

# Early care key to preventing stillbirth in migrant women

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Researchers from The University of Western Australia say the key to decreasing stillbirth in Australian women who were born overseas lies in early care and good information provided at the start of pregnancy.

The study, published in *PLOS Medicine*, analysed data between 2005 and

2013 collected from midwives, hospitals, birth and death registrations as well as the WA Register of Developmental Anomalies from more than 250,000 births.

The data was then categorised by the country where each mother was born and their ethnicity, including 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 School of Population and Global Health, said a key factor in preventing [stillbirth](#) was increasing the use of support services and care available through the health system from an early stage in a woman's pregnancy.

"Pregnancy care that starts before week 14 really is essential because then there is the opportunity to diagnose problems early, and treat them to prevent stillbirth," Dr. Mozooni said.

She said migrant women who had used an interpreter had a lower rate of stillbirth that was even lower than the Australian-born women.

"Previous research in Australia has shown misconceptions about the use of an interpreter being costly, time-consuming, or threatening confidentiality, not just from [pregnant women](#) but also among [healthcare providers](#)," Dr. Mozooni said.

Migrants who did not have a doctor present at the time of birth were three times more likely to have a stillbirth. Dr. Mozooni said it was unclear whether this was due to migrants preferring midwifery care over doctors in circumstances that needed [medical intervention](#), or if it showed lack of access to doctors during birth due to other reasons.

"We also found that the rate of stillbirth during birth doubled in women living in very [remote areas](#)," she said. "This may show lack of timely access to obstetric interventions, such as caesarean delivery, when an emergency happens during birth and such intervention is urgently needed in a matter of minutes."

Dr. Mozooni said the study highlighted that early use of health care services, multidisciplinary care as well as increasing awareness about the risk of stillbirth would significantly reduce the rates.

"Allocating appropriate resources in very remote areas is also needed to support women living there and reduce the risk of stillbirth during birth," she said.

Dr. Mozooni and her colleagues hope the findings will offer insights and help medical providers and policy makers reduce the rate of stillbirth in Australia. The research was made possible through funding from Red Nose Australia.

**More information:** Maryam Mozooni et al. Healthcare factors associated with the risk of antepartum and intrapartum stillbirth in migrants in Western Australia (2005-2013): A retrospective cohort study, *PLOS Medicine* (2020). [DOI: 10.1371/journal.pmed.1003061](https://doi.org/10.1371/journal.pmed.1003061)

Provided by University of Western Australia

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