

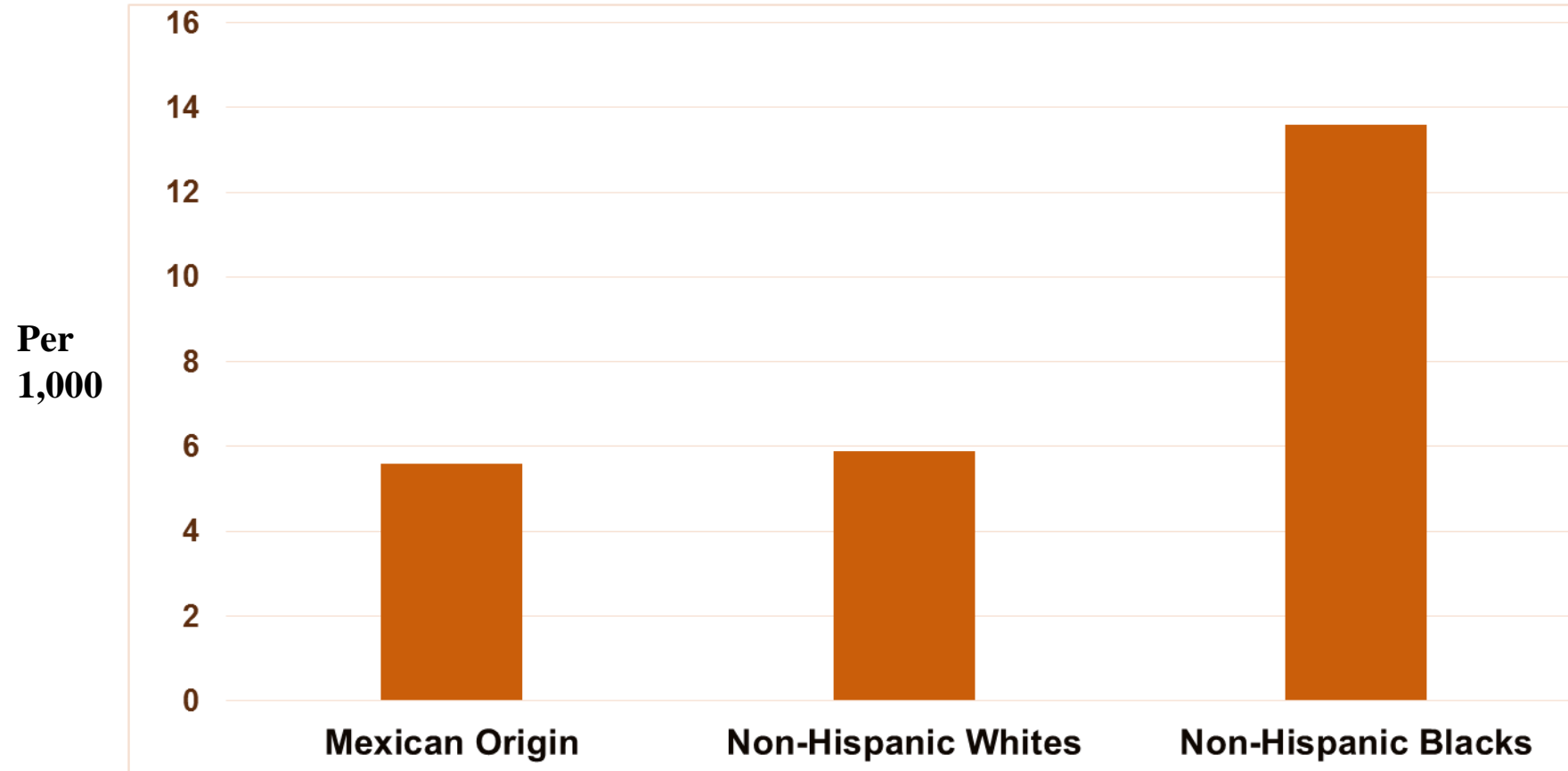
Maternal and Perinatal Care among Migrants

