

Study of pregnancy complications finds refugee women in Ontario have higher rates of HIV

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Pregnant refugee women in Ontario have a higher prevalence of HIV than immigrants and Canadian-born women, a new study examining serious pregnancy and delivery complications has found.

Refugee women were 34 per cent more likely to experience serious complications - such as HIV, blood clots and severe bleeding after giving birth - than Canadian-born women, according to the study by Dr. Susitha Wanigaratne, a researcher at St. Michael's Hospital. They were 22 per cent more likely to have those complications than immigrants.

Of all the complications examined, the biggest difference was for HIV/AIDS - rates were eight times higher in refugees than among immigrants and 17 times higher than for Canadian-born women.

However, when the researchers removed all women with HIV/AIDS from the study, they found that rates of pregnancy and delivery complications were similar for refugees, immigrants and Canadian-born women.

And, when they examined just women with HIV/AIDS separately, they found that refugees did not suffer from complications any more than other women with HIV/AIDS.

"Taken together, these findings suggest that refugee women did not place increased demand on the [health](#) care system at the time of delivery," said Dr. Wanigaratne, a researcher in the hospital's Centre for Research on Inner City Health who has a PhD in epidemiology.

She said this finding would be examined in more depth in a future study.

The study, published today in the *American*

Journal of Public Health, used data from the Institute for Clinical Evaluative Sciences to look at refugees arriving in Ontario between 1985 and 2010 who gave birth between 2002 and 2011. Dr. Wanigaratne said the findings on refugee women can be partially explained by two changes to Canadian immigration policy in 1991 and 2002, which expanded policy to include more humanitarian efforts.

Canada declared in 1991 that people living with HIV/AIDS were not a danger to [public health](#) and safety, lifting restrictions on HIV-positive immigrants and refugees. In 2002, the Immigration and Refugee Protection Act was introduced, lifting restrictions for refugees with potentially greater [health care](#) and social service needs, such as those with HIV/AIDS.

"The shifts in Canada's refugee policies towards humanitarian needs has meant that more vulnerable populations, such as those with HIV, were able to settle in Ontario," said Dr. Wanigaratne. "We found that the biggest health differences were in refugees who arrived more recently, after the 2002 immigration policy change."

The policy expansions allowed Canada to accept refugees from higher-need regions such as sub-Saharan Africa, which had 69 per cent of the world's HIV/AIDS cases in 2011. Of all the births to [immigrants](#) with HIV in Ontario, 82 per cent were from this region.

Dr. Wanigaratne said she was not aware that serious maternal complications have been studied among [refugees](#) in Canada or other high-income countries. She said future research should examine refugee women with less severe pregnancy [complications](#) to provide more insight into whether additional support is needed for refugee mothers.

Provided by St. Michael's Hospital

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