"BORN FOREIGN TODAY":
PERINATAL OUTCOME in MIGRANT WOMEN

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Nominated "OGASH Professor" for the E.T. Rippmann Medal for Ethics
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Master on Bioethics and Education - University Sanitary Firm - Pisa

ITALY AND MIGRATIONS
European Migration Network – XVIII Caritas/Migrantes 2008 Report

Since 1970
(144.000 Foreign Citizens in Italy)

- Italy transformed from migrating (about 4 million Italians still living abroad) to immigrating country
- with an overall foreign people tenfold over the latest three decades

ITALY AND MIGRATIONS
European Migration Network – XVIII Report Caritas/Migrantes 2008

Up to Date 2008:
About 4 millions regular immigrants living in Italy!
(6,7 % of total italian population vs. 6% in EU)

From more than 191 Countries all over the world
- Middle East Europe (Romania, Albania and Ukraine, Poland),
- Northern Africa (Morocco, Algeria, Tunisia, Sudan, Libya)
- Eastern Asia (China, Philippines)
- Indian Sub-continent (Pakistan, India, Sri Lanka).

Women: 50.4%, age: 15-44 years (60%)
Foreign Neonates: 1 out of 10
MIGRATION TODAY
“THE FEMALE FACTOR”

Women: 50.4% out of all Migrants
(Dossier Charitas 2008)

1. “Single” Women with a strong personal and social change project
2. Women coming with their offspring for Family Rejoining

Family represents for Migrants and for Host Country an establishing factor

Prof. Giorgio Vittori
SIGO Elected President

SIGO takes great care of
“Immigration Themes”

which represents the real emerging news in the national obstetric-gynaecological scenario over the last 10-15 years

THE MIGRATING PREGNANT WOMAN - GYNECOLOGIST RELATIONSHIP:
WHICH CRITICAL NODES?

- POOR KNOWLEDGE OF HEALTH SERVICES
- LANGUAGE
- INSUFFICIENT “CULTURAL MEDIATORS” SERVICES

THE MIGRATING PREGNANT WOMAN - GYNECOLOGIST RELATIONSHIP:
WHICH CRITICAL NODES?

- Neonatal Mortality in Migrating Women 0.66%
- Neonatal Mortality in Italian Women 0.41% (ISTAT, 1995)

Logistic multivaried regression analysis stratified for Citizenship shows as follows:

- increased risk for Preterm delivery: OR 1.3
- double risk for natimortality: OR 2.2

AOGOI, 2007
In Europe
Maternal Mortality related to childbearing and delivery: 7/100,000 alive born babies
Out of all 8 millions/year alive babies: 4% dye in the first year
25,000 Infant Mortality/year
25,000 Stillbirths/year
Out of Survivors
90,000 congenital malformations
40,000 others severe handicaps

Neonatal Outcome

PREGNANCY-NEONATAL OUTCOME
in MIGRATING WOMEN:
The reasons of criticity

Caesarean Section: 37.8% in 2003 (the higher rate in Europe)
Births from ≥ 35 Wn : 24%
Infant Mortality: 4%
Neonatal Mortality: 2.8%
IUFD and Stillbirths: 3.7%
Low BirthWeight (< 2500 g): 6.7%
Preterm delivery: 6.8% (Italy mid in the classification)
Cerebral Palsy: 2%

The reasons of criticity
- LATE FIRST CHECK
- REDUCED CHECK FREQUENCY
- REDUCED ULTRASOUND CONTROLS
- REGIONAL PROTOCOL PREGNANCY MONITORING ONLY IN 82%
PREGNANCY

Lack or late check

**Fundamental key role for Pregnancy evolution and Neonatal Outcome**

It denies availability both for

- Prenatal Diagnosis Techniques
- Maternal Health Monitoring

**Major risk for CS during labor**

probably related to unidentified problems during routine checks

![Graph showing GA first check and ultrasound numbers](image)

**Pregnancy Checks**

<table>
<thead>
<tr>
<th>No Check</th>
<th>2.3% vs 10% in the last decade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Territorial Network</td>
<td>AOGO, 2007</td>
</tr>
</tbody>
</table>