Pierre Buekens



Epidemiologic Paradox

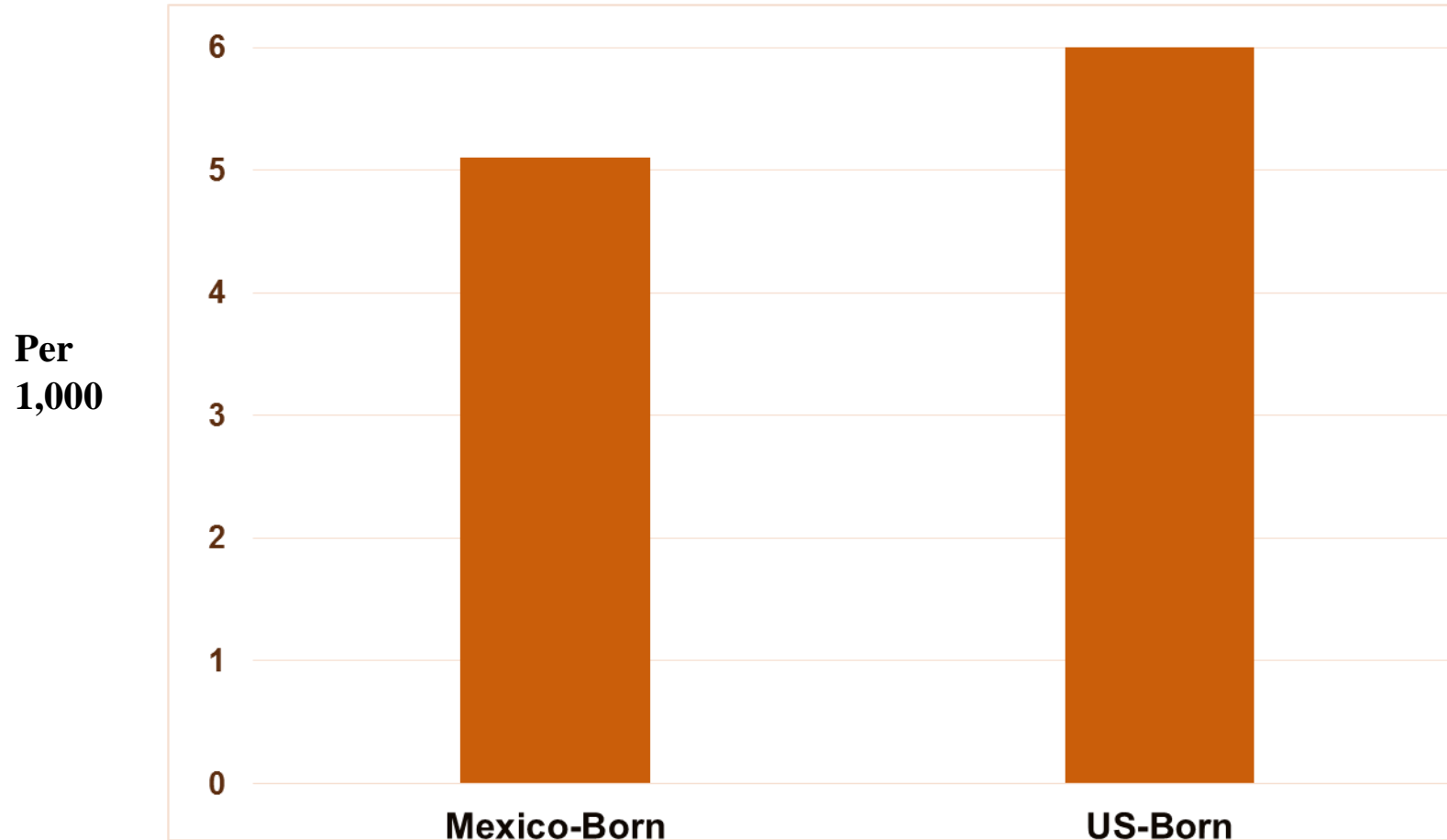
Infant Mortality USA 1995-2000



Mexican Paradox

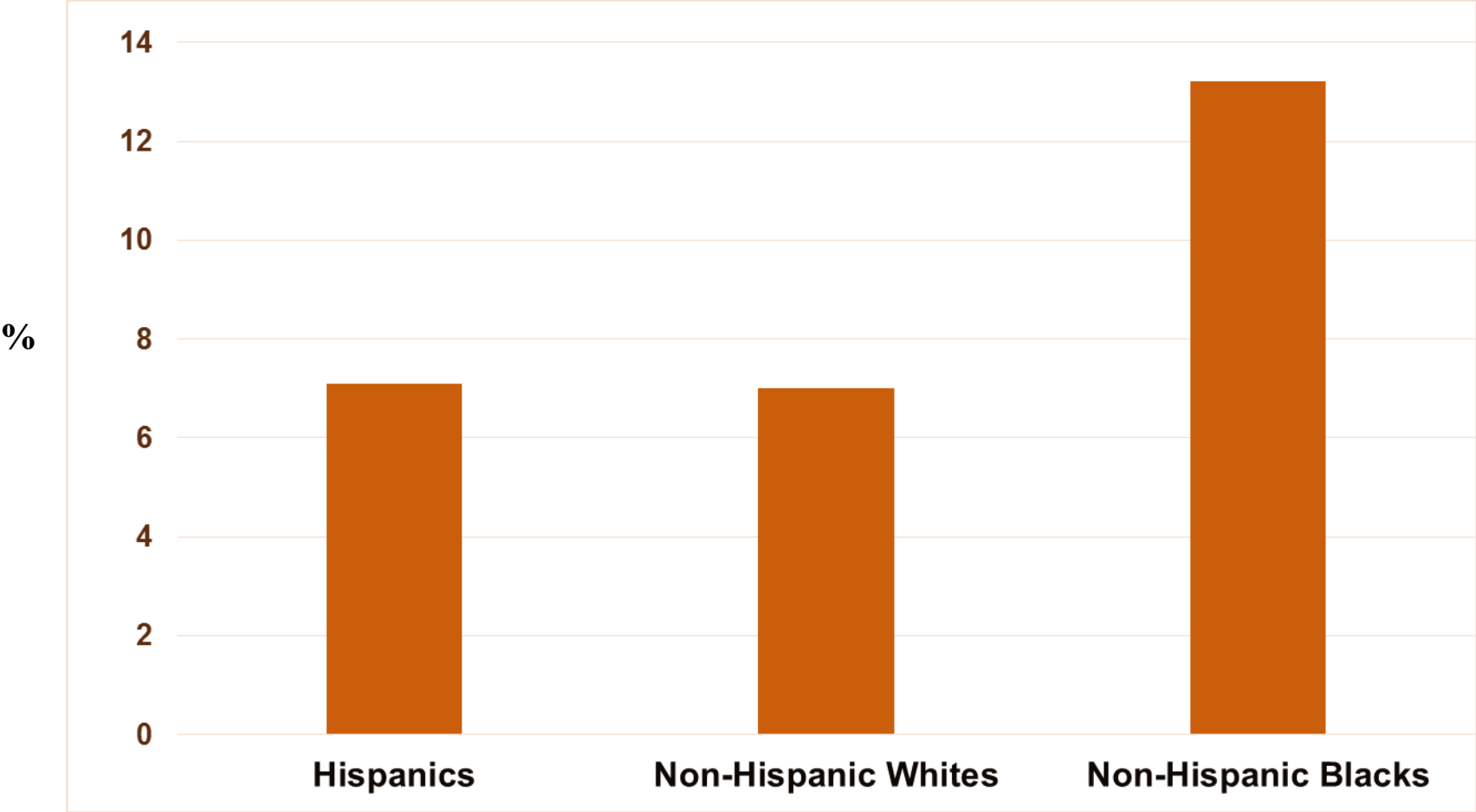
