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400 Exploring experiences of everyday discrimination among pregnant women at risk of preterm birth

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Background: Maternal outcomes for ethnic minority women facing social disadvantage are significantly poorer compared to those in more advantageous social positions. This disparity may be linked to fewer healthcare visits and increased barriers, such as discrimination. This study investigates the differences in everyday discrimination experienced by women at risk of preterm birth, from diverse ethnic backgrounds and levels of social deprivation and examines its impact on birth outcomes.

Methods: This secondary analysis utilised data from the POPPIE study, which included 333 participants from a diverse inner London sample.

Aims: 1) assess the impact of ethnicity and social deprivation on women's experiences of discrimination during pregnancy; and 2) explore the relationship between discrimination and birth outcomes. The Everyday Discrimination Scale was employed. Propensity score matching was used to create comparable groups based on socio-demographic characteristics.

Results: The mean maternal age was 32 years (SD 5.4), with 38.1% identifying as non-White and 5.4% not fluent in English. Despite 45.6% holding high educational qualifications and 69% being in paid employment, 17% had a household income below £250 per week, primarily from areas of high social deprivation (69.3%). Significant differences in everyday discrimination scores were observed across ethnic groups, particularly among individuals from Black and Other ethnic backgrounds. Notably, race ($p=0.001$) and skin colour ($p=0.013$) were the primary reasons for reported discrimination, with over 70% of women from these groups experiencing considerable perceived discrimination.

Conclusion: This analysis highlights the intersection of deprivation, ethnicity, and experiences of discrimination. While no significant differences in maternal outcomes were found across ethnicities, the findings underscore the necessity for targeted healthcare services and information for ethnic minority pregnant women from lower socio-economic backgrounds. Further research is essential to explore these dynamics in larger samples and to incorporate routinely

collected data on discrimination and stigma in maternal health research.

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