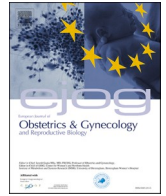


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Full length article

Healthcare inequalities in antenatal care in the European Region: EBCOG Scientific review

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ABSTRACT

It is now well recognized that unacceptable inequalities in maternity care that exist due to a woman's ethnicity, socio-economic deprivation, age, residential social status within a country can have adverse effects on the outcomes of their pregnancies. Perceived attitudes can lead to dismissal of concerns, breakdown of trust and can affect interactions with maternity services. Women from black and Asian ethnicity are at 2–4 times higher risk of maternal mortality. Similarly women with underlying mental health issues and those with undocumented status are also at higher risk of adverse outcomes during pregnancy and within the first postnatal year. There is need for research, to understand why these different practices exist and how we can more effectively understand and overcome the barriers and factors which can lead to inequality in access to uniform standard of care. Covid-19 pandemic created challenges for the provision of maternity services. Each country responded by their own creative and pragmatic solutions.

It is important that individualized care based on a woman's individual social and medical needs must remain a priority to improve maternity care. It is proposed that EU funding should be made available to set up large scale European wide research to inform future policies.

Recognising inequalities is a first step to understanding and challenging the social, economic, and political contexts that inform the way we all live our lives and the health choices we make. Sometimes the decision to make those choices are beyond the control of an individual and that leads to inequalities. These inequalities exist through the complex interplay of barriers and factors at both the macro-level and at the level of the individual. In order to improve health outcomes, we must try to understand factors at multiple levels and how societal factors influence downstream individual outcomes.

It is now well recognized that unacceptable inequalities in maternity care that exist due to a woman's ethnicity, socio-economic deprivation, age, residential social status within a country can have adverse effects on the outcomes of their pregnancies. Several publications have reported health inequalities in various population groups like people from very poor socio-economic status (poor housing, unemployment etc.), people with protected characteristics, vulnerable groups in society like migrants, gypsy, travellers, disabilities, women with undocumented status, black and Asian ethnicity, and communities from rural or urban location. Unfortunately these health inequalities continue to persist across various geographical regions in Europe. The most recent MBRRACE-UK

report [1] has again reported about the disparity in maternal mortality rates between women from Black and Asian aggregated ethnic groups and White women; more than four times higher for Black women, two times higher for mixed ethnicity women and almost twice as high for Asian women. We also now recognise that race, racism, and health outcomes intersect with the wider picture of peoples' identities, including socioeconomic status, gender, sexuality and disability combining to create the situation that we see today. It is vital to examine all aspects of maternity care to see where improvements can be made to address issues related to inequality.

These issues have become more pertinent recently with massive immigration move across Europe from Asia and Africa with very little access to their past medical history. It has been further compounded by the onslaught of COVID-19 pandemic with lower uptake of immunisation in many countries within Europe. Data published by Euro-Peristat [2] have clearly shown that despite the availability of high-level evidence based guidelines; there remain significant differences in maternal and neonatal outcomes between countries in the western and Eastern Europe.

Antenatal care forms an important component of woman's journey

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during pregnancy, as care providers have an opportunity to screen each woman's risk status to develop an individualised care plan through antenatal, Intrapartum and post-partum period. Therefore logically, any slack in this system at any stage of this journey is bound to contribute towards an adverse outcome.

The European Board & College of Obstetrics and Gynaecology (EBCOG) recognised issues around maternity care more than ten years ago, therefore published its standards of care for Obstetrics and neonatal care in 2014 which were launched at the European Parliament [3]. These standards of care have provided guidance for the equitable access of antenatal care for all women within Europe. These standards of maternity care provide clear guidelines of what is currently considered generic and specific standards for antenatal care and screening facilities for low- and high-risk situations. Furthermore, EBCOG by working with other stakeholders have raised concerns about mental health during pregnancy [4] and special needs for women with undocumented status [5]. All these concerns have been captured again in EBCOG position statement on antenatal care [6].

Having recognised issues around health inequities, EBCOG Council approved the working group on Health inequalities in maternity services in November 2020 with a stated aim to seek information from all the member countries of EBCOG about their current models of care, how services are provided, what impact Covid-19 pandemic has made on their service delivery and how services have responded to the evolving picture within this dreaded pandemic. It was envisaged that the findings of this questionnaire based study would inform to which level EBCOG Standards of Care are being used and would also form the basis what actions are required to meet high standards of care in future.

