

Factors that contribute to the uptake of the Combined Test and the Fetal Anomaly Scan



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Background

Prenatal screening includes two non-invasive tests: the combined test (CT) for determining the possibility of Down syndrome (12th week), and the fetal anomaly scan (FAS) (20th week). The STU is free for all women, the CT has to be paid for by women younger than 36 years. Midwives give information and counsel women about these tests. Former studies showed a relation between religion in general and the CT uptake. This study investigated the relation between the CT and FAS uptake and client's specific religious backgrounds, parity, age, education, ethnicity, region, consanguinity and Dutch proficiency of non-Dutch women.

Hypothesis

The CT and FAS uptakes would be associated with religious background, age, parity, social economic status and ethnicity.

Methodology

This study is part of the DELIVER study, a multicenter prospective dynamic cohort study to evaluate primary care midwifery in the Netherlands between September 2009 and January 2011. Associations among women's characteristics and CT and FAS uptake were measured using multivariate and multilevel logistic regression analyses.

Figure. Distribution of the average CT and FAS uptake across the midwifery practices.

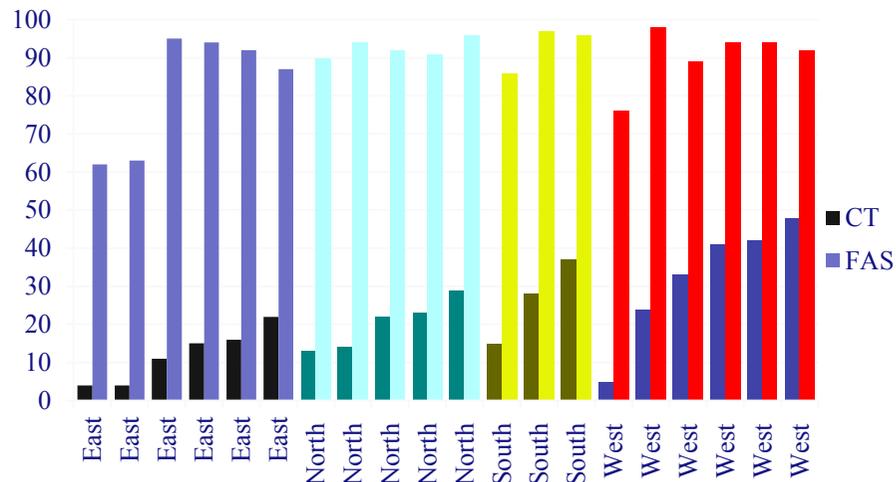


Table. Results of multilevel analysis; factors explaining variation in CT and in FAS uptake among the study population

Predictor	Model CT (n=4240) OR (95%CI)	Model FAS (n=4247) OR (95%CI)
Higher education		1.63 (1.07-1.49)
Non-Dutch	1.31 (1.04-1.66)	
Increasing age	2.71 (2.41-3.05)	
Protestant	0.25 (0.18-0.34)	0.37 (0.24-0.56)
Islam		0.31 (0.20-0.48)
High income	1.38 (1.16-1.65)	1.66 (1.31-2.10)
Eastern region	0.31 (0.19-0.52)	
Multiparity	0.63 (0.54-0.76)	0.75 (0.62-0.89)

Results

Of 5,216 participants, 23% had CT and 90% had FAS with ranges of 4-48% and 62-98% respectively between practices.

Multiparity and religion were negatively associated with both screening tests and higher income was positively associated with both tests. Ethnicity and increasing age were positively associated and living in the eastern region was negatively associated with the CT uptake, while education was positively associated with the FAS uptake. Also, among non-Dutch participants, limited Dutch proficiency was positively associated with the CT uptake and negatively associated with the FAS uptake.

Conclusion

The CT and FAS uptake varied widely between practices. Different socio-demographic factors were associated with the CT and FAS uptake. Our findings help to explain some differences between women choosing early and late screening, but not the large variation in the test uptake among practices. Further research is needed in which different ways the tests are presented.

OR=odds ratio; random intercept for midwifery practices regarding both CT and FAS model, additionally, random slope for Protestant regarding the FAS model





Disclosure belangen spreker

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