

Maternal and Child Health

Chairpersons: D Perry-Ewing, M Forde

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Clinical audit of referrals for sexual abuse among females ages 13–19 years attending the Agape Family Medicine Clinic, Nassau, Bahamas, 2011–2015

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Objective: To evaluate the adequacy of the documentation of referrals for sexually abused females ages 13–19 years directed to the Agape Family Medicine Clinic for interim management.

Subjects and Methods: An approved review was performed on 123 referral forms regarding sexually abused females 13–19 years old who attended Agape's Sexual Assault Follow-up and Evaluation (SAFE) clinic, Nassau, Bahamas. The exercise focussed on documentation adequacy based on a scoring system developed by the researchers: > 50% was assessed to be adequate, and recording disposition, date of incident and sexually transmitted infection (STI) screening was considered vital for adequacy. A current version of Statistical Package for the Social Sciences (IBM SPSS, v 21) generated descriptive and inferential statistics.

Results: Participants' median age was 14 (IQR: 13, 15) years old. Of 63.4% (n = 78) with documented nationality, 88.5% (n = 69) were Bahamian and 11.5% (n = 9) Haitian. Documentation status did not differ statistically significantly by nationality. Regarding documentation, 74% (n = 91) recorded school, 59.3% (n = 73) recorded knowing the assailant and 17.9% (n = 22) indicated not knowing. Approximately two-thirds (65.9%; n = 81) indicated penetration type; 18.7% recorded disposition, 29.8% (n = 36) incident date and 60.2% STI screening; 7.3% (n = 9) documented all three and 22.8% (n = 28) two. Among public health clinics (PHCs), 45.3% (n = 29) did not indicate any of the three vital variables *versus* 7.8% (n = 4) for Accident and Emergency (A&E) referrals. Mean per cent documentation for vital variables was 49.3 (\pm 3.6)% for A&E *versus* 30.5 (\pm 4.0)% for PHCs ($p = 0.001$).

Conclusion: The deficient documentation status of referral forms demands the need for reform. Complete, consistent documentation is required.

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Determinants and correlates of unintended pregnancy in polyclinic patients in Barbados: Patient and provider insights and the implications for health policy, service design and delivery

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Objective: To estimate the prevalence of unintended pregnancy in women attending the polyclinic for antenatal care using direct and proxy measurements.

Subjects and Methods: A piloted questionnaire was administered to a random sample of 300 women 15–44 years (mean 25.5 \pm 5.9 years). Direct measurements of unintended pregnancy were obtained from responses about the timing of the most recent or current pregnancy. Pregnancies were categorized as unintended, intended and ambivalent. Proxy measurement of unintended pregnancy was based on the proportion of women reporting at least one non-therapeutic abortion during their lifetime.

Results: Two-thirds (67.7%) reported an unintended pregnancy; most (50%, 95% CI 45.0, 56.3) were mistimed. The ratio of mistimed to unwanted pregnancy was 3:1. Approximately a quarter (24.7%) reported an intended pregnancy and 6.3% reported ambivalent pregnancy. Overall, 27.3% reported at least one non-therapeutic abortion. Of these, one-third (34.7%, $p < 0.001$) reported an abortion by age 30 years. The prevalence of non-therapeutic abortion was highest in women with technical/vocational education (33.7%) and lowest in women with at least secondary education (24.0%; $p = 0.02$). The prevalence of non-therapeutic abortion was lowest in unemployed women (24.0%) compared to women employed by an employer (32.5%) or by self (31.7%; $p = 0.04$). Higher levels of abortion were reported by women

with partners 30–39 years (33.0%) or over 40 years (34.1%), compared to women with partners 20–29 years (24.6%; $p = 0.01$).

Conclusion: Unintended pregnancy is high among polyclinic patients. Family planning programmes must be reframed to reduce unintended pregnancy.

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Influences in the pattern of contraceptive decision-making among married women in Haiti: Evidence from the 2012 Demographic and Health Survey

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Objectives: To identify significant predictors in dominance in decision-making for fertility control among reproductive-aged married women in Haiti.

Subjects and Methods: The data were obtained from reproductive-aged, non-pregnant women participating in the 2012 Haitian Demographic and Health Survey (HDSH). Univariate, bivariate and multivariate statistical procedures were used to, respectively, describe the characteristics of the data, find the association between the dependent variable and each independent variable of interest, and to estimate the relative importance of independent factors on female or joint decision-making *versus* male dominance.