Infant Mortality USA 1995-2000

Women of Mexican Origin



Epidemiologic Paradox

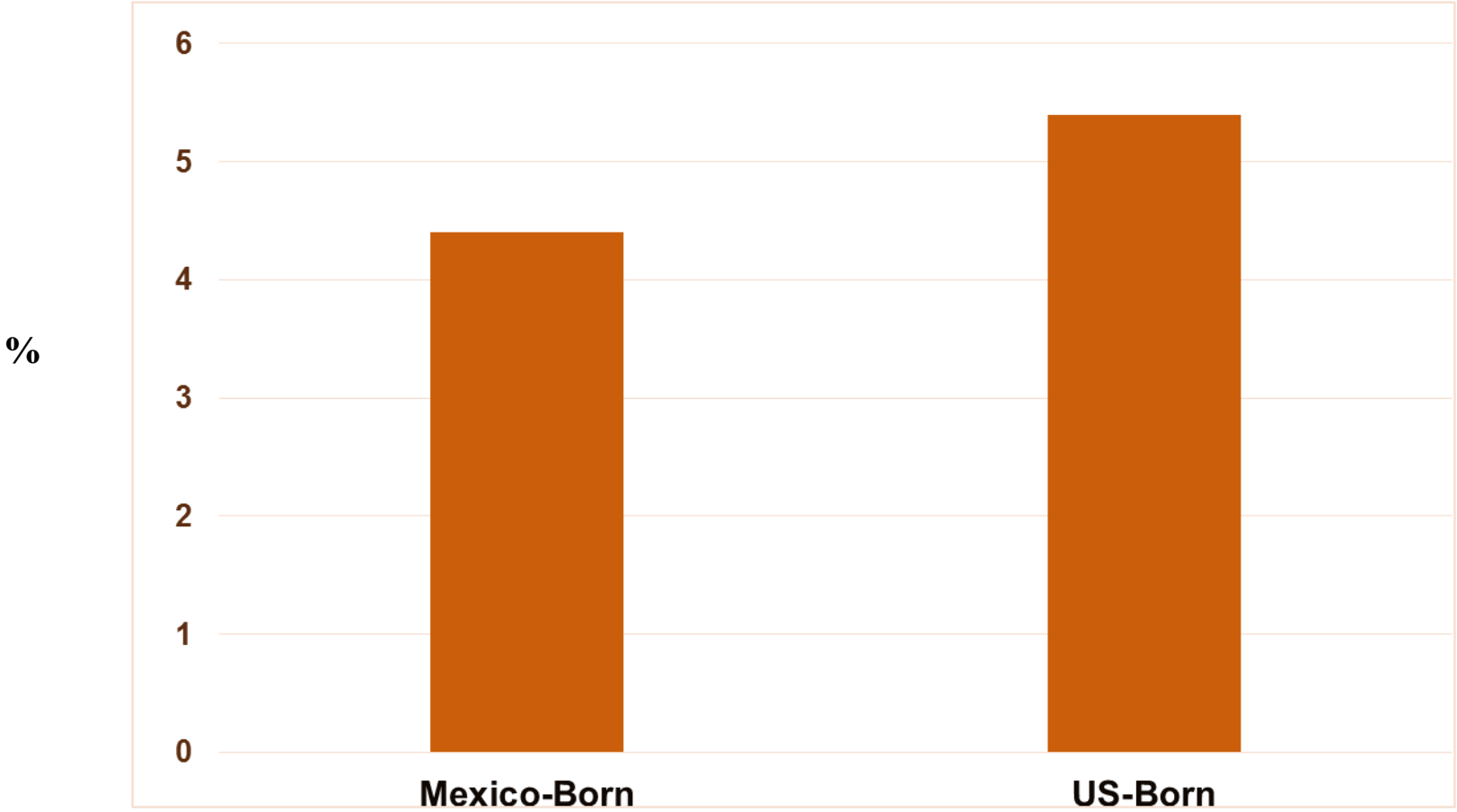
Low Birth Weight (<2,500g) USA 2014



Mexican Paradox

Low Birth Weight USA 2002

