

which all providers mentioned as central to PPD's etiology. When asked about symptoms, most providers focused on more observable symptoms such as crying, whereas fewer providers mentioned less observable symptoms such as anxiety. Though providers had different ideas about how women seek help for PPD, they all believed that the best way to recognize and treat PPD is to talk with women and learn about their lives.

Interpretation: Results suggest that providers have limited knowledge of PPD and minimal experience working with PPD patients. In addition, there appears to be no unified system in place for identifying and treating PPD. Thus, PPD may go unnoticed, and many women experiencing PPD may not recognize or seek help for their condition. Hence, a need exists for the following: a system to identify and treat PPD, more research about how Mongolian women experience PPD, and education of patients and providers about its etiology, symptoms, and treatment.

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Causes for and Percentage of Maternal Mortalities in Otuzco, Peru: A Comparison to National and Urban Statistics

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Background: Women are over 3 times more likely to die in childbirth in Peru compared to the United States. Peru has had considerable success in diminishing maternal mortality rate (MMR, defined as the annual number of female deaths per 100,000 live births); nonetheless, poor, rural populations remain underserved medically. This study is designed to compare the MMR in urban areas to the rural mountain town of Otuzco, Peru.

Methods: The data for this study was collected from the Elpidio Berovides Hospital in Otuzco, which serves the local population as well as outlying villages. Records were reviewed on all hospital-based deliveries between 2010 and 2013. Comparison data on national averages was obtained from the National Institute of Health of Peru. This study was approved by Stanford IRB.

Analysis: The primary outcome was comparison of the MMR between the national average and the Otuzco average. The secondary outcome was analysis of causes of maternal mortality in Otuzco.

Findings: From 2010 through 2013, the average MMR for Otuzco (577.3) was almost 5 times higher than the national average in Peru (115.5). 38% of deaths in Otuzco were caused by hemorrhage, 29% pregnancy induced hypertension, 9% infections related to pregnancy, and 24% respiratory failure and preexisting conditions.

Interpretation: The Otuzco MMR remained significantly elevated above the national average during the years 2010–2013. Through discussions with health care providers in Elpidio Berovides Hospital, it was proposed that the elevated MMR was due to low levels of funding and inability to access updated equipment. This elevated rate is particularly concerning given that the national Peruvian MMR has greatly decreased over the past decade, while the MMR in Otuzco has remained unacceptably high. A limitation of this study was that the number of women giving birth at home is

unknown; however, a strength is the comprehensive data of the hospital records. The stated WHO Millennium Development Goal for Peru was to decrease the national MMR to 50 by 2015, but in order to achieve this more attention must be given to women in rural areas.

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Knowledge, opinions, and experiences concerning clinical and genetic testing: Voices of research participants in Puerto Rico

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Introduction: Genetic research is increasingly common throughout the world, although the degree to which attitudes of communities, researchers, and clinicians align is often unclear. The purpose of this study was to examine reasons for acceptance or refusal to allow genetic testing among a group of participants of the Puerto Rico Testsite for Examining Contamination Threats (PROTECT) research project that follows a cohort of pregnant women and their exposure to environmental agents, and includes genetic testing. Data from the PROTECT study show there are concerns about allowing genotyping for both the primary and future studies. The reasons for allowing and denying testing are not known, but enhanced understanding may provide valuable insight on how to inform individuals about the importance of genomic testing and to address community concerns that may represent barriers.

Methods: Five focus groups were conducted in Community Health Center Facilities and PROTECT study sites. A total of 36 individuals participated in the focus groups. The focus groups were digitally recorded (audio), and selectively transcribed. The transcribed text was analyzed for content pertaining to the categories that arising from the initial analysis to identify common themes and divergence among participants and groups.

Results: Most participants were familiar with the idea of genetic testing because of their experience with PROTECT. "Biorepositories" as a concept was unfamiliar, except for private banks for umbilical cord storage. Most participants identified their experience in research involving biological samples as positive, and stated they would currently consent to donating biological samples for the primary research request. While consent for future research beyond the primary research would be considered, women indicated that they would require that they be consulted before initiating a new study using their samples. Most participants were very interested in knowing the results of the research and how it relates to preterm birth.

Conclusions: There is a distinct need for information that is clear and understandable for potential participants in order to facilitate informed consent in genomic research. Information obtained in the process provides a basis for technology-driven approaches to inform and educate individuals about the benefits of genomic testing.

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