Reproductive outcomes: measurement and inequalities

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Beyond Hospital Walls: Miscarriage Prevalence and Care-Seeking Patterns in French National Health Records

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Despite being common, our understanding of care-seeking patterns in the event of a miscarriage remains limited. This is likely because most nationwide data come from hospital records, potentially missing cases managed in primary care or without medical attention.

We address these issues by examining 1) the prevalence of miscarriages captured by health records and 2) whether hospital care-seeking depends on women's characteristics.

We use data from the French National Health Insurance Information System (SNDS) from 2013 to 2023, which includes both hospital and primary care data.

Our findings reveal that reported miscarriage rates slightly decreased from 10% to 9% over the decade. By comparing with the 14% miscarriage rate estimated with French survey data, this means that administrative data miss approximately 29% of miscarriages. Additionally, over the decade, 64% of clinically recognised miscarriages were managed in hospitals. According to regression models, women from small towns and younger age groups are more likely to seek hospital care, while those experiencing financial insecurity are less likely to do so. Women at risk of infertility, those with underlying chronic conditions, and with prior history of pregnancies – including miscarriage(s) – also more frequently utilised hospital services.

In sum, findings distinguish between two possible scenarios: economic or geographic barriers to access medical attention, and preferences for hospital care due to higher medical risk factors. Identifying groups with different needs in miscarriage management is crucial to ensure appropriate care for all women experiencing pregnancy loss.

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Miscarriage reporting in longitudinal and cross-sectional UK household surveys

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While an estimated 15.3% of recognized pregnancies result in miscarriage in high-income countries, the actual prevalence is likely to be higher, as many cases are managed at home and go unreported. Survey data is critical for estimating miscarriage rates at the population level, as it can capture miscarriage experiences occurring outside clinical settings. However, self-reported data on sensitive reproductive outcomes are subject to social desirability bias and underreporting, especially given the stigma and emotional distress surrounding miscarriage. Furthermore, survey design elements including question wording, interview format, and data collection frequency can influence respondents' willingness and ability to disclose such experiences.

This study explores how miscarriage reporting varies across four major UK surveys: the 1970 British Cohort Study, Next Steps, Understanding Society (UKHLS), and the National Survey of Sexual Attitudes and Lifestyles (Natsal). These surveys differ in design, including longitudinal cohort studies, household panels, and cross-sectional surveys. By examining miscarriage rates by age across different survey types, this study aims to inform best practices in questionnaire design and data collection strategies. The findings will contribute to improving the accuracy of miscarriage reporting in surveys and enhance our broader understanding of pregnancy outcomes.

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Contraceptive outcomes: a qualitative analysis of the narratives and framings of lay people, healthcare workers and decision-makers in Malawi

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Contraceptive literature has long documented the outcomes of contraceptive use including reducing unintended pregnancies and maternal and infant mortality, increasing female labour force participation and empowerment, and improving educational outcomes. The success of contraceptive programs is often measured in increases in the (modern) contraceptive prevalence rate. However, less attention has been paid to how individuals discuss and frame contraceptive use and its outcomes. Understanding how people speak about contraception is central to improving programming to better meet user’s needs. This both centres the user’s experiences and desires and can inform and challenge predominant narratives, for example, that contraceptive use is unilaterally a positive outcome. Using secondary qualitative data collected in Lilongwe and Chiradzulu, Malawi, this paper identifies which narratives and framings about contraceptive use emerge in discussions among lay people, healthcare workers, and decision-makers. It finds that narratives and framings centred on health benefits, fertility decision-making, women’s educational attainment and labour force participation, population growth and changes in mCPR. There was both alignment and misalignment in how the literature and participants frame and discuss contraceptive outcomes. The narratives in this data also varied between the different groups. Interestingly, there were also some ‘silences’, particularly concerning negative outcomes of contraceptive use. This study has important implications for contraceptive programming. Specifically, programs need to identify their target audience and their specific motivations and perspectives. It is also important to understand and centre what is valued by the end user as this may not always align with existing literature or other groups.

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How Far Have They Come? - A Study On Women’S Infertility Treatment Seeking Trajectory In Northeast India

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Despite the rising demand for infertility treatments in less developed countries, empirical evidence on current scenario of infertility treatment seeking and utilization of these medical services is scarce. This paper aims to firstly explore the various types of infertility treatment sought in the Northeast India and further examine the transition among different types of infertility treatments. It also examines the transition in between the pre-treatment seeking phases. Cross-sectional data have been primarily collected from 200 women currently undergoing MAR. Bivariate analysis was used to explore the study sample’s profile. Continuous multi state Markov models was used to investigate the transitions among the treatment types. The preliminary findings show that the different types of treatment sought ranges from traditional methods (3%), AYUSH (11%) and allopathy (84%) before transitioning to advanced MAR treatments. Time to infertility perception is higher among treatment seekers with less education, higher marital years and no occupation. The treatment seekers sought one or the other treatments for on an average of 14.44 months and 24.56 months average waiting time in between treatments. Transition probabilities to IVF from IUI (0.68) and allopathy (0.46) show that latter treatments are common intermediary steps, while traditional practices (0.07) and AYUSH (0.48) methods often lead to switching to other non-MAR method like allopathy and have low retention. Such evidence firstly, can lay a foundation to fertility registries to track infertility treatment behaviour, identifying gaps in timely diagnosis and utilisation of proper treatment consequently, emphasising integration of fertility management policies into existing reproductive packages.

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Inequalities in Knowledge of and Willingness to Use Assisted Reproductive Technologies (ARTs) in Switzerland

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Infertility affects a significant portion of the population globally, yet studies in high-income countries reveal widespread lack of awareness about this issue. Existing research on awareness of Assisted Reproductive Technologies (ARTs) primarily examines general fertility knowledge (e.g., fertile periods, age-related pregnancy probabilities) or focuses narrowly on in vitro fertilization (IVF). Using 2022 MOSAÏCH data from

Switzerland, this study expands the scope by investigating 1) a broader range of infertility treatments; 2) knowledge about but also willingness to use ARTs; and 3) varied possible sources of inequalities in awareness and potential usage of ARTs. Preliminary findings highlight the significant role of gender, age and family formation stage as well as family conservatism in shaping ART awareness. Individual socioeconomic characteristics do not matter for ART knowledge, but residing in a canton with high rates of medical care non-take-up emerges as a key factor. In contrast, willingness to use ARTs, while similarly strongly associated with conservatism and gender, is also linked with religiosity, prior knowledge of the procedure and the level of education; living in a canton with high rates of medical care non-take-up is not significantly related to the willingness to use ARTs. These results can help design targeted public health strategies to address barriers to ART access.

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