

OPPORTUNITIES AND INNOVATIONS IN WOMEN'S HEALTH GLOBALLY

Building academic partnerships to reduce maternal mortality

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Background: Maternal morbidity and mortality remain high in low-resource settings. In sub-Saharan Africa (SSA), a 41% reduction in the maternal mortality ratio from 850 in 1990 to 500 in 2010 is incomplete progress. The Millennium Development Goal of reducing maternal mortality by 75% by 2015 will not be met. Capacity-building efforts to reduce maternal mortality have focused on the training of midwives, general physicians and increasingly on non-physicians to perform C-sections and other specific "tasks." These efforts have been effective in addressing many of the issues facing pregnant women, but for complicated pregnancies, comprehensive obstetric care at high level and quality can only be provided by an obstetrician/gynecologist. Sustainable increases in OBGYN capacity must occur in SSA to reduce maternal mortality to the levels seen in other settings, eliminate obstetric fistul, and improve women's health. In many SSA countries, OBGYN post-graduate training programs are either weak or nonexistent. Examples exist of academic partnerships between OBGYN departments in high- and low-resource countries that train physicians to become certified specialists in their home countries. They are associated with high in-country retention creating the potential for academic/clinical capacity to provide comprehensive OBGYN care to all women.

Structure/Method/Design: During the International Federation of Gynecologist and Obstetricians meeting in Rome, Italy in 2013, academic obstetricians/gynecologists from SSA and the United States met to discuss the current status of OBGYN training in SSA and create a Call to Action and Way forward to train 1000+ OBGYNs in SSA in the next 10 years. Proceedings from the meeting, entitled Building Academic Partnerships to Reduce Maternal Mortality describe the status of post graduate training in some SSA countries, with an emphasis on successes in Ghana. In a follow-up meeting planned for February 2014, OBGYNs from 14 SSA countries representing 17 SSA OBGYN departments with their American OBGYN counterparts, along with representatives from Ministry of Health and Ministry of Education, professional organizations and funders will meet to create plans to start or enhance postgraduate training in obstetrics and gynecology to train 1000+ obstetricians/gynecologists in the next 10 years and measure the impact.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Numerous

Summary/Conclusion: Every country requires a base of academic OBGYNs to inform policy, provide advocacy, conduct essential research, and train the next generation. Academic obstetrics and gynecology department collaborations—through direct partnerships and collectively through collaborative networks—can provide the context to comprehensively improve capacity in SSA to address development goals of reducing maternal mortality as well as creating the potential to comprehensively improve women's health.

Building confidence and trust in preventive women's health: Discussion from a campaign in a small Andean community

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Background: In Peru, Pap smear coverage remains low, ranging from 7% to 42.9%. Because primary care is essential to primary and secondary prevention of many gynecologic malignancies, limited use presents a public health problem. One hypothesis is that a general lack of trust with the health system has created a barrier for women to seek primary care.

Structure/Method/Design: Since 2008, an annual medical campaign has been conducted in a remote Andean district of Peru through a partnership with the district health post. A women's health clinic was included in 2010. Services provided include wellness visits, pelvic and breast exams, Pap smears, and urgent care. Provider ≠ patient interactions emphasize the patient narrative, and principles of empathy, self-efficacy, and future planning are implemented.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Richmond Global Health Alliance
PAN Peru

Summary/Conclusion: The number of pelvic exams and Pap smears performed during the women's health clinic has increased since its initial implementation. Additionally, the clinic sees a large proportion of patients who return from past years, and the ability to teach preventive and self-care has increased greatly.

The consistency in providers through the 4 years of the women's health clinic has engendered comfort and trust, which has increased the amount of pelvic exams and Pap smears performed, as well as the ability to teach self preventive care. Additionally, patient—provider interactions focused on the patient narrative and motivated behavior change could explain patients returning from past years. Future directions will build on our initial trust-building and require the application of evidence-based care, selected increase in clinic capabilities, and epidemiological investigation.

Acting locally to address global sex trafficking

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Background: Trafficking of women and girls for commercial sexual exploitation into and within the United States is a serious public health problem. New York City is a hub for trafficking with many victims forced to work in massage parlors and underground brothels, or as streetwalkers.

We organized a campus-community conference —Hidden in Plain Sight: Sex Trafficking in NYC—with the goal of creating a local network to address this issue using the socioecological model.

Structure/Method/Design: Using social media as well as targeted outreach to community, academic, and professional networks, we drew over 70 representatives from health care, law enforcement, community-based organizations, and social service organizations. Attendees participated in discussions with experts in human trafficking in general and sex trafficking in particular.