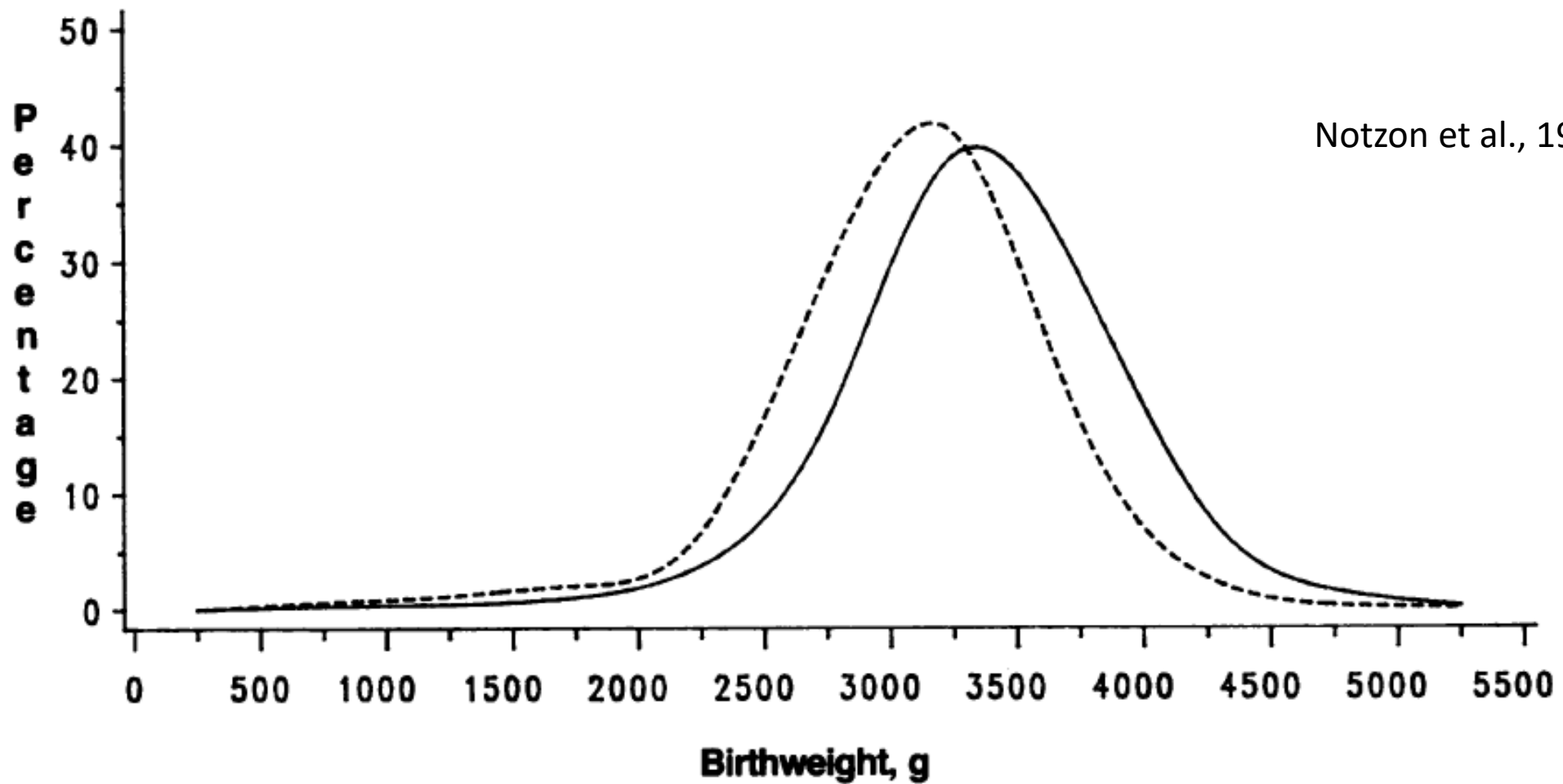
Women of Mexican Origin



Singletons >=20

Acevedo-Garcia et al., 2007

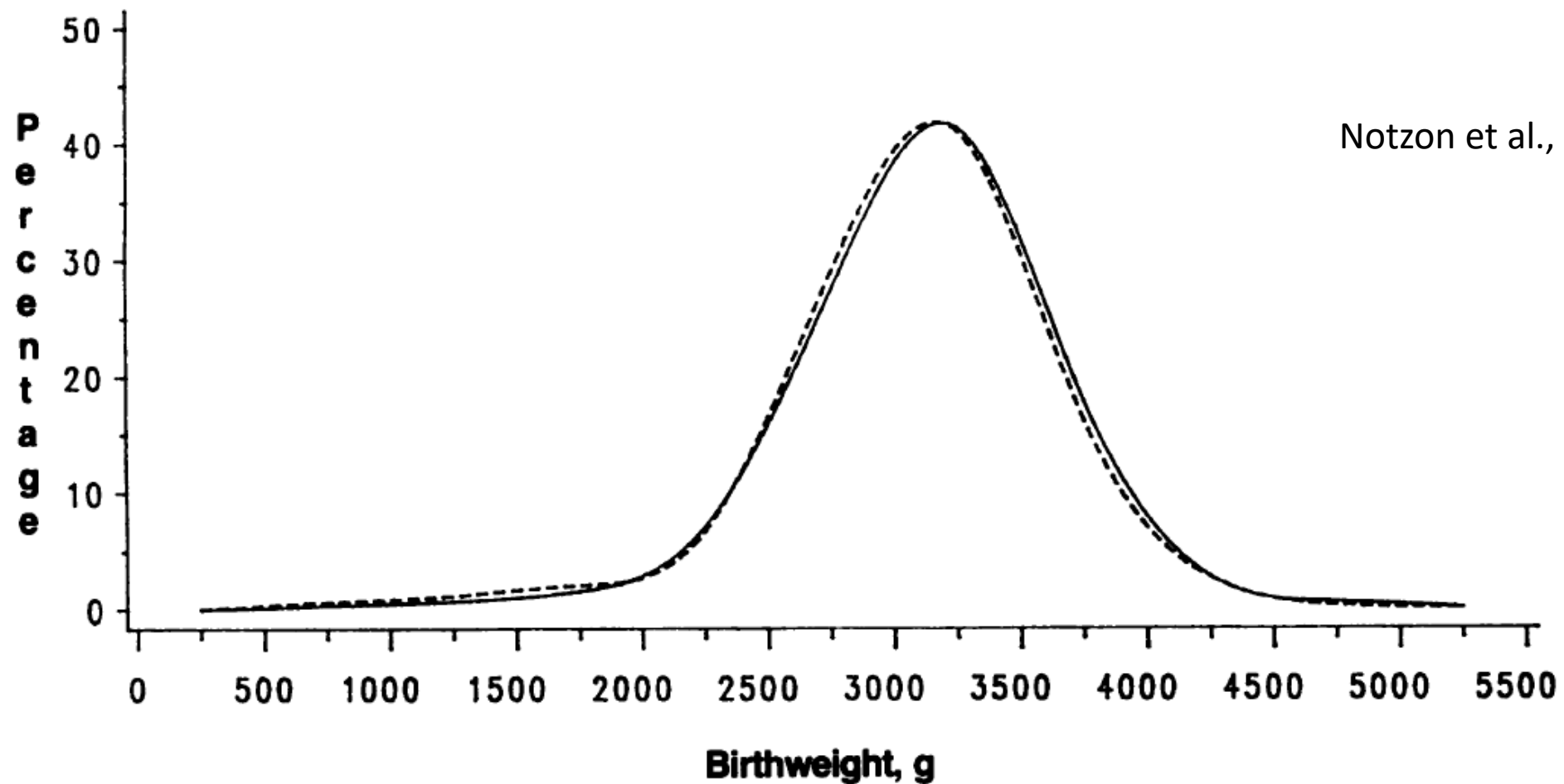
Healthy Migrant Effect?



