

Study finds migrant women are more at risk of stillbirth

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Researchers from The University of Western Australia have found women living in WA who are migrants or from non-white backgrounds are more at risk of having a stillborn baby.

The study, published in *Medical Journal of Australia*, analysed data (not disclosing personal details) collected from midwives, hospitals, birth and death registrations as well as the WA Register of Developmental Anomalies between 2005 and 2013, from more than 260,000 births.

The data was then categorised by the country where each mother was born and their ethnicity, including white (Caucasian), Asian, Indian, African, Māori and 'other.' The researchers compared [women](#) born in Australia with those born overseas as well as different ethnicity groups of migrants.

Lead researcher Dr. Maryam Mozooni, from UWA's Division of Obstetrics and Gynaecology and School of Population and Global Health, said the results indicated there was a link between [stillbirth](#) and some ethnicities among migrants. Also, women from specific ethnic backgrounds were more vulnerable to specific types of stillbirth with rates up to five times higher than Australian-born women.

"The study found that the odds of stillbirth increased particularly in Indian, African and other (non-white) migrant women, compared to women born in Australia," she said.

"These ethnic groups were all at increased risk of stillbirth before labour started (ante-partum), but only women from African and other (non-white) backgrounds had higher risk of stillbirth during labour (intra-partum). Also, the rate of pre-term ante-partum stillbirth among migrants of Māori background was significantly higher than Australian-born women, even after controlling for many risk factors such as smoking and age in the analysis."

"The prevalence of term intra-partum stillbirth was much higher among migrants of African origin than Australian-born women and this is particularly concerning," she said. "Raising awareness about such

disparities in risk of stillbirth is vital as intrapartum stillbirth can be prevented with appropriate care."

Dr. Mozooni said lack of access to or unfamiliarity with services available or sociocultural factors could play a role in preventing [migrant](#) women receiving medical support in time. If mothers seek antenatal and obstetric care too late, opportunities for medical intervention and prevention of stillbirth would be lost. "The pattern of health service utilisation, pregnancy and labour care among [migrants](#) need more in-depth investigation," she said.

Dr. Mozooni and her colleagues hope the findings will help the health service providers and policy makers look for new ways of improving patient care for new mothers.

"Culturally appropriate antenatal engagement and educational programs about the risk of stillbirth and the indications for and the safety of induction and related interventions may be useful preventive strategies," the authors wrote.

More information: Maryam Mozooni et al. Stillbirth in Western Australia, 2005-2013: the influence of maternal migration and ethnic origin, *The Medical Journal of Australia* (2018). [DOI: 10.5694/mja18.00362](#)

Provided by University of Western Australia

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