

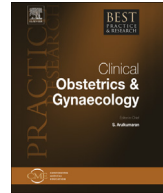


ELSEVIER

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Best Practice & Research Clinical Obstetrics and Gynaecology

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



Migration – Impact on Reproductive Health – Multiple Choice Questions for Vol. 32

1. Which of the following statements is/are true relating to maternal mortality and morbidity?
 - a) Maternal mortality and severe morbidity have been shown to be elevated across all migrant groups in all host countries where studies have been conducted.
 - b) Risk factors for maternal complications, such as anaemia and obesity are higher in migrants compared to native women.
 - c) Risk factors for maternal complications, such as HIV are higher in migrants compared to native women.
 - d) Evidence indicates that the 'healthy migrant hypothesis' should be refuted as a general statement.
 - e) Substandard care is always due to health worker delays, often compounded by communication barriers.
2. Which of the following statements is true?
 - a) In the Netherlands, women from Turkey have increased risks of severe acute maternal morbidity.
 - b) In the Netherlands, women from Morocco have increased risks of severe acute maternal morbidity.
 - c) Black women in the United States are at the highest risk of maternal mortality, regardless of whether they are born in or outside the country.
 - d) Protocols for diagnosis and treatment should be applied in the exact same manner to each individual patient, regardless of their ethnic background.
 - e) Confidential enquiries and other methods of maternal audit do not require additional political effort.
3. Which of the following are known to affect birthweight?
 - a) Infant sex
 - b) Gestation
 - c) Altitude above sea level
 - d) Maternal smoking
 - e) Maternal BMI
4. The following statement(s) is/are true regarding ethnic and migrant disparities in birthweight
 - a) The birthweight of an infant is affected by numerous determinants, thus the clinical significance of birth weight disparities between population groups is unclear.
 - b) Birth weight charts accurately predict adverse neonatal outcomes, such as perinatal death.
 - c) Birth weight charts that are based on entire populations are well-suited to accurately describe normal fetal growth and newborn size.
 - d) When using birth weight charts based on a healthy population, a certain proportion of healthy babies will nevertheless be categorized as SGA.
 - e) Babies above the 10th centile for growth are by definition not SGA.

5. The following statement(s) is/are true regarding the “Black-White gap” (non-Hispanic Black women versus non-Hispanic White women) in preterm delivery rates in the United States?
 - a) Differences in genetics explain the gap in preterm delivery rates
 - b) Differences in maternal smoking and drug use partly explain the disparities in preterm delivery rates
 - c) Immigrant Black women have the same high risk of preterm delivery as Black women that are native-born
 - d) The “healthy immigrant effect” has been largely discredited more recently in the US
 - e) Exposures such as differentials in socioeconomic position and discrimination are likely to explain the gap
6. The following statement(s) is/are also true regarding the “Black-White gap” (non-Hispanic Black women versus non-Hispanic White women) in preterm delivery rates in the United States?
 - a) Pregnancy dating based on the last menstrual period have been shown to inflate preterm delivery rates among Black women compared to ultrasound-based methods
 - b) Pregnancy dating based on the last menstrual period have been shown to deflate preterm delivery rates among Black women compared to ultrasound-based methods
 - c) Data based on ultrasound-determined gestational length should be preferred when comparing rates
 - d) Spontaneous preterm deliveries are more common among Black women compared to White women
 - e) Medically indicated preterm deliveries are more common among Black women compared to White women
7. Which of the following statement(s) about the link between migrant status and perinatal outcomes in the UK is/are true?
 - a) Overall migrant women tend to have less favourable maternal outcomes compared to White British women
 - b) Overall migrant women tend to have less favourable fetal outcomes compared to White British women
 - c) Migrant women always tend to have worse perinatal outcomes than UK-born women of the same ethnicity
 - d) Low birth weight for babies of South Asian mothers in the UK do not seem to improve over generations
 - e) Congenital malformations are a major cause of infant mortality among babies born to Pakistani mothers
8. The following statement(s) about migrant women's access and utilization of maternity services in the UK is/are true?
 - a) Migrant mothers are likely to initiate antenatal care late compared to UK-born mothers
 - b) Migrant mothers are likely to get fewer antenatal visits compared to UK-born mothers
 - c) As there is a statutory obligation in the UK to provide interpretation services for patients who are unable to speak English, migrant mothers face relatively few language difficulties when they access health services
 - d) Overall migrant mothers tend to face difficulties in their contact with health services in the UK
 - e) Effective communication between health care professionals and parents is not a prerequisite for quality in maternity care
9. Which migration indicators are important to consider in a migrant woman's overall risk of requiring a Caesarean birth?
 - a) Country of birth
 - b) Migration classification
 - c) Receiving-country language fluency
 - d) Length of residence in the receiving-country
 - e) No clear pattern of migration indicators have been identified

Download English Version:

<https://daneshyari.com/en/article/6169179>

Download Persian Version:

<https://daneshyari.com/article/6169179>

[Daneshyari.com](https://daneshyari.com)