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Social inequalities in perinatal outcomes: Emilia-Romagna Region, 2005-2009

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Introduction

Disparities in pregnancy may have effects in adult life. Family'social gaps are associated with some neonatal conditions. It is difficult to identify such mechanisms, also only referring to perinatal outcomes, but Birth Certificate allows Italian Regions to study this relevant moment for health.

Objectives

To study inequalities in birth pathways among mothers having Italian citizenship by education level; between Italian mothers and foreign ones; and between main citizenships among immigrants mothers.

Methods

Birth Certificates were selected to get a high statistical power, using the five-year period 2005-2009 and deliveries registered in the region. Only single newborns were considered in the analysis (N=195.862). Logistic regression was performed, controlling for mother's age, parity and marital status, in addition to education level and citizenship. Outcomes regard pregnancy (such as number and timing of visits and hospital accesses), delivery (caesarean) and newborn (low weight, preterm and death).

Results

Among Italian mothers, low education level is associated with minor assistance in pregnancy (e.g.: less than 4 controls in pregnancy; low Vs. high education: OR=1.45, 95% IC: 1.30-1.60), higher risk of having caesarean delivery and preterm newborn. Moreover, there is a trend in relations observed in three categories of education (low, medium, high) considered. In comparison to Italian mothers, immigrant mothers have higher risks regarding indicators of minor assistance and a slightly higher preterm births. Lastly, among main citizenships of mothers there are differences.

Conclusions

The results highlight known differences between host and immigrant populations and differences by country of origins among mothers also clearly stand out. A statistically significant relation between Italian mothers' education and negative indicators analyzed has to be noted. To sum up, country of origin and social characteristics of mothers are both relevant to birth pathways.