

Privately sponsored refugees likely to receive better prenatal care than government-assisted refugees in Canada

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Government-assisted refugees were less likely to receive adequate prenatal care than privately sponsored refugees, found a new study published in *CMAJ* (*Canadian Medical Association Journal*).

Canada has 2 main pathways to resettle [refugees](#): government assistance and private sponsorship by [family members](#) or non-family volunteers.

To determine whether refugees receive adequate prenatal care (defined as initiation of prenatal care by 13 weeks' gestation; receipt of a minimum number of prenatal care visits, as recommended by the Society of Obstetricians and Gynaecologists of Canada; and receipt of a prenatal fetal anatomy ultrasound between 16 and 21 weeks' gestation), researchers looked at data from ICES on 2775 pregnant government-assisted and 2374 privately sponsored refugees in Ontario, the province that receives almost half of the country's refugees.

Researchers found that over the study period (2002–2020), government-assisted refugees were less likely to receive adequate prenatal care services than privately sponsored refugees (62.3% v. 69.3%), a difference that remained significant after adjusting for potential confounders.

"Our findings suggest that private sponsorship plays a role in facilitating prenatal care use, and that government-assisted refugees may benefit from additional resettlement support related to health care navigation," writes Dr. Astrid Guttman, senior scientist, ICES, and a pediatrician and senior scientist at The Hospital for Sick Children (SickKids), Toronto, Ontario, with co-authors.

Interestingly, the researchers also found that privately sponsored refugees and nonrefugee immigrants were more likely to have adequate prenatal visits than long-term residents of Canada.

"Increased visits related to perceived or higher medical need or need for counseling may be reasons for more visits in the privately sponsored refugees and nonrefugee [immigrant populations](#)," writes Dr. Andrea Evans, ICES Fellow, pediatrician at CHEO, and investigator at the

CHEO Research Institute, Ottawa, Ontario.

The authors suggest that education and language may be barriers limiting access to [prenatal care](#) for government-assisted refugees, and this finding could be useful for increasing access to [health care](#).

More information: Receipt of adequate prenatal care for privately sponsored versus government-assisted refugees in Ontario, Canada: a population-based cohort study, *Canadian Medical Association Journal* (2023). [DOI: 10.1503/cmaj.221207](https://doi.org/10.1503/cmaj.221207)

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