Consanguinity, defined as the union between two related individuals, has been a relatively infrequent practice in Australia. However, due to emergent migrant population from countries within West Asia, Southeast Asia, Middle East and North Africa, where consanguinity is common practice, the prevalence within Australia is also changing. Studies have suggested that consanguinity is associated with adverse obstetric outcomes and understanding this relationship is of great relevance to improving healthcare and perinatal outcomes in the metropolitan population. The objective of this study was to assess the effect of consanguinity on perinatal outcomes.

Singleton pregnancies delivered over a 10-year period between 2004 and 2013 at a single metropolitan Australian tertiary centre were retrospectively analysed.

Demographic and perinatal outcome data were extracted from the hospital obstetric database (Obstretix) and perinatal outcomes were compared between consanguineous and non-consanguineous patients.

- There were 46,397 singleton births recorded over the 10-year study period with overall consanguinity rate of 5.8%.
- The consanguinity rate in Australian born women was 3.8% as compared to 7.1% in the overseas born women.
- Consanguinity was associated with higher rate threatened premature labour (p<0.003), fetal congenital abnormality (p<0.004), perinatal mortality (p<0.001), reduced risk of hypertension in pregnancy (p<0.001) and lower Apgars at 1 minute (p<0.006) and 5 minutes (p<0.001).

Conclusion

- Consanguinity is an independent risk factor for stillbirth and associated with adverse perinatal outcomes.
- Due to increasing prevalence of consanguinity in our unit, such results are vital in guiding counseling, obstetric care, and resource allocation in such a culturally diverse obstetric population.
- Consanguinity should be included as a significant risk factor in future research into perinatal outcomes including stillbirth.

References