

GEOGRAPHIC ORIGIN AND THE RISK OF CESAREAN-SECTION IN PORTUGAL

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Objective

To assess the influence of pregnant's country of birth on the risk of cesarean-section (CS) in singleton deliveries in Portugal.

Methods

Participants (7435 women) were consecutively recruited during the procedure of assembling a birth-cohort. Clinical records were used for data on delivery and personal interviews were used to obtain a large set of data on social and demographic characteristics, gynecological history and current pregnancy events. Participants were classified according origin country as PT (Portuguese-born, 90%), ENA (from other European and North-American countries, 3.3%), AF (from African countries, 3.7%) and SA (from South-American countries, 3.0%)

The risk of CS according the country of birth and adjusted for socio-demographic and obstetric characteristics was computed using logistic regression.

Results

When compared with PT, AF women were older (35.2 vs. 17.4, $p<0.001$), more frequently multiparous (61.9% vs. 51.3%, $p<0.001$) and showing higher prevalence of maternal pathology (61.9% vs. 51.3%, $p<0.001$). Both, ENA and AF used more frequently private antenatal care (52.5% vs. 36.8%, $p<0.001$ and 51.8 vs. 36.8, $p<0.001$, respectively) than PT women. All groups of foreign-born showed a higher proportion of more educated women than Portuguese-born. Compared with PT, SA had higher risk of CS (OR=1.63; 95%CI: 1.24-2.12), followed by the AF women (OR=1.26; 95%CI: 0.99-1.61). Higher risk remains among SA women after adjustment for socio-demographic and obstetric characteristics (OR=1.75; 95%CI: 1.29-2.39). Among foreign-born, when compared with ENA, SA women reveal higher risk, after adjustment for duration of stay (OR=1.93; 95%CI: 1.14 – 3.26).

Conclusions

After adjustment for known risk factors, the risk of CS was higher for SA women when compared with PT and ENA women. Our results suggest that origin country plays an important role on CS deliveries independently the duration of stay in Portugal.

