

Methods: Detailed data were collected in a multi-modal fashion. Women with systolic blood pressures <90mmHg but greater than 70mmHg and/or a confused mental status (Class III shock) and women with systolic blood pressures <70mmHg and/or who were unconscious (Class IV shock) were specifically analyzed.

Findings: Three hundred and thirty-nine women with uncontrolled PPH from all causes had ESM-UBT devices placed among 350 study facilities. Three hundred and thirty-three (98.2%) of the 339 women had mental status and/or blood pressure measurements recorded prior to ESM-UBT device placement. Of these, 306 (91.9%) had uncontrolled PPH originating from an atonic uterus. One hundred and sixty-six (54.2%) of 306 women had normal vital signs or were in Class I or Class II hemorrhagic shock. In this group, there was one death attributed to PPH (survival 99.4%). One hundred and eleven (36.3%) of 306 were in Class III shock and 29 (9.5%) of 306 in Class IV shock. Survival was 108 (97.3%) of 111 and 25 (86.2%) of 29 in Class III and Class IV shock, respectively.

Interpretation: The ESM-UBT package arrests hemorrhage, prevents shock progression and saves lives in women with uncontrolled PPH from atonic uterus

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Challenges and Successes of a Perinatal Community Health Worker Program for Pregnant Somali and Sudanese Refugee Women

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Background: This presentation describes the challenges and successes of a Perinatal Community Health Worker (PCHWs) program for a unique group, pregnant Somali and Sudanese Refugee Women (SSRW) in the U.S. Many African refugees are resettled in metropolitan areas throughout the U.S. and a large portion of these people are from Somalia and Sudan. Pregnant African refugee women are often isolated in their new communities and must interface with a healthcare system that is outside their experience. While pregnancy may be safer in the new country, perinatal outcomes for these women are still poorer than other women of the resettled country. Community health workers are workers who assist individuals and communities to adopt healthy behaviors and conduct outreach and advocate for them. Community health workers have had positive impacts on health around the globe and in North America. However, their work with refugee women in resettlement countries has been limited.

Methods: An inter-professional team at a large western U.S. university received a small grant to establish a high impact, community-based pilot program. This project recruited PCHWs from within the Somali and Sudanese communities, trained, and educated them to provide support, information, and cultural liaison services. These PCHWs were also exposed to higher education opportunities and encouraged to pursue them.

Findings: Perinatal outcomes of attendance at prenatal visits, adherence to medical advice, and satisfaction with PCHW services were examined at the end of the pregnancies. Challenges emerged in the recruitment, training, and retention of PCHWs from within the refugee communities. Accessing pregnant women in the communities to provide services was also challenging, even for PCHWs from within the same community. Successes included retention of PCHWs and their progression on to higher education.

Interpretation: Perinatal outcomes examined were found to be affected by other variables including adherence to primary care, language, transportation, and finances. Women who received services reported increased understanding of western pregnancy care. Lessons learned have been shared with healthcare systems and public service agencies to create system change.

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Trends in the Use of Long-Acting Reversible Contraceptive Methods in Conflict Settings: A Retrospective Review of Health Facility Data in North Kivu, Democratic Republic of Congo

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Background: Protracted conflict, as found in eastern Democratic Republic of Congo (DRC), has far reaching implications for health. Unintended pregnancies, unsafe abortions, and violations of women's reproductive rights are heightened during armed conflict. Recent Demographic Health Survey (DHS) data reveal continued low contraceptive prevalence and high unmet contraceptive need in DRC. Availability and access to long-acting reversible contraceptives (LARCs) is limited in humanitarian settings. Save the Children, in partnership with the Ministry of Health, has been providing a mix of contraceptive methods, clinical training of service providers, commodity provision, and community mobilization in North Kivu province since 2011.

Methods: From May to July 2015, a systematic review was conducted of family planning facility registers and client cards installed by Save the Children in 24 health facilities supported by the Ministry of Health in North Kivu province. The study protocol was developed in partnership with Columbia University and approved by their IRB. The variables extracted from the registers

include demographic data, maternal reproductive history, source of referral, level of education, and contraceptive method uptake. Three data abstractors were trained and supervised by a fellow from Columbia University. Stata was used for data cleaning and analysis.