———— Mexican Americans

----- Mexico City Residents

FIGURE 1—Birthweight distributions: US Southwest Mexican Americans, 1980–1984, and Mexico City Residents, 1984. Sources: US National Center for Health Statistics, national vital statistics data, 1980–1984; Mexico City, Center for Public Health Research, perinatal mortality study, 1984.



Notzon et al., 1992

—— US 2000-2499 m

----- Mexico City

FIGURE 3—Birthweight distributions, adjusted for altitude: US Southwest Mexican Americans, 1980 to 1984, and Mexico City Residents, 1984. Sources: US National Center for Health Statistics, national vital statistics data, 1980 to 1984, and Bureau of Health Professions, Area Resources File, 1980; Mexico City, Center for Public Health Research, perinatal mortality study, 1984.

U.S. (1995) vs. Belgium (1992) Low Birth Weight

	aOR
• U.S.:	
• U.S. Born	1
• Mexico Born	0.68 [0.67-0.69]
• Belgium:	
• Belgian	1
• North African	0.68 [0.60-0.80]

Protective Culture?

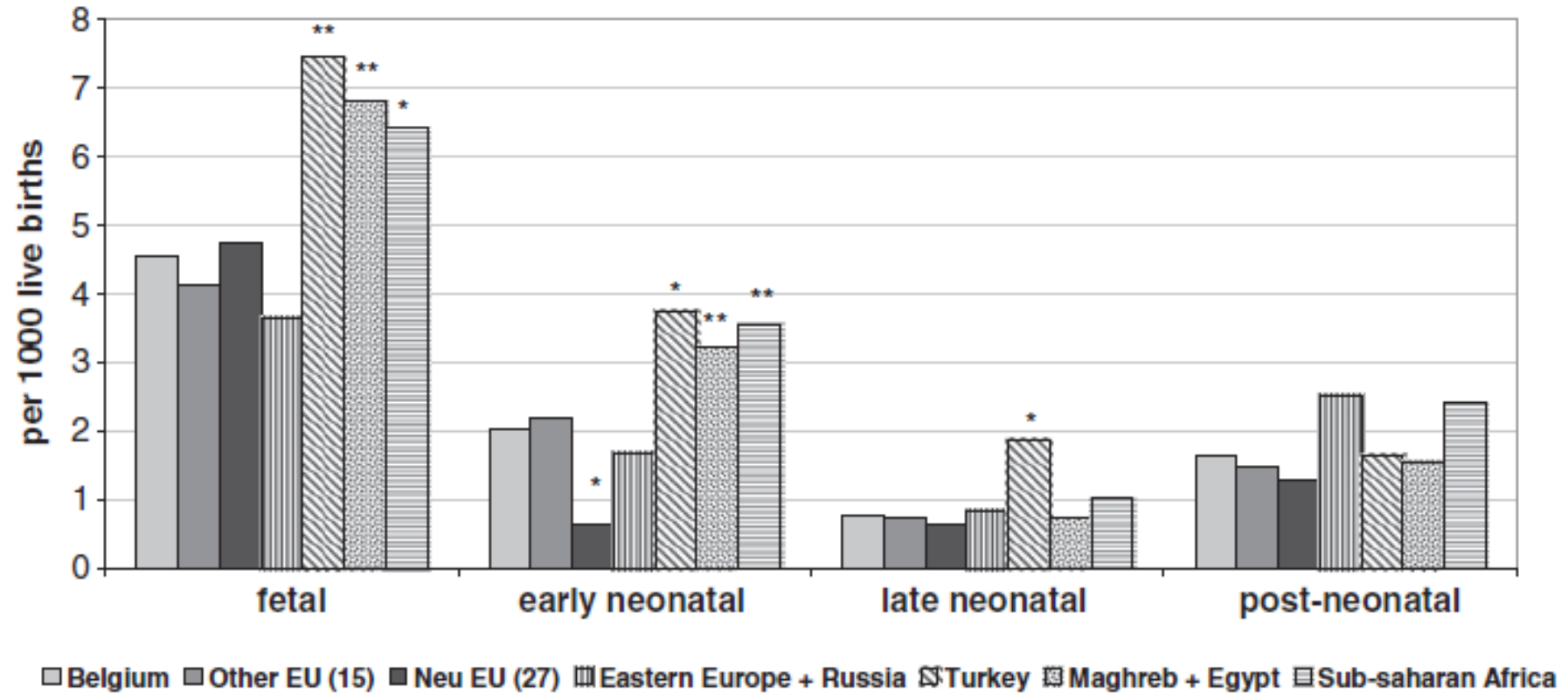
- Smoking
- Alcohol
- Nutrition
- Social networks

