

Comparison of adverse pregnancy outcomes by type of healthcare facilities in Malaysia

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ABSTRACT

Background: Adverse pregnancy outcomes consist of maternal, intra-partum and fetal outcomes that should be monitored regularly. This study aims to compare the adverse pregnancy outcomes among mother who had live birth between July and December 2014 in relation to type of healthcare facility. **Methods:** This study used data from a nationwide survey on maternal and child health in 2016 using national birth registration sampling frame. Data was collected using face to face interview and assessment of antenatal cards by trained data collectors. The adverse pregnancy outcomes were defined as pre-pregnancy overweight and obesity, anaemia in pregnancy (AIP), pregnancy induced hypertension (PIH), gestational diabetes mellitus (GDM), instrumental delivery, Caesarean section (CS), prematurity, low birth weight (LBW) and poor Apgar Score. Descriptive analysis and Chi Square test were conducted and p-value <0.05 were considered as significant findings. **Results:** A total of 7106 mothers who had live birth between July and December 2014 reported had antenatal care (ANC) and delivered their new-born in healthcare facilities. In term of adverse maternal outcomes, the proportion of mothers with pre-pregnancy overweight and obesity, AIP and GDM is significantly higher in mother who had ANC in government facilities. However, there is no statistically difference for PIH. In term of mode of delivery and fetal outcomes, higher percentage of instrumental delivery, CS and poor Apgar score were observed in mothers who delivered in private facilities. The proportion of prematurity and LBW is significantly higher in mothers who delivered in government facilities. **Conclusion:** The proportion of adverse maternal outcomes, prematurity and LBW are higher in mothers who utilized government facilities for ANC, however instrumental delivery, CS and poor Apgar score are higher in mothers who utilized private facilities for birth. Further assessment on health staff workload and skill in managing the complicated cases should be carried out.

Med J Malaysia Vol 72 Supplement 1 August 2017:A107

Complex lifestyle intervention to reduce the risk of diabetes in the pre-conception period; a community trial, challenges and key-learning

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ABSTRACT

Introduction: The Jom Mama Project was conducted in Seremban district to engage young couples in a complex lifestyle intervention combining behaviour change counselling provided by community health promoters (CHPs) which are the community nurses, and utilisation of an E-health platform to reduce the risk of gestational diabetes and Type 2 diabetes in the future generation. The aim of this paper is to describe the challenges and key learning of implementing the intervention package. **Methods:** The target subjects are nulliparous women and their spouses (newly married or engaged couples), not diagnosed with diabetes and own a smartphone. The intervention consists of two components, the E-health and the CHPs who are in contact with the couples through 6 contact points for 8 months from the baseline. The CHPs function as a personal coach in conjunction with the E-health to support and guide the couples toward achieving and maintaining healthier lifestyle. **Findings:** Initially E-health had problems due to system instability and unstable internet connectivity. Steps had been taken to rectify this problem through system upgrades and a more stable internet connection. With the CHPs there was difficulty in applying behaviour change counselling technique, which is a new skill, despite trainings given. Thus, a support group was created to reinforce desired skills among the CHPs. **Conclusion:** The usage of e-health is prone to interruptions. Therefore, preventive measures need to be made available to minimize these interruptions. Effective capacity building for CHP should include frequent post-training support group sessions.