

Influence of women’s legal status on pregnancy outcomes and quality of care: Findings from the Pregnancy of Migrants in Switzerland (PROMISES) program

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BACKGROUND

In 2019: 272 million people lived in another country than their country of birth

In Switzerland: 38% of the population has a migration background

In Geneva: 60% of the population has a migration background

Maternity in Geneva: the biggest in the country, more than 4000 deliveries per year

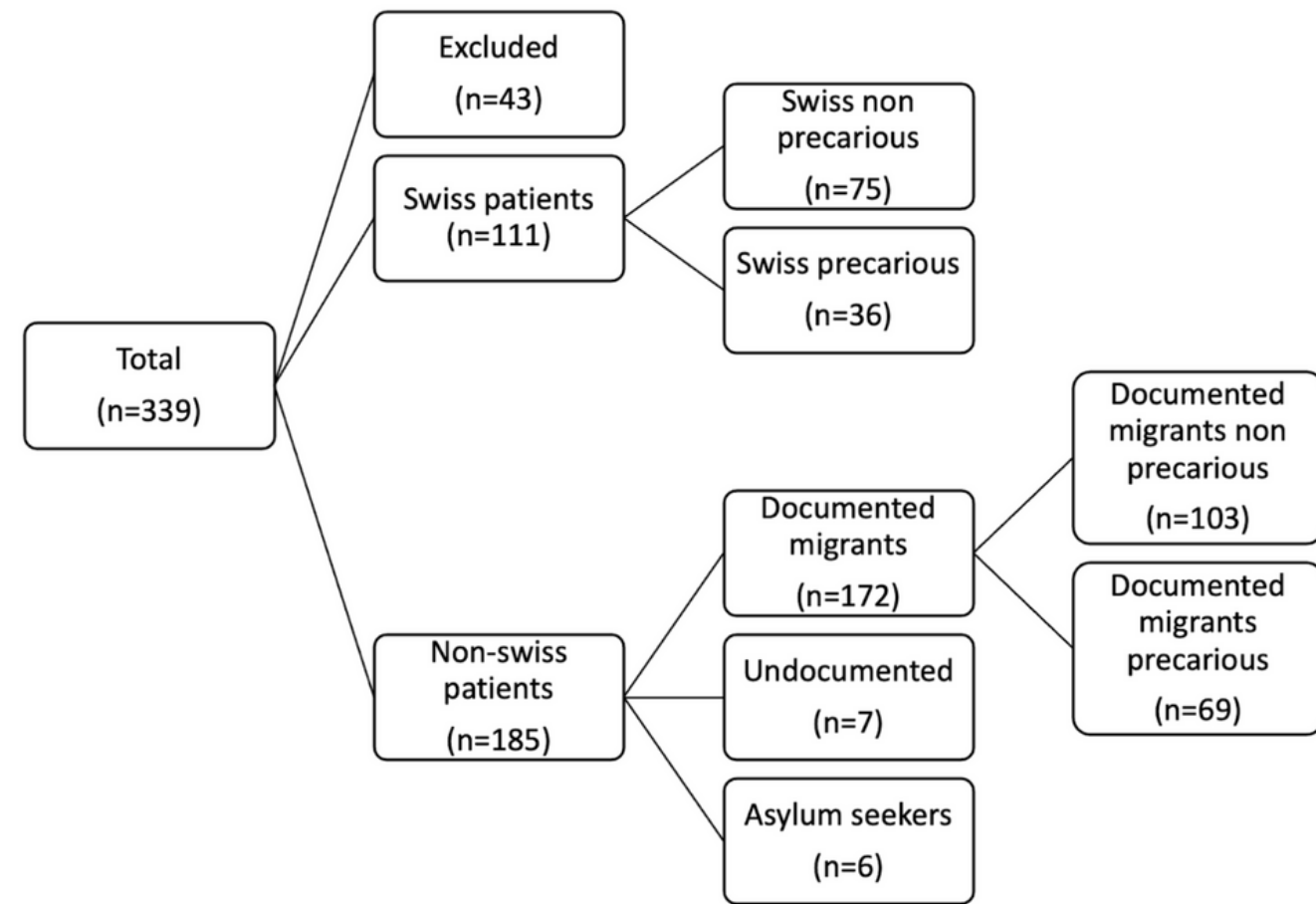
Exploring the meaning of vulnerability to better address the needs of this population is a considerable health challenge.

