

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Pregnancy outcomes and complications in refugees and other newcomers at a Family Medicine practice in Philadelphia, PA

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: Refugees and other newcomers may face fragmented prenatal care during resettlement. The Centers for Disease Control and Prevention recommends discussing family planning and preconception counseling at the domestic medical exam (DME), yet there is little guidance on specific counseling needs in this population. Objective: The specific needs of preconception screenings, antenatal care, and birth outcomes in newcomers need to be better understood. To help achieve this, we examined pregnancy outcomes among newcomers at a primary care practice in Philadelphia, PA. Study Design: Pregnancy outcomes among 118 cisgender women were analyzed using a cross-sectional design. Descriptive statistics were conducted. Setting/Dataset: Data were extracted from the electronic health records at a Family Medicine practice in Philadelphia, PA. Population Studied: Inclusion criteria were ages 16-45 with a DME performed between 2018 and 2023. Instrument: REDCap was used to collect demographic characteristics and pregnancy outcomes based on electronic health record review. Outcome Measures: Pregnancy outcomes after US arrival including desired pregnancies, antenatal complications, and delivery methods. Results: Among 118 newcomer women, 39 (33%) were pregnant 1-3 times from 2018-2023 with a total of 51 recorded pregnancies after US arrival. Of this group, 15 (38%) women were pregnant at the DME, 13 (33%) women were documented as desiring pregnancy at the DME, and the remainder (28%) were either documented as not desiring pregnancy or pregnancy goals were not documented at the DME. Common antenatal complications for the 39 pregnant women included: anemia requiring treatment (28%), limited prenatal care (23%), untreated latent tuberculosis infection (21%), obesity with BMI>30 (21%), and psychosocial needs beyond newcomer status (21%). There were 37 recorded live births, 4 miscarriages, 1 abortion, and 9 not documented due to loss of follow-up after US arrival. Of recorded live births (n=37), there were 27 (73%) vaginal births, 5 (14%) primary cesarean sections, and 5 (14%) repeat cesarean sections. Conclusions: Preconception care and prenatal screenings

of newcomers may differ from US-born pregnant women. Special attention must be paid to the gaps in care and the risk of infectious diseases in this population. Future directions include public health surveillance and quality improvement of continuity of care and follow-up treatment for latent tuberculosis infection.

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