Naturalization

Belgium 1998-2010

- Low birthweight: aOR
 - Belgium: 1
 - Maghreb: 0.45 [0.43-0.47]
 - Maghreb naturalized Belgian: 0.53 [0.50-0.56]
- Adjusted for age, parity, employment, education

Brussels (1998-2006) Mortality



Naturalization

Belgium 1998-2010

- Perinatal mortality: aOR
 - Belgium: 1
 - Maghreb: 1.12 [1.01-1.25]
 - Maghreb naturalized Belgian: 1.02 [0.91-1.15]
- Adjusted for age, parity, employment, education


Access to Care

Fig. 1 Health care access for undocumented migrants in Europe [18] Adapted from a publication of the European Observatory on Health Van Ginneken E. Health care access for undocumented migrants in Europe leaves much to be desired. *Eurohealth Inc Euro Obs.* 2014;20(4):11–4. ● is the Emergency care, ★ is the Access beyond emergency, but duty to report, ▲ is the Emergency and *some* primary care, ● is the Emergency and secondary care, ○ is the Emergency and *some* primary and secondary care, ☼ is the Emergency, primary and secondary care, ▨ is the Care charged to patients



Hospital St Pierre, Brussels, 2015-2016

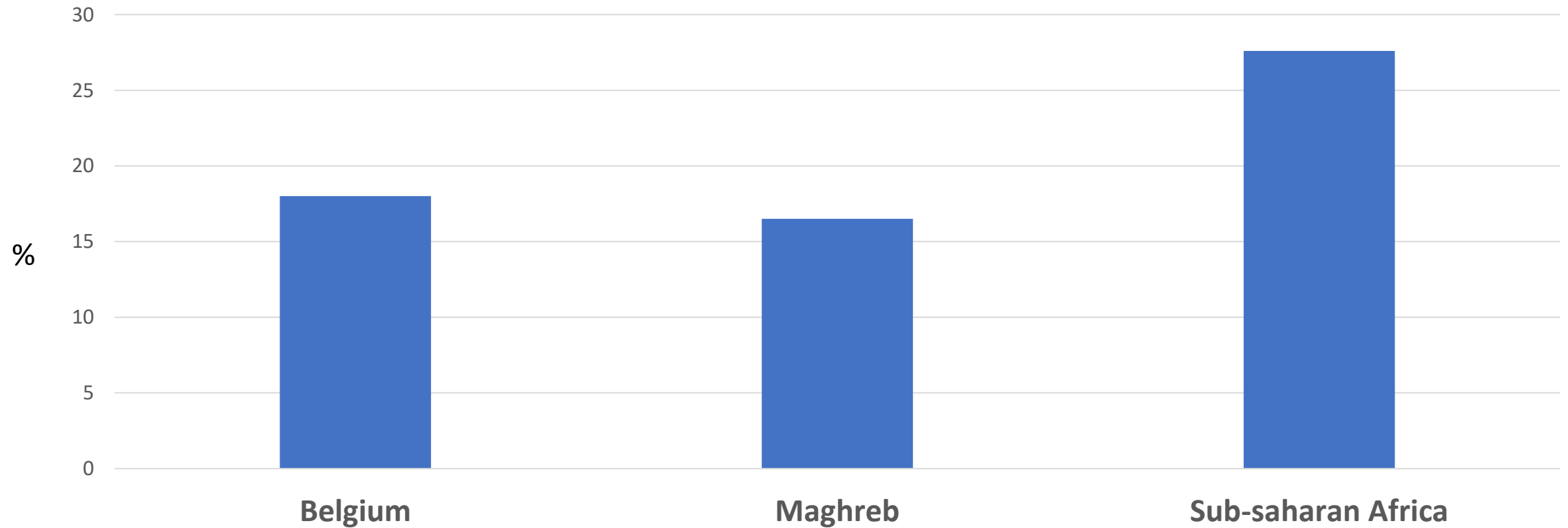
	Women with AMI ^a (n= 1259)		Women with AMU ^a (n= 142)		Women with No coverage (n= 38)	
	N (1259)	%	N (142)	%	N (38)	%
<i>Induction</i>	315	25	41	29	5	13
<i>Number of women with any complications*</i>	429	34	62	44	15	39.5
<i>Caesarean section</i>	245	19.5	23	16	8	21

