UNDERSTANDING THE CAUSES OF PERINATAL HEALTH INEQUALITIES IN A MULTICULTURAL URBAN SETTING: THE ROLE OF HEALTHCARE SERVICES. A research protocol

Claudia Schoenborn 1, Judith Racape 2, Mouctar Sow 3, Myriam De Spiegelaere 1

1. Université Libre de Bruxelles (ULB). School of Public Health (ESP). Research centre in health policies and health systems. Belgium
2. Université Libre de Bruxelles (ULB). School of Public Health (ESP). Research centre in epidemiology, biostatistics and clinical research. Belgium

BACKGROUND

- More and more babies are born in a country different to their parents’ country of birth (1)
- In high-income countries, migrant women’s perinatal health outcomes differ substantially from those of non-migrants (2).
- In Brussels for example, babies of Sub-Saharan African origin are particularly at risk of pre-term birth and perinatal mortality; babies from the Maghreb are protected against pre-term birth, yet also experience higher mortality (3).
- The effect of migration on perinatal health is influenced by the mother’s socioeconomic characteristics (4).
- The mechanisms underlying perinatal health inequalities remain unknown and underresearched.
- One hypothesis is that they are partly explained by differences in the access and use of perinatal health services and differences in women’s experiences of care.

OBJECTIVES

1. Describe and measure the social inequalities in the way maternity services are accessed, used, and experienced. (see conceptual framework, arrow 1)
2. Describe the social inequalities in adverse birth outcomes and explore whether the characteristics associated with lower use or worse experience with maternity services are also associated with adverse perinatal outcomes. (arrow 2)
3. Analyse how a variety of factors including health, health behaviours, attitudes towards pregnancy and health literacy vary by (a) social characteristics (arrow 3), and (b) use and experience of health services. (arrow 4)

CONCEPTUAL FRAMEWORK

Survey

- Populations: all babies born in Brussels, 2014 and 2015, n = 117,000 births
- Interviewees: all mothers of newborns
- Experiences: all mothers of newborns

Methods

1. Survey with mothers
2. Analysis of populational data
3. Interviews with stakeholders

Results

- Populations: all babies born in Brussels between 2014 and 2015, n = 117,000 births
- Interviewees: all mothers of newborns
- Experiences: all mothers of newborns

Analysis

- Descriptive statistics: univariate analysis and multivariate regression

Data analysis

- Structural equation modeling
- Multiple regression analysis

Interviews

- Interviews with stakeholders
- Focus groups of migrant women
- Focus groups of healthcare providers

Analysis and output

- Conceptual analysis
- National comparisons
- National comparisons with other MFMCQ users

EXPECTED RESEARCH IMPACT

- Improve our understanding of the mechanisms influencing perinatal health inequalities
- Explain whether, and how, maternity services contribute to the social inequalities in perinatal health
- Identify the barriers to access and adequately use health services
- Explore the perceptions of care of service-users
- Produce recommendations for policy changes that could improve the use of maternity services and optimize the care to reflect the needs of migrant women
- Draw direct cross-national comparisons with other MFMCQ users

BIBLIOGRAPHY