Participants then generated recommendations for action within workshops on (1) working with victims in a clinical setting, (2)

community-based approaches to prevention, and (3) working with youth at risk.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Asian American Legai Defense and Education Fund

Girls Educational & Mentoring Services (GEMS)

Kings County District Attorney's Office

Health and Education Alternatives for Teems

University Hospital of Brooklyn

Downstate College of Medicine Student American Medical Women's Association

Downstate Occupational Therapy Student Council

Downstate School of Public Health Student Council

Summary/Conclusion: There was strong consensus in the anonymous post-event evaluation that the specific learning objectives were met:

To recognize individuals and groups vulnerable to commercial sex exploitation

To discuss best practices for intervening with sexually trafficked persons

To discuss promising strategies for prevention and mitigation of sex trafficking.

In addition, attendees expressed specific intentions for action:

Talk to my friends and colleagues about the issue: 85%

Collaborate with other organizations in addressing the issues around sex trafficking: 77%

Propose that my school, congregation, organization, or workplace discuss the issues: 60%

The network that emerged from the conference chose these action steps:

Promote a series of "train the trainer" workshops for local health professionals on the care of sex-trafficked persons

Form a coalition of community organizations to press for state funding to support programs for youth at high risk of involvement in commercial sexual exploitation

Advocate for a change in state law so that minors are not criminally charged for prostitution but instead are recognized as victims and are provided services

Link sex trafficking with other forms of labor trafficking.

Through the social media portal created for the conference, we will continue to track reports of individual and group activities in support of this emerging network.

Long-term outcomes for women after obstetric fistula repair: A qualitative study

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Background: Women with obstetric fistula suffer many physical, social, and economic consequences. Surgery can successfully treat the physical damage of an obstetric fistula; however, challenges that affect women's quality of life may persist when they reintegrate into their communities. This qualitative study assessed the long-term outcomes and quality of life among women who received surgical repair for obstetric fistula in Malawi.

Structure/Method/Design: In-depth interviews were conducted with 20 women from—seven districts across Central Malawi. All women were 1 to 2 years status postsurgical repair for obstetric fistula

at the Fistula Care Centre in Lilongwe, Malawi. We explored three domains: quality of life before and after fistula repair, reproductive intentions and marriage, and understanding of fistula. Interviews were independently coded and analyzed using content analysis.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): At the time of the interview, 9 of 20 women (45%) reported some degree of urinary incontinence. All but one woman reported the quality of their lives had improved since surgery. Sub-themes included feeling a sense of freedom and peace after repair, improved confidence and relationships with relatives and friends, and increased community involvement and income-generating ability. Over half reported they were welcomed back into their communities and had no challenges with reintegration. Almost all women had experienced stigma before surgery, but only one continued to face stigma after surgery. Prior to surgery, women's greatest concerns were that their fistula could not be repaired, that they would die during surgery, and marital discord. After surgery, their greatest concerns were financial challenges, the need for additional surgery, husbands with other wives, and desire for a husband and future children. Most women understood that fistula was caused by delays seeking a health center during labor and were now counseling other women to go to the hospital early. However, myths about witchcraft and fear of delivery causing fistula were present in their communities.

Summary/Conclusion: Nearly all women who underwent fistula repair felt that their quality of life had improved at the individual, interpersonal, and community levels, even among women who continued to have urinary incontinence. Contrary to other studies, the majority of women did not have challenges reintegrating into their communities. However, many continued to have problems with their husbands and were concerned about their future fertility, issues which need to be further explored in other studies.

Impact of community-based surveillance and monitoring on maternal and neonatal health-seeking and utilization behaviors of women living in urban slums

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Background: About 900,000 community health workers (ASHAs) have been recruited in India to assess the health needs of households and facilitate an effective response by the health system to address identified health needs of the community. However, they have not been provided with culturally appropriate systems or the requisite capacity to achieve this objective.

Structure/Method/Design: Study Design and Methodology: Change in the clients' health-seeking behavior was assessed by:

1) Comparing health utilization behavior in the last pregnancy (occurring in the last 1 year after the surveillance and monitoring system was introduced) with the previous pregnancy (prior to introduction of the surveillance and monitoring system).

2) Comparing service utilization behavior across levels of exposure to surveillance and monitoring. The levels of exposure to surveillance and monitoring were categorized as high, low, and none.

Sample size: The sample size for this study was 200 recently delivered mothers.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Antenatal Care: There was a significant increase in early registration for antenatal care (≤ 12 weeks) and a significant association was observed between exposure to surveillance and early registration ($P = 0.000$).

A significant increase was observed in the utilization of minimum, standard antenatal care services among women who received