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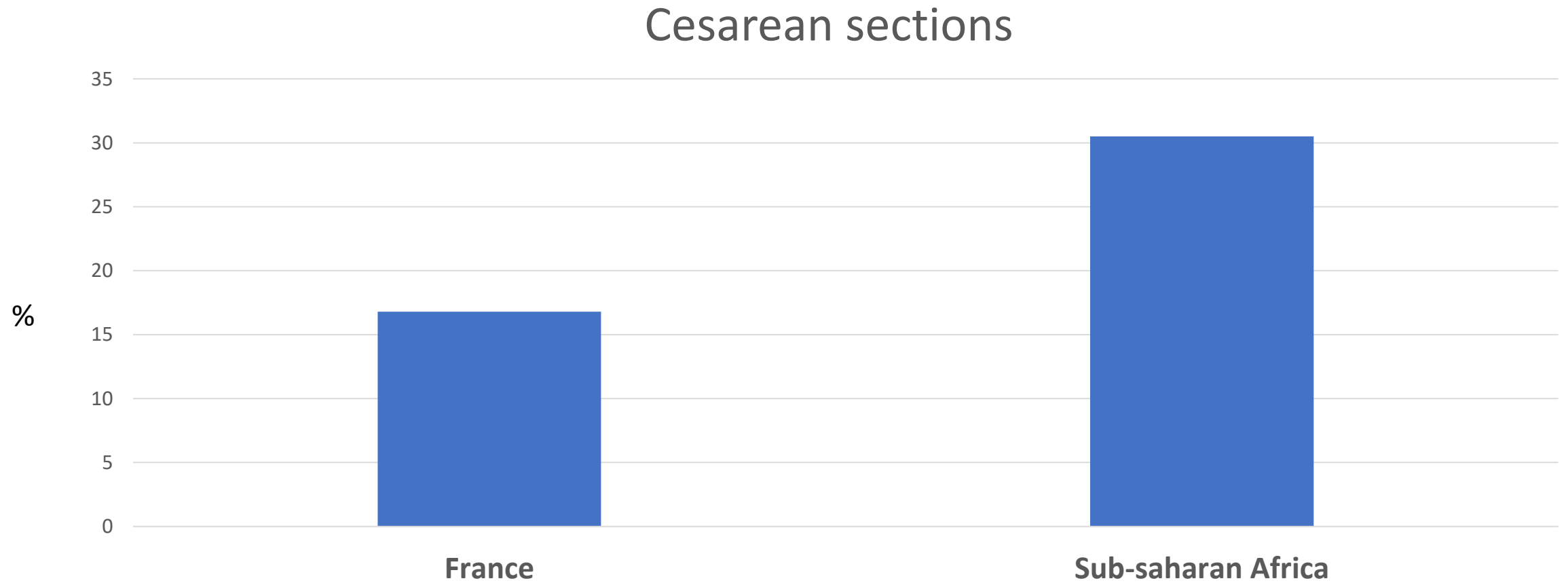
Journal of Immigrant and Minority Health
<https://doi.org/10.1007/s10903-019-00897-3>

Overmedicalization?

Cesarean sections



Overmedicalization?



