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qualitative data, I performed thematic analysis where broad themes relevant to the research objective were extracted.

Findings: More households in male-headed households (MMHs) reported utilising facility-based healthcare compared to household with female heads (FHHs). Households with a male sick member were nineteen times more likely to utilise facility-based healthcare relative to sick female household members (19.50, 95% CI 9.62-39.52). There were more reports of sole custody of household resources in MHHs against FHHs (88% vs 61%). Joint decision-making on healthcare expenditure was higher in FHHs (28% vs 19%). Qualitatively, women spoke of seeking permission from male household head before any expenditure while male heads spoke of concealing household financial resources from their spouse.

Interpretation: This study confirms the role of gender in household resources allocation and healthcare utilisation and calls for efforts to redress these prevalent inequities. I recommend that interventions that seek to improve women's agency and autonomy should incorporate strategies to reduce household level gender differences and inequalities.

Source of Funding: None.

Abstract #: *2.012_WOM*

Determinants of Contraception among Women with a Previous Ceasarean Section in the Kumasi Metropolis, Ghana

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Background: A previous Caesarean section (CS) confers high risk on the index pregnancy. Ensuring optimal inter-pregnancy intervals and the reduction of unintended pregnancies among this sub-population of high risk pregnancies is important for maternal health and survival. Contraception is encouraged especially after CS in order to reduce the risk of a short inter-pregnancy interval. The determinants of contraception among women has been widely studied but there are few studies that have looked at the predictors of contraception among this high risk subpopulation - women with a previous CS.

Methods: A survey of 484 women with at least one previous CS was conducted in the top-5 hospitals in terms of deliveries in Kumasi, Ghana. A questionnaire with questions that sought to measure the predictors of contraception, exposure to contraceptive counselling during the continuum of care, and the quality of family planning couselling was used. Data were subjected to various levels of logistic regression analyses.

Findings: After adjusting for covariates, partners' occupation, previous contraception, exposure to counselling, and the number of previous CS were significant predictors of contrceptive uptake. When compared with women whose partners were professionals, women whose partners were artisans were signfcantly less likely to take up contraception after CS. Women with a history of previous uptake had a signficantly higher odds of uptake post-CS compared with women without previous uptake. Women who received some form of counselling were signficantly more likely to take up contraception. At each point of care (from antenatal to postnatal) nearly 30% of respondents had some form of counselling; two-thirds did not receive any counselling along the continuum of care and only 11% received cousnelling at all points of care.When compared with women who had an inter-pregnancy interval of less than 24 months post-CS, women with an interval greater than 24 months were signficantly more likely to have used contraceptives after CS.

Interpretation: Maternal and child healthcare staff should be trained to improve the quality of their counselling to encourage women to take up contraception post-CS. A context-based adaptation of the Balanced Counselling Startegy into family planning services maybe helpful.

Source of Funding: Bill and Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.

Abstract #: *2.013_WOM*

Improving Emergency Obstetric and Neonatal Care (EmONC) Practices through Retrospective Analysis of Intrapartum Stillbirth Data at the Fort Portal Regional Referral Hospital, Southwesten Uganda

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Background: Through support from the Saving Mothers Giving Life Initiative, Fort Portal Regional Referral Hospital (FPRRH) has used the BABIES (Birthweight Age-at-death Boxes for Intervention and Evaluating System) matrix to track progress in perinatal care since 2013. The BABIES matrix is an epidemiological tool which uses birthweight and time of death to define newborn health problems, assess the performance of a health system, select interventions, and then monitor and evaluate these interventions. From 2013 to 2015, the birthweight-specific mortality rates of normal birthweight babies (2,500g+) increased from 12.1 to 19.2 intrapartum stillbirths per 1000 total births, indicating a gap in care during labor.

Methods: To identify these potential gaps in care during labor, we conducted an in-depth retrospective analysis of patient case sheet data from FPRRH. Inclusion criteria included intrapartum stillbirths of normal birthweight babies during 2015.

Findings: In 2015, 118 cases were identified but only 40.7% of the patient case sheets were found within the hospital's records and few were entirely complete. From the recovered patient case sheet data, 56% of the studied intrapartum stillbirths were accompanied by record of referral into the hospital. 14.6% were associated with cord prolapse, 14.6% with a ruptured uterus, 22.9% with an abnormal lie, and 16.7% associated with obstructed labor.

Interpretation: The lack of detailed record keeping and organization resulted in a reduction of data for analysis. In addition to