Results: Logistic regression analysis revealed that relative to male dominance, female dominance was related to the husband's fertility desires, number of unions and number of pregnancies. Joint decision-making was associated with sources known for obtaining condoms and number of pregnancies.

Conclusion: The findings from this study add to the literature on contraceptive decision-making in the low-income context where little is known about reproductive and contraceptive behaviours. Findings lead to questions about the role of stakeholders, including government, in raising awareness. The findings suggest the need for studies on the connection between HIV/AIDS and reproductive and child health in Haiti specifically and the Caribbean in general.

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Correlates of pelvic floor disorders in women 50 years and over attending gynaecology and urology clinics in Kingston, Jamaica

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Objective: To determine the association between pelvic floor disorders and selected sociodemographic and health-related variables among outpatient gynaecology and urology clinic attendees 50 years and over.

Subjects and Methods: A total of 272 women 50 years and older were recruited from outpatient clinics at one tertiary hospital in Kingston. They were enrolled consecutively and data pertaining to sexual and genitourinary health, sociodemography, and health and social status were collected through use of an interviewer-administered questionnaire. Bivariate analyses were conducted to identify variables significantly associated with two pelvic floor disorders: symptomatic pelvic organ prolapse (POP) and urinary incontinence (UI). Based on these, a multivariate logistic regression model was developed to identify variables independently associated with having at least one pelvic floor disorder and to determine the strength of associations.

Results: Data relating to POP and UI were analysed for 268 and 263 women, respectively. More than half (51.7%) of the women had at least one pelvic floor disorder, with UI being more commonly reported (37.6%) than POP (25%). Controlling for education, hypertension, muscle/joint pain and menstrual status, each additional vaginal delivery was associated with a 15% (2.6%, 29.3%; $p = 0.017$) increase in odds of having at least one pelvic floor disorder.

Conclusion: Pelvic floor disorders are fairly common among outpatient clinic attendees and a higher number of vaginal deliveries significantly increase the likelihood of their occurrence. Due to their significant influence on health and well-being, risk factor identification is critical for informing prevention and mitigation strategies in women's health.

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Trends in maternal mortality in St Vincent and the Grenadines: A 10-year review based on the annual perinatal audit data

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Objectives: To examine the trend in maternal mortality in St Vincent and the Grenadines during the 2004–2013 period and to examine the use of the perinatal audit system as a feedback and surveillance tool to effect an improvement in the quality of care for women, leading to a reduction in maternal mortality.

Subjects and Methods: This is a retrospective study that collected and analysed maternal mortality data from the annual perinatal audit during the 10-year period 2004–2013. Data were also matched with those of other data sources. The data were examined to identify the number of maternal deaths during the period under review and the cause of these deaths.

Results: During the 10-year period under review, there was an average 1.3 maternal deaths per year. The majority of these deaths were classified as direct deaths (92.3%) caused principally by pre-eclampsia/eclampsia, while only 7.7% were due to indirect causes. Maternal mortality ratio decreased significantly from 74 in 1990 to 45 deaths/100 000 live births in 2014.

Conclusion: Avoidable maternal deaths must be prevented. The perinatal audit system surveillance should be strengthened. Mortality rates are essential in identifying problems within the healthcare system. Maternal mortality reviews should continue to be held as they provide valuable feedback, data and evidence for the health sector.

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Risk factors for postpartum depression among women attending postnatal clinics in Kingston, Jamaica

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Objectives: To measure the prevalence of postpartum depression among women attending postnatal clinics in Kingston, Jamaica, and to determine the risk factors associated with the occurrence of postpartum depression in this population.

Subjects and Methods: This study was cross-sectional, and surveyed 132 women. The survey was conducted among postnatal women who attended the postnatal clinic

at the Victoria Jubilee Hospital (VJH), the University Hospital of West Indies and several government health centres in Kingston during the months of July–September 2015. The survey instrument was a field tested interviewer-assisted questionnaire to which the Edinburgh Postnatal Depression Scale was incorporated to indicate the presence of depressive symptoms among the respondents.

