



OBSTETRICS – GYNECOLOGY INTEGRATED DEPARTMENT
PISA-HOSPITAL - UNIVERSITY SANITARY FIRM
S. CHIARA HOSPITAL - PISA





“ BORN FOREIGN TODAY ” : PERINATAL OUTCOME in MIGRANT WOMEN



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Europe Chairman of OGASH
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Nominated "OGASH Professor " for the E.T. Rippmann Medal de Onore
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Master on Bioethics and Education



Master on Prenatal Medicine
Florence, march 19-20-21, 2008, Chairman: Prof. G. Mello
L. Battini, UO Ostetricia-Ginecologia 2,AOUP, Pisa



XVIII° Dossier Statistico Caritas/Migrantes 2008




“ I WAS STRANGER
AND YOU RECEIVED ME IN YOUR
HOMES ...”

Come, You that are blessed by my
Father...Because whenever you did this
for the least important of these brothers
of mine,
You did this for Me

JESUS

The Final Judgement
Mt, 25, 34-36



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**

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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 Ucraina, Polonia),
- Northern Africa (Marocco, Algeria, Tunisia, Sudan, Libia)
- Eastern Asia (China, Philippines)
- Indiann Sub-continent (Pakistan, India, Sri Lanka).

- Women : 50.4%, age: 15-44 years (66%)
- Foreign Neonates: 1 out of 10



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MIGRATION TODAY

“ THE FEMALE FACTOR ”

Women: 50,4% out of all Migrants
(Dossier Caritas 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

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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

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**THE MIGRATING PREGNANT WOMAN -GYNECOLOGIST
RELATIONSHIP:**

WHICH CRITICAL NODES ?



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

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NEONATAL OUTCOME in MIGRATING WOMEN

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

Italian Perinatology Society
(28 Birth Point in 24 Italian Towns)

**Foreign Babies
are “ at higher Risk ”
for mortality and severe prematurity**

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

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EUROPEAN PERINATAL HEALTH REPORT

(Euro-Peristat Project)

better statistics for better health for pregnant women and their babies



In Europe

Maternal Mortality related to childbearing and delivery: 7/100.000 alive born babies



Out of all 8 millions/year alive babies: 4 ‰ die 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

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www.europeristat.com

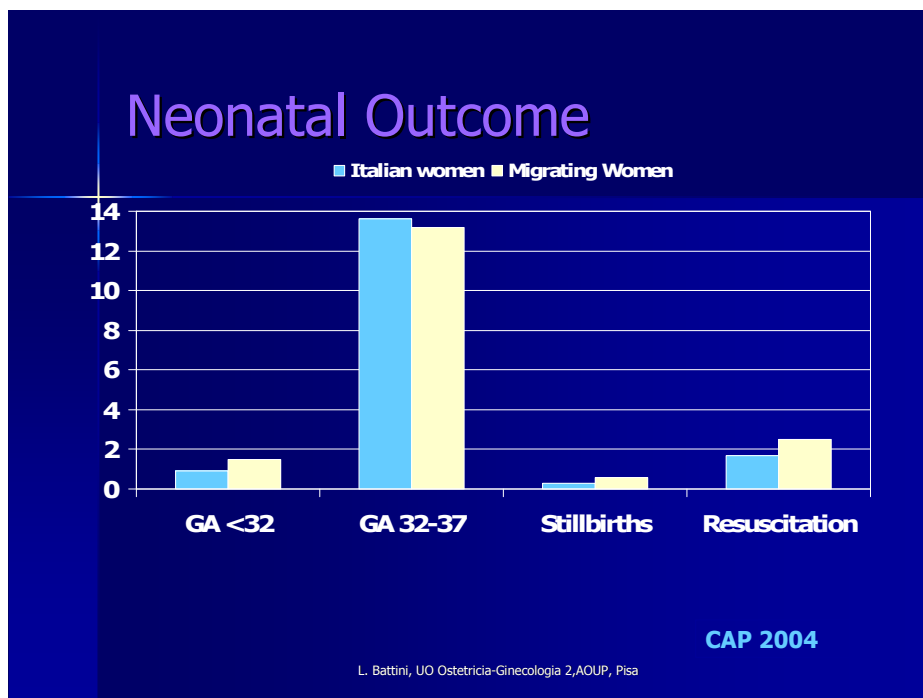



The Italian Picture

Euro-Peristat Project, 2008

- 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 ‰

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PREGNANCY-NEONATAL OUTCOME in MIGRATING WOMEN:

The reasons of criticism

TUSCANY Picture

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

CAP 2001-2004

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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

