

**Publication****The effect of migration background on obstetric performance in Switzerland****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 1195884**Author(s)** Alder, J.; Fink, N.; Lapaire, O.; Urech, C.; Meyer, A.; Bitzer, J.; Hösli, I.; Holzgreve, W.**Author(s) at UniBasel** [Hösli-Krais, Irene M.](#) ; [Lapaire-Mayer, Olav Carl](#) ; [Bitzer, Johannes](#) ; [Meyer, Andrea Hans](#) ;**Year** 2008**Title** The effect of migration background on obstetric performance in Switzerland**Journal** The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception**Volume** 13**Number** 1**Pages / Article-Number** 103-108**Keywords** pregnancy, obstetric performance, migration, propensity score

**OBJECTIVES:** Population-based analysis to compare perinatal outcome between immigrant women and women from the Western industrialized world (WIW). **METHODS:** Singleton pregnancies of a cohort that was followed from the first trimester to delivery at the University Women's Hospital Basel, Switzerland, were retrospectively analysed. Data were extracted from 203 patient records. Multiple logistic and linear regression analyses were used to determine the impact of origin on perinatal outcome. **RESULTS:** Immigrants and women from WIW countries were comparable regarding number of pregnancy control visits. Immigrant women were younger, had more children, higher pre-pregnancy body mass index and were more often taking medication of any kind during pregnancy. Migration was only predictive for shorter gestations ( $p > 0.01$ ). A trend for a lower frequency of gestational hypertension and labour inductions, and a higher frequency of spontaneous delivery and lower birth weights were observed. **CONCLUSIONS:** Migration background was associated with shorter gestations and lower birth weight. This was not due to differences in antenatal care since both study groups were followed at the same clinic with the same guidelines and had the same number of consultations during pregnancy. Higher stress levels due to migration and lower socioeconomic living standards, nutrition, and genetic factors are possible contributors to these findings.

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