Does birth preparedness package increase facility delivery? Results from a prospective cohort study in Nepal

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Background: A key strategy of safe motherhood programmes to reduce the maternal mortality is to ensure that pregnant women deliver at a health care facility. Birth preparedness package has been widely promoted and accepted as a demand-creation behavioural intervention to increase the ratio of facility delivery. Studies have been undertaken to measure change in birth preparedness level after this behavioural intervention, rather than measuring the impact on facility delivery. The aim of this study was to assess birth preparedness in expectant mothers and to evaluate its association with facility delivery in a central hills district of Nepal where birth preparedness package has been implemented.

Structure/Method/Design: A total of 701 pregnant women of more than 5 months gestation were recruited from randomly selected five urban wards and seven rural illakas in Kaski district of Nepal. Fifteen local female data collectors conducted baseline interview at respondents’ homes and 547 (85%) at facilities. The more arrangements made, the more likely were the women to have facility delivery (OR, 1.51; 95% CI, 1.12-2.03). For those pregnant women who intended to save money, identified a delivery place or identified a potential blood donor, money saving, and antenatal care checkup.

Place of delivery was identified for 644 participants: 97 (15%) at homes and 547 (85%) at facilities. The more arrangements made, the more likely were the women to have facility delivery (OR, 1.51; P < 0.001). For those pregnant women who intended to save money, identified a delivery place or identified a potential blood donor, their likelihood of actual delivery at a health facility increased by two- to three-fold.

Summary/Conclusion: Intention to deliver in a health care facility as measured by birth preparedness indicators was associated with facility delivery. Birth preparedness package could increase the proportion of facility delivery in the pathway of maternal survival.

Strengthening health system response to gender-based violence though multisectoral collaboration and best practices in evidence collection and documentation

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Background: The Program on Sexual Violence in Conflict Zones at Physicians for Human Rights (PHR) builds the capacity of health and legal professionals to document and collect forensic evidence of sexual violence according to best practices in support of women and girl survivors. PHR is currently implementing this program in Kenya, Democratic Republic of the Congo (DRC), Uganda, South Sudan, and Central African Republic (CAR).

Health professionals are crucial first responders to survivors of sexual violence, yet many receive little training in the documentation of court-admissible forensic evidence. PHR’s program