Findings: Over half (56%) of new clients accepted a LARC method. The mean age among LARC acceptors was 27.7 +6.7 and the mean parity was 4.9 +2.8. Implants, both Implanon and Jadelle, were the most commonly accepted method of LARC, while injectable contraception (DMPA) was the most commonly used short-acting method. Maternal parity of three and above was significantly associated with uptake of a LARC ($p < 0.01$) method compared to a short-acting method. Village of residence, age, and educational level were not significantly associated with LARC uptake.

Interpretation: Women encounter multiple challenges during conflict and displacement, including limited availability and access to reproductive health services. When available, use of contraceptives, notably LARCs, is high among women of reproductive age in conflict settings like North Kivu, DRC. Attention to partnership with the Ministry of Health and building the clinical skills of mid-level health providers are critical to ensuring access to a range of contraceptive methods and reproductive services for women during conflict and displacement.

Source of Funding: Save the Children.

Abstract #: 1.012_WOM

Nutritional Status of Schoolchildren in the Amazon Rainforest Interior of Multi-ethnic Suriname: the Influence of Age, Sex and Ethnicity

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Background: Adequate nutrition is critical for normal development during childhood. The nutritional status of schoolchildren living in the interior Suriname, South America, is of growing concern to the Medical Mission Primary Health Care Suriname (MM), that provides health care in this region. This study aims to evaluate the nutritional status of these schoolchildren.

Methods: MM 2015 interior schoolscreening data on height, weight and demographics of all schoolchildren aged 4–14 years was used in this cross-sectional retrospective study. Malnutrition was defined as BMI $< -2SD$ and stunting as height-for-age z-score $< -2SD$. Potential determinants of malnutrition and stunting: age, sex and ethnicity, were assessed using logistic regression analysis.

Findings: Of 3.863 schoolchildren, 51% were young (4–8 years), 49% older (9–14 years), 50% male, and 82.6%, 15.3% and 2.1% were of Maroon, Amerindian, and mixed ethnicity respectively. 5.4% of the schoolchildren were malnourished and 9.2% were stunted, including 1.6% who were severely stunted ($< -3SD$). In

multivariable analysis, younger age (OR 1.8; 95% CI 1.4–2.4) and Maroon children (OR=2.2; 95% CI 1.3–3.8 compared to Amerindians) were more often malnourished, sex was not of influence. Boys (OR=1.7; 95% CI 1.4–2.2), older children (OR 1.4; 95% CI 1.1–1.8) and Amerindians (OR=2.4; 95% CI 1.8–3.0 compared to Maroons) were more often stunted.

Interpretation: 5.4% of Suriname's interior schoolchildren are malnourished and 9.2 % are stunted. Younger and Maroon children were more often malnourished, whereas older children, boys and Amerindians were more often stunted. Future studies are needed to determine causes of malnutrition and stunting and may support adaptation of MM schoolchildren nutrition programs.

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Understanding the Relationship between Violence against Women-related Laws and Perceptions of Intimate Partner Violence among Women in Brazil

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Background: In March 2015, Brazil passed anti-femicide legislation to criminalize gender-motivated killings of women and stiffen existing penalties for perpetrators of violence against women (VAW). It is important to understand the impact of such laws on individual and community attitudes, perceptions, and experiences of intimate partner violence (IPV), a common form of VAW. The aim of this study was to examine community perceptions and individual experiences of intimate partner violence (IPV) - one form of violence against women (VAW) - from the perspectives of women.

Methods: An original in-depth interview (ISI) guide was developed for qualitative data collection among users of the public health system in Santo André, Brazil. Eligible participants included who were 18 years or older, identified as women, and resided in the Santo André municipality. 30 IDIs were conducted among women seeking health services in three public health posts; women were asked about individual and community experiences of IPV, satisfaction with health care services and opinions of VAW legislation. Data were coded and inductive thematic analysis conducted using MAXQDA 12.

Findings: Preliminary analyses were conducted to assess the willingness of women to receive IPV screening and intervention in healthcare settings in Santo André, Brazil. Women cited daily news on VAW reinforcing that it is a major issue; several shared personal experiences of IPV and VAW. Most were familiar with the Maria da Penha law (2006) though few believed it was effective or comprehensive. No women recalled the anti-femicide law (2015) or knew of the local Secretariat for Women's Policies. There were mixed feelings about the health sector and how it might best support women experiencing IPV.

Interpretation: Despite easy identification of IPV and VAW as important social problems, women were mixed on the role that