No Check 2.3% vs
10 % in the last
decade
Territorial Network
AOGOI, 2007

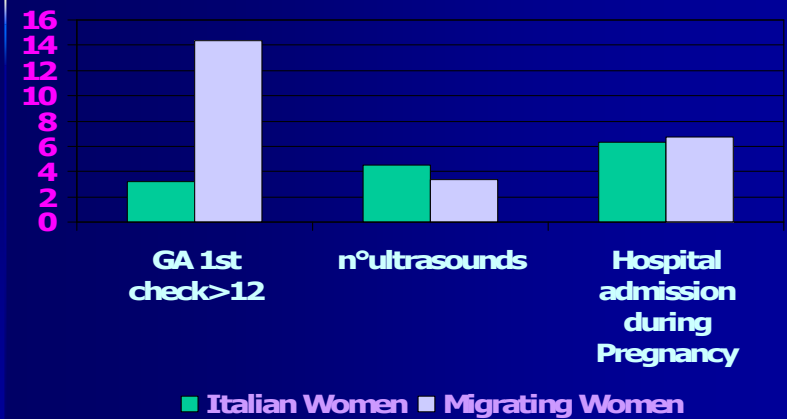


Major risk for CS during labor

probably related to unidentified problems during routine cheks

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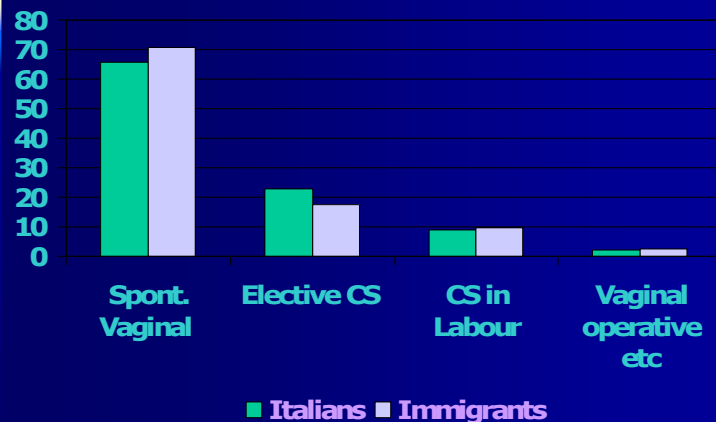
Pregnancy Checks



CAP 2004

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Modality of Delivery



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CeDAP 2004

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 Marocco 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.

Tuscany Gyneco-Aogoi, n.7, 2007

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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.

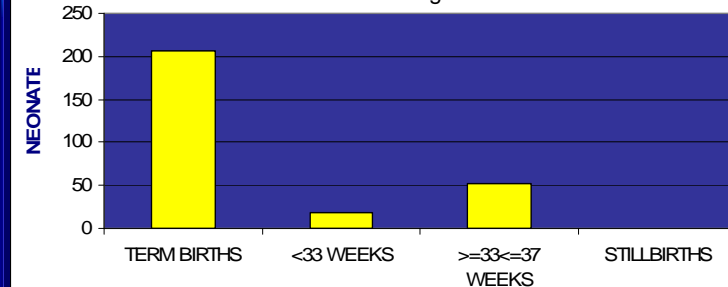
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PERINATAL FOREIGN OUTCOME 2007



PERINATAL OUTCOME 2007- PISA

Total Foreign Births: 315



CS: 35% SD: 60% OD: 5% Neonatal Mortality: 1.7% LBW: 7%

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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

Progetto “DIABETE per CAPIRSI”

AUSLdi Reggio Emilia

Le schede Diabete in Gravidanza

fra i temi:

- come si riconosce
- cosa è il diabete gestazionale
- l'esercizio fisico
- l'alimentazione
- la terapia
- il periodo successivo al parto

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

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.modusonline.it/immigrati/

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**THE JOINT INTERDEPARTMENT DIABETOLOGIC-OBSTETRIC SERVICE for
DIABETES and PREGNANCY- AOUP-PISA**

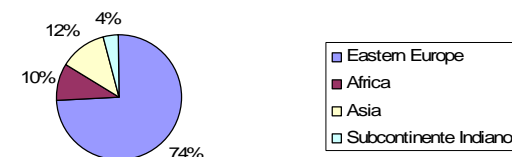
G. Di Cianni, L. Volpe, A. Bertolotto, C. Lencioni, L. Battini

Dietologist: M. Corfini Nurses: M. Carnevale, A. Civitelli, A. Favati, S. Nuvola, L. Tesi



**THE JOINT INTERDEPARTMENT DIABETOLOGIC-OBSTETRIC SERVICE
for DIABETES and PREGNANCY- Cisanello -AOUP-PISA**

**Pregnant Diabetic Women from Developing
Countries at Cisanello Department (10% out of all
Patients)**



Pregestational Type 1 Diabetes: 2%

Cesarean Section rate: 37.7% large for date Babies : 3% IUGR: 6 % Mean GA at Delivery: 38 ws.

Superimposed Preeclampsia: 2% Outpts. Check Frequency : 7-15 days; Follow up post partum: 3%

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**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 Neighbourhoods

Dr.ssa B. Del Bravo, Dr.ssa M. Pippi, Dr.ssa Picchetti, Dr.ssa Trimarchi, Dr.ssa P. Dr.ssa Bacciardi, Dr. Anelli

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**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

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2008

THE EU YEAR DEDICATED TO INTERCULTURAL DIALOGUE AND HUMAN RIGHTS

...To promote mutual knowledge, appreciation and respect by the tolerance perspective...