No study has been conducted on the pregnant migrant population in the past ten years in Geneva. This study aims to describe this population and evaluate the association of legal status and precariousness on obstetrical and quality of care variables.

METHODS

Study type: exploratory retrospective cross-sectional study

Population: every woman who delivered at the maternity ward in May 2019 (n=339), divided in six groups, according to nationality, legal status and precariousness determined through geospatial analysis



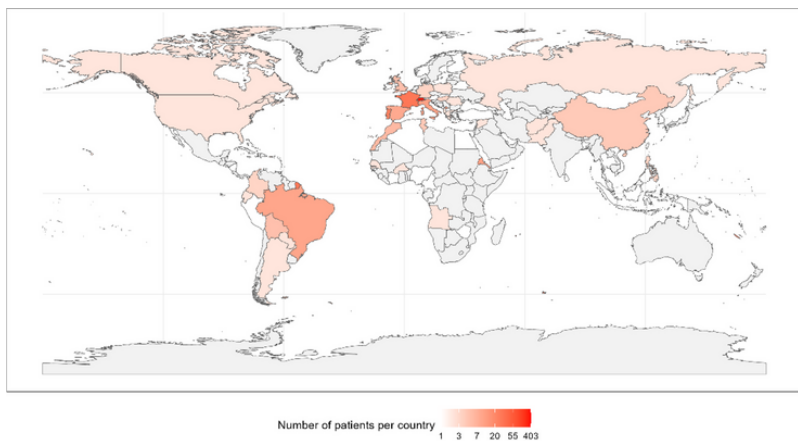
RESULTS

KEY FINDINGS ABOUT THE POPULATION

Precarious patients represent 35.5% of the sample

12.2% for the Swiss precarious, 23.3% for documented migrants precarious

Patient origins



Legal status and being non precarious are associated with high skill work

WHAT NEEDS SEEM TO BE MET

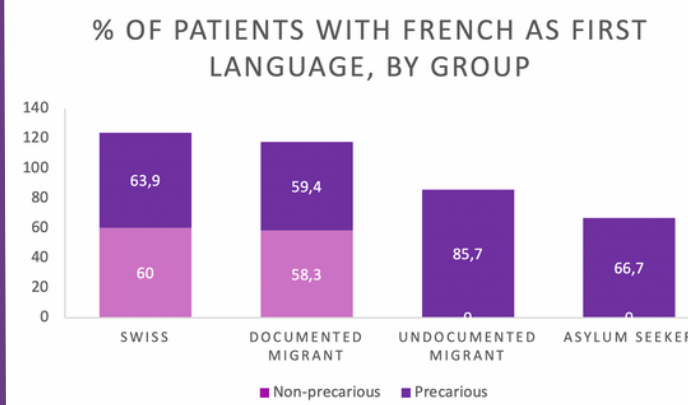
No undocumented migrants had their first contact with the hospital through the emergency department

CAMSCO is rather successful in addressing the needs of undocumented migrants and asylum seekers

CAMSCO, with its primary care structure, is a determinant of follow-up

WHAT THE HUG COULD FOCUS ON

There seems to be a lack of data on proficiency of French



Intimate partner violence is under-reported

Breastfeeding is least frequent in the documented precarious migrants

WHAT REMAINS UNKNOWN

With greater sample sizes, a more in-depth analysis of the impact of the different variables of vulnerability could be better understood

VARIABLES TABLE



CONCLUSIONS

While the study was exploratory, the findings suggest that economic precarity, regardless of legal status, was also associated with poorer health outcomes and lower quality care. This underlines the need to reconsider how we define vulnerability among pregnant women.

With larger samples the relationships among different dimensions of vulnerability can continue to be explored, as well as their health outcomes and the types of targeted services women require.