widely contested, most of the recent research evidence on health outcomes, including perinatal outcomes, have been reported by ethnicity rather than by country of birth or origin. Although some ethnic groups have significant numbers of migrant mothers, women born in the UK account for a substantial proportion of mothers in some groups [5,8]. Although there have been some attempts to examine perinatal outcomes by mother's country of birth [9–11], epidemiological evidence with clear distinctions of ethnicity and maternal country of birth or duration of residence in the UK is relatively sparse. Therefore, for the purpose of this paper, research studies reporting perinatal outcomes among migrant as well as ethnic minority mothers in general are considered, with specific focus on foreign-born mothers wherever possible to explore direct links between migrant status and outcomes.

Perinatal outcomes: ethnicity and migrant status

Despite overall improvements with respect to several maternal and perinatal indicators over the past decades, existing evidence suggests that ethnic minority women in the UK and their babies are at a higher risk of adverse perinatal outcomes compared with the White population overall [9–15]. In the latest confidential enquiry into maternal deaths, approximately half of direct and a quarter of indirect maternal deaths in the triennium 2006–2008 occurred to women of Black and minority ethnic origin. Although the enquiry was unable to quantify the excess risk among migrant mothers, many of these deaths occurred in recently arrived migrants, refugees or asylum seekers. For example, among the 28 Black African women who died during this period, 19 had recently arrived in the country as migrants, refugees or asylum seekers. Other deaths included recently arrived Asian brides and women from new countries of the

Please cite this article in press as: Puthussery S, Perinatal outcomes among migrant mothers in the United Kingdom: Is it a matter of biology, behaviour, policy, social..., Best Practice & Research Clinical Obstetrics and Gynaecology (2015), http://dx.doi.org/10.1016/j.bpobgyn.2015.09.003