

Prenatal Care and Adverse Pregnancy Outcomes among Women with Schizophrenia: A Nationwide Population-based Study in Taiwan

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Abstract

OBJECTIVE: To compare the number of prenatal care visits for women with and without schizophrenia and to explore the relationship between the level of prenatal care and adverse pregnancy outcomes (low birth weight [LBW], preterm gestation, and small-for-gestational-age [SGA] babies). **METHOD:** We identified a total of 607 women who gave birth from 2001 to 2003, who had been diagnosed with schizophrenia (ICD-9-CM criteria) in the 2 years preceding the index delivery, together with 1,821 matched women as a comparison cohort. Multivariate logistic regression and Poisson regression analyses were performed for estimation. **RESULTS:** Results show women with schizophrenia had a significantly lower mean number of prenatal care visits (7.92 vs 8.72, $P < .001$). Multivariate logistic regression shows that, after adjusting for characteristics of mother and infant, women with schizophrenia were 1.77 (95% CI, 1.46-2.15; $P < .001$) times more likely than women without schizophrenia to receive inadequate prenatal care. The results also show that after adjusting for other factors, schizophrenic women who received inadequate prenatal care were 2.47 (95% CI, 1.27-4.77; $P = .007$), 1.84 (95% CI, 1.02-3.37; $P = .036$), and 1.77 (95% CI, 1.15-2.73; $P = .010$) times more likely to have preterm births, LBW babies, and SGA babies, compared to schizophrenic women who received adequate care. **CONCLUSIONS:** We conclude that women with schizophrenia were more likely to receive inadequate prenatal care than women without this disorder. Schizophrenic women who received inadequate prenatal care had a higher risk of adverse pregnancy outcomes than schizophrenic women who received adequate care.