**Modality of Delivery**

<table>
<thead>
<tr>
<th>Spont. Vaginal</th>
<th>Elective CS</th>
<th>CS in Labour</th>
<th>Vaginal operative etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italians</td>
<td>Immigrants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MIGRATION AND PREGNANCY: MODALITY OF DELIVERY**

- Cesarean Section delivery rate (Tuscany): 27.5%,
  And a constantly lower rate in women from DC with a reduced CS risk (OR 0.79)

**Different CS rate in different Ethnic Groups**:

- Overlapping Italian rate: Albania and Morocco Women
- Lower CS rate: < 10% in Chinese Women
- Higher CS rate: Cuba (36%), Somalia (34.7%), Nigeria (42.5%), Sri Lanka (45.7%)
- EMERGENCY VS ELECTIVE CAESAREAN SECTION: 59.5% vs 40.5% in Italian
- ELECTIVE VS EMERGENCY CAESAREAN SECTION: 34 vs 66% in Migrating.
AGE AND PARITY at DELIVERY in Italian vs Foreign Women

- **Primiparity**: 71 vs 70% (Italian/Foreign Women)
- **Mean Age at first delivery**: 35 vs 25 yrs.
- **Under 30**: 34.9% Italian vs 73% Foreign Women (80% in Chinese)
- **Cesarean section rate stratified upon age/pathology**: Overlapping Data in Italian vs Foreign Wn.

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PERINATAL FOREIGN OUTCOME 2007

**PERINATAL OUTCOME 2007 - PISA**

<table>
<thead>
<tr>
<th>CS: 35%</th>
<th>SD: 60%</th>
<th>OD: 5%</th>
<th>Neonatal Mortality: 1.7%</th>
<th>LBW: 7%</th>
</tr>
</thead>
</table>

**Total Foreign Births: 315**

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“DIABETES AND PREGNANCY IN WOMEN FROM DEVELOPING COUNTRIES“:
*THE WEIGHT OF “HEAVY GESTATION” ON WOMEN SHOULDERS*

- **How to share the weight?**

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Prof.ssa Annunziata Lapolla:
- Responsabile Gruppo di Studio Europeo su Diabete e Gravidanza
- Registro Italiano Diabete Gestazionale

La natalità presso la componente immigrata della popolazione è nettamente superiore alla media italiana. L’incidenza del diabete in gravidanza potrebbe essere rilevante.

Progetto “DIABETE per CAPIRSI”
AUSL di Reggio Emilia

Le schede Diabete in Gravidanza

<table>
<thead>
<tr>
<th>Fra i temi:</th>
</tr>
</thead>
<tbody>
<tr>
<td>come si riconosce</td>
</tr>
<tr>
<td>cosa è il diabete gestazionale</td>
</tr>
<tr>
<td>l'esercizio fisico</td>
</tr>
<tr>
<td>l'alimentazione</td>
</tr>
<tr>
<td>la terapia</td>
</tr>
<tr>
<td>il periodo successivo al parto</td>
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</tbody>
</table>

12 schede tradotte in 14 lingue, rivolte alle donne con Diabete che vogliono affrontare una gravidanza e alle Donne a rischio di Diabete in Gravidanze

Il sito internet:
www.modalonline.it/immigrati/
From the Antidiabetic Center ... to the Network of Territorial Counselling Centers

A Network of Territorial Centers dedicated to Pregnancy and Reproductive Health problems for Migrating and Refugees People, actively operating since many years in Pisa and Neighbournoughs

PRO-LIFE CENTER, IL PELLICANO ASSOCIATION, CIRCUMSCRIPTION n. 6
PISA- ITALY

FIRST INTERCULTURAL EDUCATIONAL COURSE
FOR MIGRATING WOMEN

PREGNANCY PLANNING AND HYGIEN  Dr.ssa L. Battini
BREAST-FEEDING  Dr.ssa L. Bartalena
NUTRITIONAL EDUCATION FOR INFANTS  Dr. E.Serravalle

Pisa, November/07/2006
In fact, the placenta acts as an immunological barrier between the mother and fetal “graft” allowing two antigenically different organisms to tolerate one another.