The data collected has formed the basis of a paper in this journal, **“Provision of antenatal care in Europe-A scientific study commissioned by European Board and College of Obstetrics and Gynaecology (EBCOG)”** which take account of providers view in delivering total maternity care in geographical Europe. A wide range of clinicians and members of specialist societies responded to an online questionnaire on provision of antenatal care.

The importance of antenatal care has been acknowledged by healthcare providers and decision makers for many decades [7]. It is a combination of services that incorporates preventive measures, early detection of complications, and general promotion of health by way of life-style advice. Inadequacy of antenatal care can lead to poor maternal and perinatal outcome. In the first paper, it is interesting to note that despite these standards, important differences in the provision of healthcare services still exist throughout the European region. There exist significant differences in respect to access to care, the frequency of routine antenatal visits, and the availability of information resources and support services especially for vulnerable groups including pregnant teenagers, ethnic minorities, immigrants, refugees, and those with disabilities. An overall 10% nonattendance to antenatal care reported by all respondents is a matter of concern as several UK maternal mortality reports have clearly described such women at a higher risk of maternal morbidity and mortality. The outcomes of these women require further exploration at country level.

The EURO-Peristat report shows, that there has been an increase in risk factors for childbearing women from 2010 to 2015, including maternal age, multiple birth, parity, higher pre-pregnancy body mass index, increased access to assisted reproductive treatment (ART) and smoking which all relate to risks of morbidity, mortality, and obstetric interventions. This paper has also focused on the availability of various preventive strategies of antenatal care across Europe. It is interesting to note that, many but not all have responded that mechanisms were in place for identifying women at risks that relates to having a premature birth, developing later pre-eclampsia, developing mental health disorders, developing gestational diabetes, having a history of a congenitally malformed child, developing problems during the intrapartum period [e.g., VBAC cases], pregnancy complications following ART treatment.

However, there are also inconsistencies in the provision of services

for foetal anomalies screening during second trimester. In some countries, these tests are offered as a routine and in some they are offered only on women's request, thus creating a significant inequality.

Globally, average body mass index (BMI) among women is rising. Obesity per se is an independent risk factor for increased risk of adverse pregnancy outcomes. Increased BMI along with other social factors (rising maternal age, delayed childbearing, ART, smoking and other underlying co-morbidities) has compounding adverse effect on maternal and neonatal outcomes. EBCOG has been on the forefront for advocating universal screening of gestational diabetes mellites (GDM) since 2014 and has worked very closely with the International Federation of Gynaecology and Obstetrics (FIGO) and the European Association of Perinatal Medicine (EAPM) [8–11]. Within this survey, there are still variations among countries, how GDM screening is being offered. Furthermore, services require continual auditing for cost-effectiveness. Many countries reported having a system for auditing antenatal care outcome indicators, although Euro-Peristat report shows that more can be done by countries to improve collection of their outcome data.

This scientific study has also investigated the individual countries response in delivering safe maternity services during Covid-19 pandemic [12]. EBCOG has proactively published position statements about vaginal birth [13] have advocated vaccination during pregnancy [14] and have raised concerns as regards impact of Covid 19 pandemic on the post graduate training [15]. This paper shows the changes implemented in various European countries during the pandemic. Different strategies including changes in frequency of antenatal visits, ultrasound appointments, referrals for prenatal diagnosis and screening for gestational diabetes mellitus. The objective of such changes was to minimise exposure to COVID 19 virus to patients and health care professionals. Inequalities often get exposed when there is a pressure on the service, the pandemic provided an example of such and the variation noted in response by various European nations in noteworthy. It is important to institute further research on the effect of COVID 19 on obstetric outcomes.

This mini symposium has provided information that more needs to be done for harmonisation of practices through teaching and training for appropriate risk assessments to make effective preventive strategies of antenatal care across Europe. EBCOG should consider adopting a two-prong approach: firstly by implementation of its Pan- European training curriculum, logbook and introduction of the Fellowship exam (EFOG) and hospital accreditation for training across all countries in Europe and secondly, by working with Euro-Peristat, regular audit of implementation of EBCOG standards of care, including setting up a comparative European wide study to assess the impact of Covid-19 policies adopted by different countries. This initiative is important as it has been proposed that new variants will continue to evolve over the next few years.

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