**WAR IS GOOD FOR BABIES
& OTHER YOUNG CHILDREN**



a history of
the infant and
child welfare
movement in
England
1898-1918

**DEBORAH
DWORK**

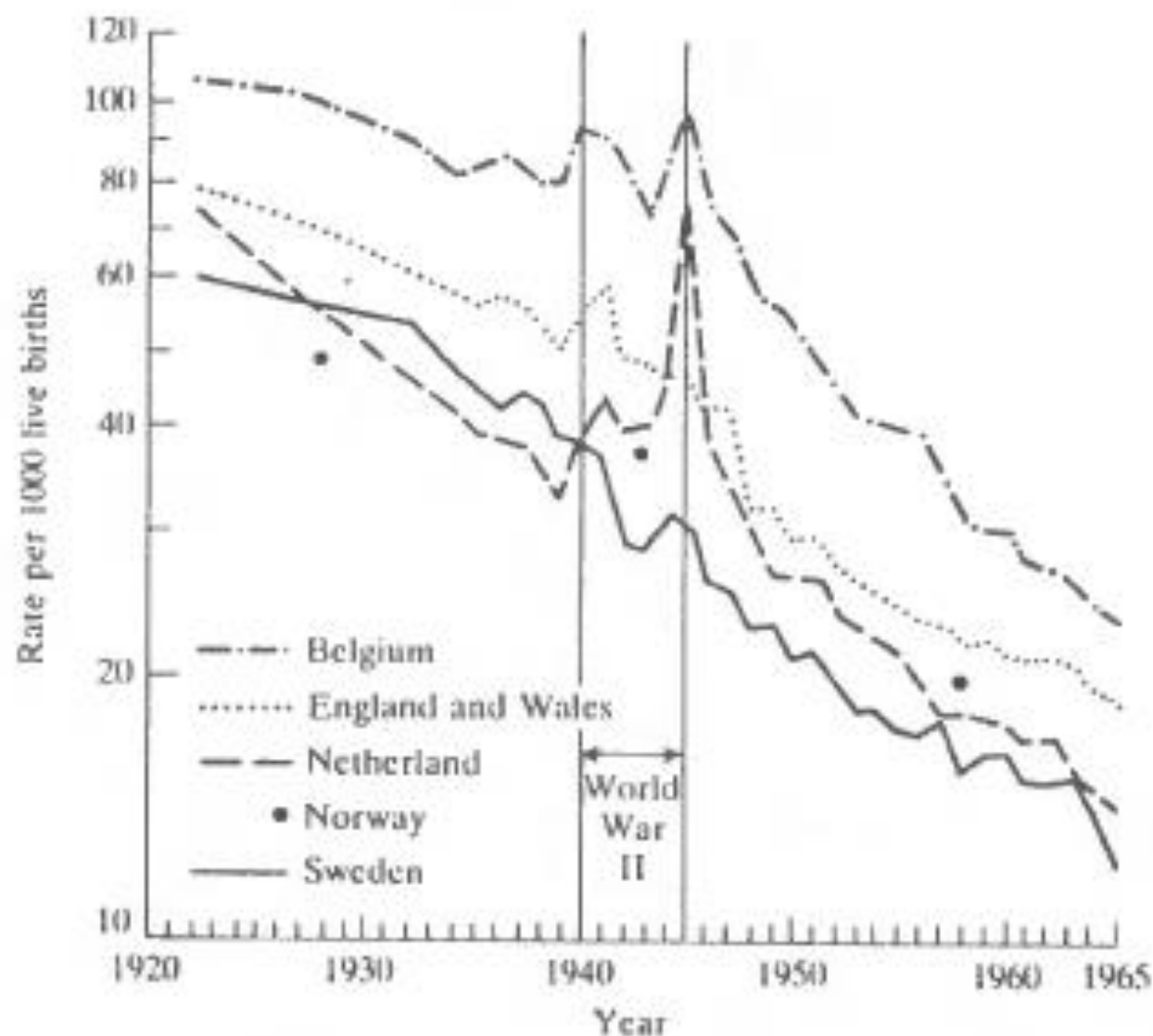
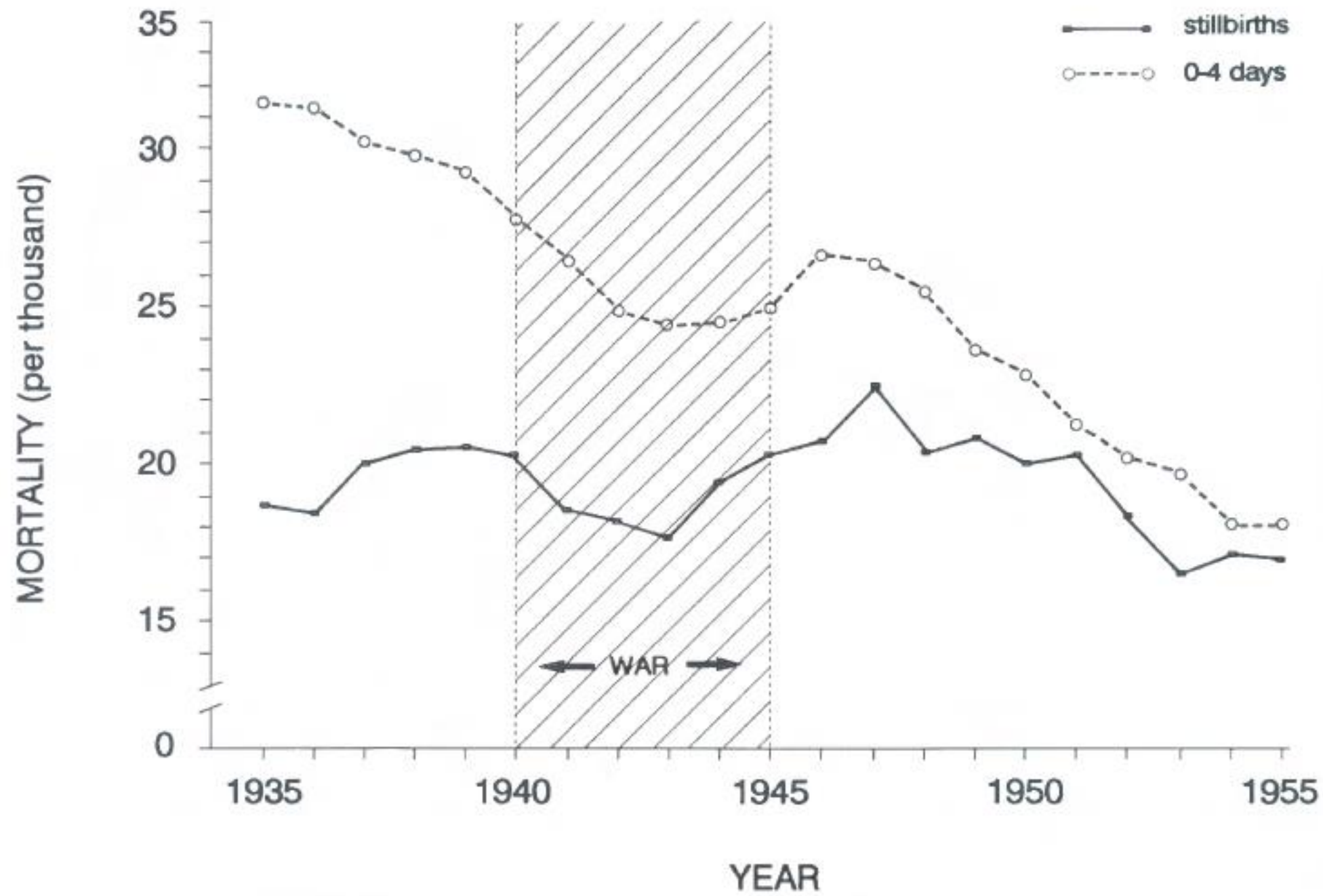


FIG. 7. Infant mortality rates: selected European countries, 1922-1965, showing the effects of the second world war. Source: *Infant Loss in the Netherlands*, Vital and Health Statistics, series 3 no. 11. US Department of Health, Education and Welfare (Washington, 1968).



Conclusions

- We should expect achieving better perinatal outcomes among migrants than among non-migrants
- The contrary would highlight a major failure of the health system