Edwards, 1995

It is clear that any damage to this barrier from various ischemic risk factors (metabolic, hormonal, genetic, immunological) may be responsible for lesions of the syncytiotrophoblast and villous vessels endothelial cells as we demonstrated by electron microscopy.
**J. Anat. Embriol.**, **103**, 202, **1998**

Ultrastructural study of the human placental endothelium in preeclampsia

De Luca Brunori I., Battini L., Lenzi P., Paparelli A. et Al.

**Clin Exp Obst Gyn.,** **21**, 228-230, **1994.**

Gestosis and fetal rejection: immunopathogenetic role of HLA-DR

de Luca Brunori I., Battini L., Simonelli M. et al.

**Hum.Reprod.** **15**, 1807-1812, **2000.**

Increased HLA-DR homozygosity associated with preeclampsia

de Luca Brunori, I., Battini, M. Simonelli et al.

Diabetes and EPH Gestosis (The Rippmann Syndrome):
“The Drama of Lost Tolerance”

The diabetic “disruption of endothelial placental barrier”

Impaired immunological pregnancy balance

leads to clinical syndrome which appears to be a fetal rejection

It does indirectly highlight, from a scientific point of view, the Ethical and Intercultural Policy Route

“TOLERANCE AND INTEGRATION”

L. Battini, U.O. Ostetricia-Ginecologia, 2,AOUP, Pisa
Integration !
Doing of All the Earth a Unique Heart!

UNICEF

"I HAVE A DREAM..."
Martin Luther King, 1963

"I have a dream…
that one day on the red hills of Georgia the sons of former slaves and the sons of former slaveowners will be able to sit down together at a table of brotherhood. (...) I have a dream that one day (...) little black boys and little black girls will be able to join hands with the boys and little white girls and walk together like sisters and brothers…"

YES, WE CAN!

Migration and Health Challenges:
Which answers to improve pregnancy outcome?

- Scientific Researches
- Good Clinical Practice
- Information
- Education *

Better Communication Project among Patients, Cultural Mediators and Health Operators

could help to improve, clinical management and pregnancy outcome in foreign women from developing countries living in Italy and worldwide.

- 01/10/08: National Institute for Migrants Health and fighting against Poor’s Diseases c/o S. Gallicano Institute-Roma

CHARTER ON THE VALUES AND SIGNIFICANCE OF CITIZENSHIP

Multi-language Edition
prepared by Studie immigrazione
May 2007

L. Battini, UO Ostetricia-Ginecologia 2, AOUP, Pisa

L. Battini, UO Ostetricia-Ginecologia 2, AOUP, Pisa
The Physician and the Sanitary Operator “care”...

... their Patients, independently of
- Race
- Religion
- Social status
- Ideology

(Deontologic Code)

Final Message: “CARE” “GOALS”!

To improve the Fetal-Maternal Outcome of Diabetic Pregnants Migrating from Developing Countries

- Pregestational Diabetes (type 1 > type 2 in reproductive years): improve sensibility to pregnancy planning and early monitoring.
- Folic Acid pre-conceptional supplementation till to 12° week
- Pre and Gestational Diabetes: Careful nutritional and healthy lifestyle education
- Diabetic Ps. intensive clinical checking: every 7-15 days to verify the self-monitoring ability and the glyco-metabolic balance without and with Insulin-therapy
- Increased sensibility to postpartum glycaemic check and Breastfeeding
- Multidisciplinary integrated approach: Diabetologist, Obstetric, Dietologist Nurse, Midwife, Cultural Mediators, Neonatologist, Anesthesiology

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“For mutual understanding” Project

A “winning” team play:

against “Intolerance”

Not only glycaemic... but also racial and cultural!

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The Integration Smile!:

The “Sweet” Acceptance Way...

... “not controindicated for Diabetics”
Don’t forget you have been foreign...

Your Christ was a Jewish,
Your car is Japanese,
Your pizza is Napolitain,
Your scent is French,
Your rice is Chinese,
Your democracy is Greek,
Your coffee is Brazilian,
Your watch is Swiss,
Your tie is Indian silk,
Your radio is Corean,
Your holidays are Turkish,
Your numbers are Arabic,
Your letters are Latin...
And you complain your Neighbours of being stranger?
Anonymous

In the Global Village
We all are foreign...
... but nobody
must be considered as a "stranger"

Thank you for your attention!