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THE GREAT LESSON BY PREGNANCY...



Pregnancy, by allowing implantation and development of a New Individual,

differing from the Mother for the half-amount,

Paternally derived, Histocompatibility Antigens, addresses to us

a " *Great Biological and Evolutionary Message* " :

"The Tolerance of Biodiversity".

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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

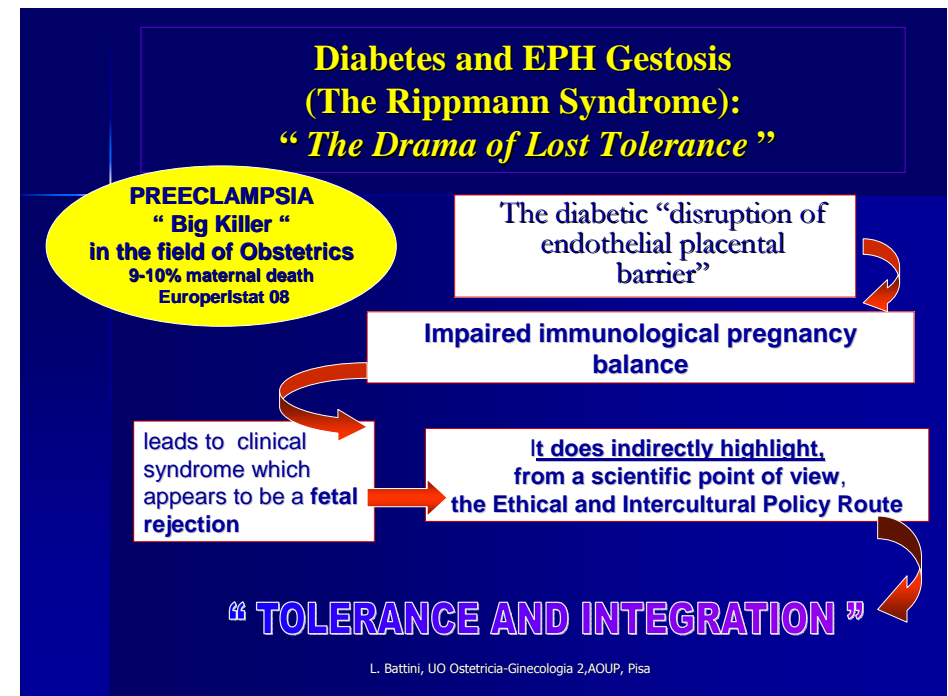
de Luca Brunori I., Battini L., Simonelli M. *et al.*



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

Increased HLA-DR homozygosity associated with preeclampsia

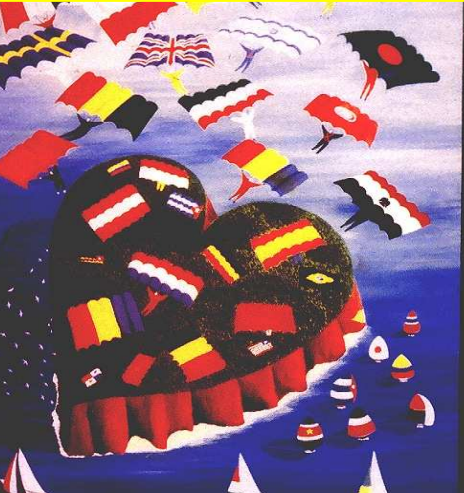
de Luca Brunori, I., Battini, M. Simonelli *et al.*



★ Integration ! Doing of All the Earth a Unique Heart !



OG, Beijing '99



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 black girls will be able to join hands with little white boys and little white girls and walk together like sisters and brothers...



YES, WE CAN!

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CHARTER ON THE VALUES AND SIGNIFICANCE OF CITIZENSHIP

Multi-language Edition
prepared by Studio Immigrazione
May 2007

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★ 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. Galliciano Institute-Roma

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The Physician and the Sanitary Operator "care"...

... their Patients, independently of

- Race
- Religion
- Social status
- Ideology

(Deontologic Code)

AOGOGynecoletter n°2

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No to denounce obligation
of irregular foreign Patients!

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^o 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, Anesthesiologist

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" Diabetes ... *for mutual understanding* "Project



A "winning" team play :

against " Intolerance "

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

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FIFA World Championship, South-Africa 2010

THE INTEGRATION SMILE! :

The "Sweet" Acceptance Way....

..."not controindicated for Diabetics"



*Don't forget you have been
foreign...*

Pr. 24.18

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 brasilian,
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 beeing stranger ?
Anonymous

**In the Global Village
We all are foreign...
... but Nobody
has to be considered as a "stranger"**

Thank You for Your attention !