Abstract citation ID: ckaf180.413

91 Differences in access to pregnancy assistance between Italian and immigrant women: results from a national monitoring system of immigrants' health

Anteo Di Napoli[1], Alessia Spinelli[1], Teresa Spadea[2], Raffaella Rusciani[2], Olivia Leoni[3], Giovanni Maifredi[4], Pietro Patricola[4], Antonio Fanolla[5], Eva Papa[5], Laura Battisti[6], Nicola Caranci[7], Sara Cavagnis[7], Paolo Giorgi Rossi[8], Fabio Voller[9], Caterina Milli[9], Ombretta Checconi[10], Marcello De Giorgi[10], Nera Agabiti[11], Laura Cacciani[11], Ettore Attolini[12], Domenico Ferrante[12], Vito Lepore[12], Lucia Bisceglia[12], Anna Salvatore[12], Sebastiano Pollina Addario[13], Achille Cernigliaro[13,14], Alessandra Allotta[13], Martina Ventura[1], Alessio Petrelli[1], Alessio Petrelli

[1]Epidemiology Unit - National Institute for Health, Migration and Poverty (INMP), Rome, Italy
[2]Piedmont Region - Epidemiology Unit ASL TO3, Collegno (TO), Italy
[3]DG Welfare - Lombardia Region, Milan, Italy
[4]Epidemiology Unit - ATS Brescia, Brescia, Italy
[5]Observatory for Health – Health Department Province of Bolzano, Bolzano, Italy
[6]Osservatorio Epidemiologico - Azienda Provinciale per i Servizi Sanitari, Trento, Italy
[7]Department of Innovation in Healthcare and Social Services, Emilia-Romagna Region, Bologna, Italy
[8]Epidemiology Unit - AUSL Reggio Emilia, Reggio Emilia, Italy
[9]Epidemiology Unit - Agenzia Regionale Sanità - Toscana Region, Florence, Italy
[10]Servizio Sistemi Informativi Sanitari, Sanità Digitale e Innovazione - Direzione Salute e Welfare - Regione Umbria, Perugia, Italy
[11]Department of Epidemiology, ASL Roma 1 - Lazio Region, Rome, Italy
[12]Agenzia Regionale Strategica per la Salute ed il Sociale - Puglia Region, Bari, Italy
[13]Dipartimento Regionale per le Attività Sanitarie e Osservatorio Epidemiologico - Assessorato alla Salute - Regione Sicilia, Palermo, Italy
[14]Azienda Sanitaria Provinciale di Trapani - Presidio Ospedaliero Sant'Antonio Abate - Dipartimento dei Servizi e delle Scienze Radiologiche - Unità Operativa Complessa di Patologia Clinica, Erice (TP), Italy

EP3.4, e-Poster Terminal 3, September 4, 2025, 11:35 - 13:00

Introduction: In Italy, in the period 2016-22, 21.3% of deliveries involved immigrant women. Despite the universal health care provided by the Italian National Health System (NHS) to all residents, inequalities were observed in access to maternal health care. The

objective of this study is to analyze the differences in access to pregnancy assistance between Italian and immigrant women.

Methods: The National Institute for Health, Migration and Poverty (INMP) coordinates a system for monitoring the health status and healthcare of the resident immigrant population, which currently includes 10 regions (Piedmont, Lombardy, Trento and Bolzano Autonomous Provinces, Emilia-Romagna, Tuscany, Umbria, Lazio, Puglia, and Sicily), where 75% of the total residents in Italy and 83% of foreign nationals live. To date, the monitoring system covers the period 2016-2022. Data collected by the regions through different healthcare information systems are summarized in a set of 60 indicators covering hospital care, maternal-child care, and emergency care services.

Results: Compared to Italians, immigrant women had an overall higher risk of receiving during pregnancy less than five gynecological examinations (OR 1.82; 95%CI:1.81-1.84, $P < 0.001$), less than two ultrasounds (OR 1.77; 95%CI:1.74-1.80, $P < 0.001$), and the first examination after the 12th week of gestational age (OR 4.41; 95%CI:4.36-4.47, $P < 0.001$). In the period 2016-2022, among immigrant women, an overall decrease in the proportions for these three unfavourable pregnancy care conditions was observed, but lower than observed among Italians.

Conclusions: Our findings suggest that immigrant women receive worse healthcare during pregnancy than do Italians in terms of adherence to the recommendations. Despite the universal Italian NHS, they still face problems in accessing maternal and child care, probably related to administrative, linguistic, and/ or cultural barriers. Policies aimed to remove these barriers could reduce the differences in neonatal outcomes between the two population groups.