

Hospital (MCHH), a small urban hospital in Kumasi, Ghana, were enrolled in the study. Oral consent was obtained and the study was approved by Komfo Anokye Teaching Hospital and the Ethics Committee of the University of Chicago. The time each woman remained in the hospital determined if she was assigned to the early discharge group (<8 hours) or normal discharge group (>8 hours). Information on the pregnancy, delivery and the health of the newborn was recorded at birth. Additional health information was obtained at 1, 6, 10, and 14 weeks of age.

**Findings:** The early and normal discharge groups included 123 and 133 women, respectively. The median post-delivery hospital stay at MCHH was 8.9 hours. For all infants in the study, there was a nearly 100 percent completion of immunizations and no infant deaths at 14 weeks. The mean infant weight gain in the first week of life was 0.17 kg for the early discharge group and 0.25 kg for the normal discharge group (Two-Sample T-Test,  $P=0.1$ ). Early discharge was not significantly associated with rhinorrhea, cough, diarrhea, fast breathing, vomiting, poor feeding, fever, or seizure.

**Interpretation:** We conclude that for low-risk pregnancies with uncomplicated deliveries, early discharge does not adversely affect infant health at MCHH. We attribute this outcome to an effective triage system between MCHH and a much larger neighboring tertiary care center. These results suggest that development of maternal and child health triaging systems can promote efficiency and cost-reduction in resource limited settings.

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#### **Population based survey of chronic non-communicable diseases in Dubti and Asayita towns of Afar region, Northeastern Ethiopia**

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**Background:** We conducted population based survey to estimate the magnitudes of chronic non-communicable diseases in Dubti and Asayita towns of Afar region in northeastern Ethiopia.

**Methods:** We conducted a survey of 548 randomly-selected individuals in the two towns using a cluster sampling method to ensure that the individuals were representative to the towns. We utilized interviewer administered structured questionnaires which were adapted from WHO STEPS instruments. The WHO STEPS guidelines were also used to measure blood pressure (BP), pulse rate, weight, height, waist and hip circumference, and biochemical markers such as random blood sugar level, total cholesterol and triglycerides values. We collected whole blood sample after cleaning the cubital area by 70% alcohol and stored in 3 ml vacutainer tubes. After careful transportation, analysis of blood samples was done in Assaita hospital. The study was conducted after obtaining ethical clearance from the IRB of Samara University.

**Findings:** The specific observed prevalence for hypertension was 17.9% (95% [CI]: 15.0%–21.0%) while the reported prevalence of hypertension was 11.7%. The prevalence of overweight (BMI  $\geq 25\text{kg/m}^2$ ) was 8.8% (95% [CI]: 6.0%–11.0%). Central obesity as measured by Waist to Hip Circumference (WHC) was present in 38.5% of the study population showing huge difference between women (31.2%) and men (8.0%). On biochemical analysis of blood samples 233 (70.2%) of the study participants (72.2% women and 67.4% men) had high total serum cholesterol level (given the cut of point). Regarding high triglyceride, it was detected in 228 of the study population giving overall prevalence of 68.7%. The prevalence was higher in women (72.0%) than men (65.7%). The prevalence of raised random blood glucose was 4(1.2%) (95% CI: 0.03, 2.38). With regards to the behavioral risk factors, the prevalence of smoking was 13.5% (95% confidence interval [CI]: 11.0%–16.0%), alcohol consumption 13.0% (95% [CI]: 10.0%–16.0%), consumption of fruits and vegetables below adequate level 97.9%, and low level of physical activity 18.1% (95% [CI]: 14.83%–21.30%).

**Interpretation:** The prevalence of chronic non-communicable diseases (CNCDs) and the magnitude of the various categories of risk factors associated with CNCDs were considerably high in the study population.

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