

## **Pregnancy outcomes of Ukrainian displaced women in Dublin**

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Dear Editor,

Since the full scale invasion of Ukraine in 2022, tens of thousands of Ukrainian people have arrived in Ireland under refugee status. Migrant pregnant women face significant obstacles to adequate care including limited English proficiency, lack of social support services, family and spousal support and unfamiliarity with antenatal care access. They are more likely to have a background of exposure to poverty, conflict and trauma. (1) One systematic review and meta-analysis showed that the risk of adverse neonatal outcomes among immigrants from conflict-zone countries was higher compared with that of native-origin women. (2) Regardless of immigration status or ability to pay, women need access to safe, timely and appropriate maternity services. This review aims to identify any deficiencies in antenatal and perinatal care for displaced Ukrainian refugees accessing maternal treatment in the Coombe Hospital, Dublin, Ireland.

A retrospective chart review was performed of patients who attended antenatal care at Coombe Hospital who were identified as displaced Ukrainian refugees. The Coombe set up a consultant led service specifically for this group of patients. Parameters that were recorded included maternal characteristics, gestation at booking, use of interpreter, gestation age at booking delivery, mode of delivery, birthweight and post-natal complications

56 patient charts were identified and reviewed. Of these, 48 patients had pregnancy outcomes recorded. Several patients did not complete antenatal care in the Coombe, presumably due to change of accommodation to another location in Ireland or return to the Ukraine.

Of the 56 women (including 18 primiparae) who booked; the median (range) maternal age was 32 (17-42) years, BMI was 23.9 (17.1-36.1) and booking gestation 15 (8-38) weeks. Only 11 (19.3%) women did not need a translator and in 17 (29.8%) of cases electronic translation was used and in 28 (49.1%) an interpreter was used.

Medical co-morbidities were noted in 11 (19.6%) of cases and a past history of psychiatric problems in 4 (7.1%) women.

There were 48 women who delivered at the Coombe; 33 (70.2%) vaginal delivery, 1 (2.1%) instrumental and 6 (12.8%) emergency and 8 (17%) elective Caesarean sections. The median(range) gestation at delivery was 276 (255-291) and only 1 case was premature. The median (range ) birthweight was 3490 (2160-4370) and only 2 babies had Apgar scores of less than 7 at 1 and 5 minutes and 5 (10.4%) needed NICU admission. Post natal problems were recorded in 6 (10.5%) cases from 47 records.

The displaced Ukrainian pregnant woman is in an unique situation where she is under stress with worry about the safety of her family and partner in addition to the usual pregnancy worries. All this in a foreign county where she has newly arrived. Many of our cohort were professionals and not necessarily your typical refugee. Steps to improve care by establishing a new clinic for this group would appear to provide pregnancy outcomes that are equivalent to the host population. In the identified patient cohort, no deficiencies in care were found compared to normal standard of care. Outcomes of this cohort were similar to those of the general patient population treated in the Coombe. Extended use of an interpreter in Ukrainian refugees may be an area to examine further for ongoing quality improvement of antenatal care.

#### **Declarations of Conflicts of Interest:**

None declared

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