

The Medical Journal of Australia • MJA

MEDIA RELEASE

STILLBIRTH MORE COMMON IN NON-WHITE MIGRANT WOMEN

EMBARGOED UNTIL 12:01am Monday, 8 October 2018

STILLBIRTH occurs more frequently among women with non-white backgrounds born overseas than for Australian-born women, particularly among women with African or Indian backgrounds, according to research published online today by the *Medical Journal of Australia*.

Dr Maryam Mozooni, a research fellow at the University of Western Australia, and her co-authors analysed routinely collected birth, perinatal and mortality data for all non-Indigenous women in WA during 2005–2013, looking at all stillbirths, antepartum (pre-labour) and intrapartum (during labour) stillbirths, and stratified by migrant status and ethnic background (white, Asian, Indian, African, Māori, and other).

Mozooni and colleagues found that women born overseas were more likely to have stillbirths than Australian-born women, and that non-white migrant women were more likely than white migrants to have stillbirths. Compared with Australian-born women, migrants of Indian, African and “other” ethnic origin were more likely to have antepartum stillbirths; and women of African and “other” background were more likely to have intrapartum stillbirths.

“Particularly notable was that the prevalence of term stillbirth was much higher among migrants of African origin than Australian-born women,” Mozooni and colleague said.

“That the rate intrapartum stillbirth was twice as high among African women is especially worrying, as intrapartum stillbirth is regarded as preventable and indicative of inadequate quality of care.”

Post-term pregnancy (gestation of 42 weeks or more) is a recognised risk factor for stillbirth.

“The proportion of pregnancies lasting 42 or more weeks was greater for African migrants (2.1%) than for Australian-born women (0.5%) or Asian migrants (0.2%) [in our study],” the authors wrote.

“The greater proportion of post-term pregnancies among African women in WA may reflect their lack of access to or uptake of obstetric interventions such as induction and caesarean delivery.

“Many African women are reluctant to undergo obstetric interventions such as caesarean delivery because they worry that multiple operations can lead to infertility or even death, as we know from the literature (or other research).

“These beliefs may inhibit them seeking routine antenatal care during pregnancy, resulting in lost opportunities for medical interventions that avert pre-term birth and post-term pregnancy, each of which increase the risk of stillbirth.

“More in-depth investigation of the patterns of health service use, pregnancy, and labour care of migrant women, particularly African migrants, is warranted. Culturally appropriate antenatal engagement and educational programs about the risk of stillbirth and the indications for and the safety of induction and related interventions may be useful preventive strategies.

Mozooni and colleagues were also concerned at the rate of stillbirths in Māori women.

“We also found that the rate of pre-term (but not term) antepartum stillbirth among migrants of Māori background was significantly higher than for Australian-born women even after adjusting for several factors, including smoking. Māori women are a vulnerable population in New Zealand, having greater difficulty with communication and access to maternity services than non-Māori women, and with higher rates of adverse outcomes, including stillbirth. This migrant population and their health service needs in Australia require further investigation.”

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS: Dr Maryam Mozooni
Research Fellow
University of Western Australia
Ph: 0431 543 317
Email: maryam.mozooni@uwa.edu.au