

What is the impact of social status and migrant characteristics regarding the utilization of antenatal care in Germany?

Results from the BaBi birth cohort study

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Background

- Antenatal care (ANC) can contribute to a decrease in maternal and perinatal morbidity and mortality [1].
- In Germany, migrants and majority population have a similar uptake of medical ANC (e.g. ultrasound scan), but their uptake of non-medical support measures (e.g. antenatal classes) is lower [2].
- The role of education and acculturation as possible interacting factors remains unclear [2].

Research question

- Do educational status and migrant characteristics impact utilization of antenatal care in Germany?

Methods

Baseline data of the BaBi birth cohort study in Bielefeld were analysed. The BaBi-study is population-based birth cohort study with follow-up until school entry.

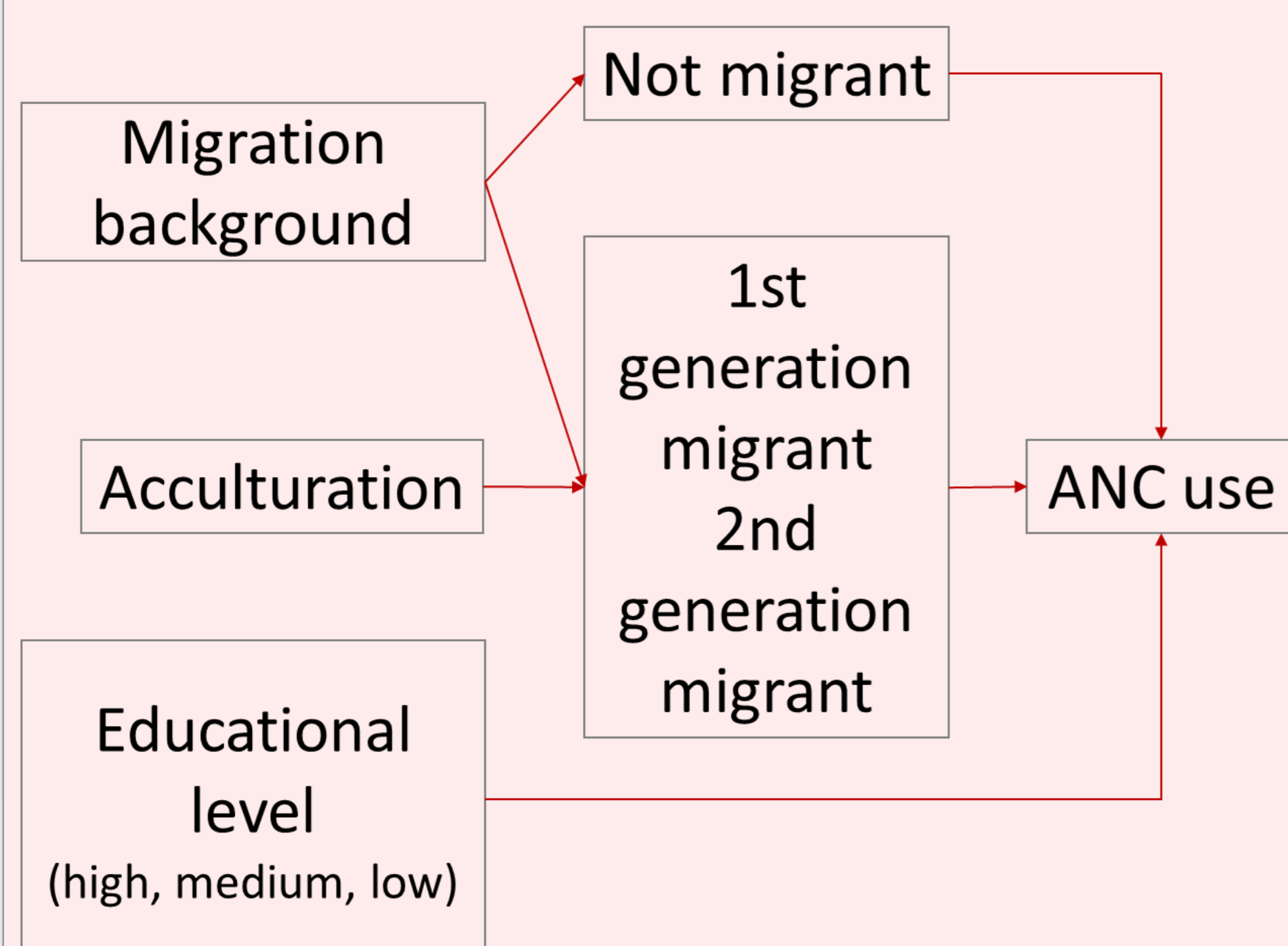
Sample size: 983 mother and child pairs

Enrollment period: 2013 - 2016

Data collection: linkage of computer-assisted personal interviews and routinely collected perinatal data

Analyses: Bivariate and multivariate logistic regression analyses were performed to study associations between migrant status, level of acculturation and educational level with the uptake of medical and non-medical ANC

Fig. 1 Factors which may influence utilisation of antenatal care



Results

- Of the 983 study participants, 41% were 1st generation (immigrated themselves) or 2nd generation women (offspring of immigrants).
- Low numbers (<9) of ANC visits were associated with migrant status ($X^2(2)=17.81, p<.001$), educational level ($X^2(2)=9.38, p<.01$), independently associated with 2nd generation status (OR 7.1 [CI 95% 1.58-32.12]) and women from the low educational group (OR 5.0 [CI 95% 1.01-25.07]), but not associated with level of acculturation ($r=-.02, p=.80$).
- The uptake of non-medical measures was significantly higher for non-immigrants than migrants ($p<.001$); for higher compared to lower educated women ($p<.001$); and for more compared to less acculturated women ($p<.05$).

Conclusion

- 2nd generation women and women with low education levels were more likely to show inadequate uptake of medical and non-medical ANC. Public health activities to promote utilisation of ANC for these subgroups are advisable.

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Literature:

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