

Are there social inequalities in the way mothers experience perinatal care in Brussels hospitals? A research protocol

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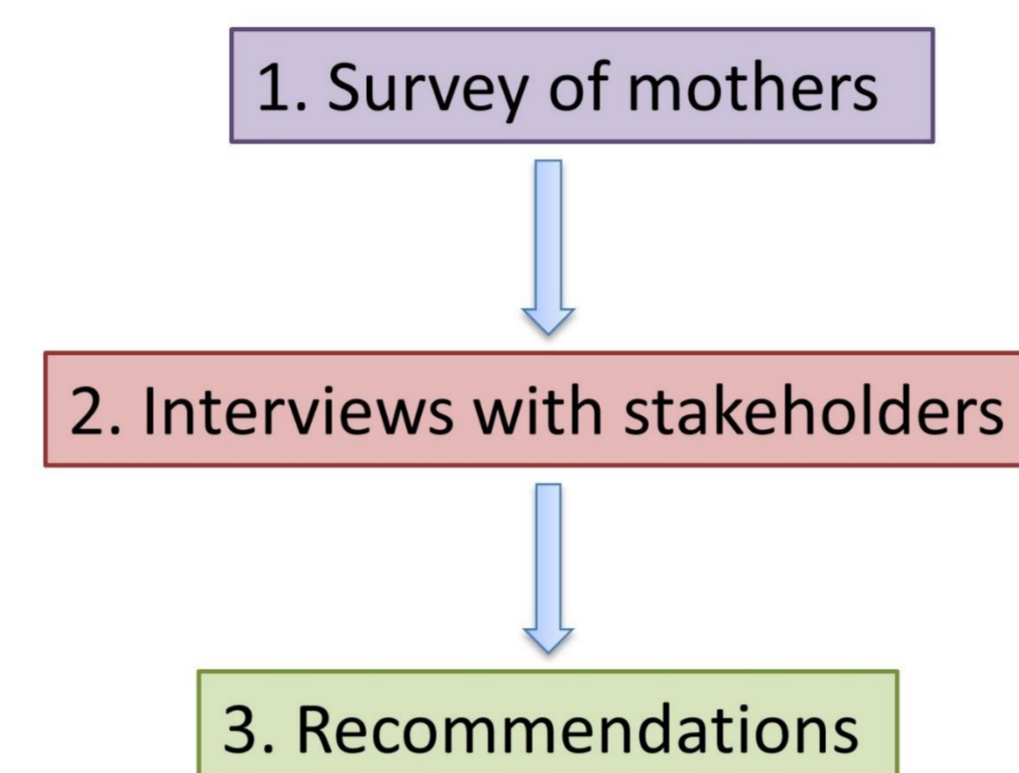
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BACKGROUND

- 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, 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.

Methods



HYPOTHESIS

These social inequalities 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. Analyse how a variety of factors including health, health behaviours, attitudes towards pregnancy and health literacy vary by (a) social characteristics (arrow 2), and (b) the use and experience of health services. (arrow 3)

1

Survey



Population

- 750 migrant and non-migrant mothers (Belgian, Maghreb, Sub-Saharan African)
- From a variety of social backgrounds
- Speaking a variety of languages
- Recruited in 4 maternity wards in Brussels



Questionnaire

- "Migrant-Friendly Maternity Care Questionnaire"
- Tested and adapted to the Belgian situation
- Use of antenatal care services, medical interventions, patient experience, health behaviours, clinical data, socioeconomic situation and migration



Interviews

- Within 14 days of giving birth
- In hospital, at home or on the phone
- Duration of approx. 40min
- Done by female interviewers
- Translators available



Analysis

- Descriptive statistics
- Multivariable logistic and stratified regressions
- Factorial analysis

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Interviews with stakeholders



Population

- Healthcare professionals: gynaecologists/obstetricians, midwives, paediatricians, general practitioners, physiotherapists
- Social and NGO workers (Aquarelle, ONE)
- Health policy advisory bodies
- Politicians



Interviews

- Semi-structured, concerning the professionals':
- 1) experiences and points of view
- 2) interpretation of results
- 3) propositions of courses of action



Analysis and output

- Content analysis
- Recommendations
- Dissemination

PRELIMINARY RESULTS (n=276)

- ✓ This ongoing survey has a high response rate (83%).
- ✓ The socioeconomic profiles of mothers vary substantially depending on nationality: mothers from Maghreb had a lower level of education, mothers from Sub-Saharan Africa (SSA) were strongly at risk of poverty.
- ✓ Mothers from SSA were particularly at risk of starting prenatal care late (32% compared to 4% of Belgians and Maghrebi) and of having less than 7 recommended consultations (25% compared to 6% Belgians and 9% Maghrebi).
- ✓ Low household income and maternal education were also strong predictors of late and infrequent prenatal care. Women from all three nationality groups had the same rate (10%) of planned c-sections, but women from SSA were much more likely to have an emergency c-section (16% vs 7% of Belgians and Maghrebi). Women with a higher household income were less likely to have a c-section at all.
- ✓ Women from both Maghreb and SSA were less likely to always have understood the information given by healthcare professionals. 90% of women with secondary school education understood all information, compared to 60% of women without it.

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

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