Results: The prevalence of postpartum depression among the women in this study is estimated to be 47.7%. Mothers who had a life event with a significant negative impact were 2.7 times more likely to have postpartum depressive symptoms than those who did not (OR = 2.7; 95% CI 1.02, 7.17; $p = 0.046$), and mothers who were unemployed were 60% more likely to develop postpartum depressive symptoms than those who were employed (OR = 1.60; 95% CI 1.17, 2.18; $p = 0.003$).

Conclusion: The prevalence of postpartum depressive symptoms in the Jamaican population of postpartum women in this study is higher than previous estimates and higher than the World Health Organization estimates (2015). Studies should be undertaken with larger sample sizes to unearth further risk factors that may predispose women to postpartum depressive symptoms in Jamaica.

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Breastfeeding support at work: A comparison between career women in the public and private sectors in Trinidad and Tobago

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Objective: To evaluate knowledge and perceptions toward breastfeeding support at work among women in public and private sectors in Trinidad and Tobago.

Subjects and Methods: A purposive sampling design was used to select women employees from the public and private sectors. Employees were surveyed using a self-administered 16-item structured questionnaire. Data were analysed using SPSS version 21. Independent t -test was used to compare perceptions held by the public and private sectors. Pearson's correlation was used to determine the relationship between the variables. The level of significance was set at the 0.05 level.

Results: The mean breastfeeding knowledge score for the participants was 2.31 ± 0.83 , with the public sector employees having a mean score of 2.42 ± 0.759 , which was statistically significant ($p = 0.004$) when compared to the private score of 2.14 ± 0.914 . The mean readiness score

to utilize breastfeeding support for the public and private sectors employees were 1.08 ± 0.482 and 1.14 ± 0.525 , respectively; however, no significant difference was observed between the two groups ($p = 0.294$). The mean perception scores were 1.75 ± 0.985 for the public sector and 1.90 ± 0.950 for the private sector, with no significant difference between groups ($p = 0.184$).

Conclusions: Participants had adequate breastfeeding knowledge and a positive attitude and perception toward breastfeeding at work. We recommend that an intervention programme be developed to increase the awareness of breastfeeding support at work so that employees and employers can become more aware of its purpose and benefits.

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Fatherhood in St Kitts: Patterns and predictors of partnership and paternal dynamics in a Caribbean island

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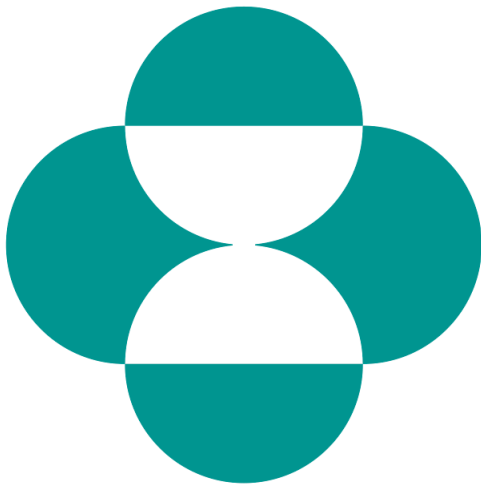
Objective: To characterize key patterns of paternal behaviour in the Caribbean island of St Kitts.

Subjects and Methods: A convenience, community-based sample of 102 fathers was recruited. The selection criteria

were being a father between 21 and 40 years of age who lives currently in St Kitts and has a biological child, or a step child, or both biological and step children aged 2–10 years. Participants were asked to complete one of three versions of a fatherhood questionnaire to provide basic sociodemographic information and enable the testing of three hypotheses concerning variation in partnership and paternal measures.

Results: A sample of 102 working fathers who expressed generally favourable attitudes and investments in a relatively low-fertility context participated. Results revealed differences in partnership dynamics and paternal outcomes with respect to relationship status, with married men reporting higher quality partnerships and providing more paternal care than fathers in visiting relationships. Partnership quality predicted a number of paternal outcomes such as supportive paternal attitudes and paternal behaviour. In both between- and within-subject analyses, biological fathers showed evidence of more favourable paternal attitudes and investments compared with stepfathers.

Conclusions: This study of fatherhood in St Kitts provides a portrait of men's work and family life in a small Caribbean island. Relationship status and quality are associated with key features of paternal attitudes and investment, and some measures of fathers' attitudes and investments are contingent upon step vs biological status. These data illustrate how key features of Kittitian paternal life can be placed in the social context.



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