

Structure/Method/Design: We created the Women in Global Health Research Initiative in 2014 to identify and address gender-based challenges that contribute to women's attrition from the field. These include: 1) lack of senior female mentorship, 2) limited training and leadership development opportunities, 3) difficulty balancing career and personal life, and 4) health and safety risks. Our Initiative developed interventions to mitigate these challenges at personal, institutional, and policy levels.

Outcome & Evaluation: Our pragmatic strategies address each of the four challenges both at Weill Cornell and at our international sites. The Initiative now connects over 100 women researchers across 24 academic institutions, including women from low- and middle-income countries (LMICs), through a mentorship network. Women in the network mentor each other on topics such as maternity leave, sexual harassment, and navigating gender biases. We offer condensed leadership development seminars designed for researchers unable to attend semester-long programs, and remotely-accessible seminars. Female global health faculty at Weill Cornell can apply for "Research-Enabling Grants" that support research assistants during maternity leave or time away from their international site. The Initiative also provides health and safety training for women conducting global health research. The Initiative's impact will be evaluated by long-term retention of female faculty working in global health research at our institution.

Going Forward: The challenges faced by women in global health research are particularly exacerbated for women in LMICs. A major goal is to enact similar strategies at our international sites with the shared goal of promoting women into global health leadership. We are organizing leadership and career development opportunities at our international sites, supporting women leaders at our sites in addressing sexual harassment, and expanding our mentorship network to connect more female researchers from LMICs.

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Abstract #: 2.025_WOM

Intimate Partner Violence and Unintended Pregnancy among Young Pregnant Women in Low-and Middle Income Countries: Integrative Review of the Literature

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Background: According to the World Health Organization, about 16 million adolescent girls give birth every year, 95% of them from Low-and Middle Income Countries (LMICs). Intimate partner violence (IPV) is prevalent in LMICs and a known risk factor for unintended pregnancy. The purpose of this review was to understand the state of the scientific literature regarding the intersections between unintended pregnancy among young women and IPV in LMICs.

Methods: A literature review was conducted using databases, PubMed, Medline, CINAHL, and OVID. The search terms included unintended pregnancy or adolescent pregnancy and intimate partner violence or some related terms such as domestic violence, coercion, etc. Inclusion criteria included: primary research study, publication in English; published between 2007 and 2016;

setting in LMIC; at least 20% of study population between 15-24 years old.

Findings: 13 independent articles representing populations within 11 LMICs (Iran, Jamaica, South Africa, India, Nepal, Thailand, Burma, Colombia, Ghana, Lebanon, Uganda) met criteria and were included. We will present our findings on demographics and associated factors. For example, on average, 39% of young pregnant women were married before the age of 20 years, and among women disclosing IPV, the prevalence of unintended pregnancy among young pregnant women was between 11% and 69% in included studies. Physical abuse by the partner was more commonly reported than sexual violence. Low education and income of husband were significantly associated with IPV during pregnancy. Qualitative findings revealed significant verbal abuse, including accusations of working as a sex worker, and cultural variables such as abuse from in-laws and other factors.

Interpretation: IPV and unintended pregnancy are closely intertwined among young people in LMICs, include significant verbal abuse, and relationship-level variables (e.g., husband's income and education) and culture (e.g., child marriage, abusive in-laws) often influences these complicated situations. These intersecting factors likely produce significant maternal-child health risks, thus IPV detection and prevention efforts are needed, not only for women but also for community. More research is needed to identify effective adolescent pregnancy interventions in LMICs that attend to IPV risk. Qualitative and mixed-methods research in LMICs may be particularly useful to understand cultural factors specific to the context.

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E-Cigarette Use In Pregnancy: A Human Rights-Based Approach To Policy and Practice

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Background: The use of e-cigarettes is increasing, and in pregnancy is a potential health concern for both mother and baby. A 2016 World Health Organization report states that: "evidence is sufficient to warn... pregnant women... against ENDS [e-cigarette] use." Guidelines for healthcare professionals on e-cigarette use in pregnancy, published by the UK Smoking in Pregnancy Challenge Group, similarly state that: "We... don't know about any risks to unborn babies from exposure to [e-cigarette] vapour." Yet these guidelines also recommend that: "if a pregnant woman chooses to use an electronic cigarette and if that helps her to stay smokefree, she should not be discouraged from doing so." Equally concerning is the UK Medicines & Healthcare Products Regulatory Authority's recent approval of the 'e-Voke' e-cigarette to aid smoking cessation during pregnancy.

Methods: We analyze clinical practice guidelines on e-cigarette use in pregnancy from a range of settings, contrasting them to United Nations human rights treaties. We discuss how these treaties could be engaged in the development of best practices for midwifery and healthcare practice.