The educational intervention was also associated with an increased proportion of women who correctly answered four key questions after the intervention, specifically 15% (95% CI, 2–28%; p=0.02) regarding duration of exclusive breastfeeding, 51% (35–67%; p<0.0001) regarding ideal time to initiate lactation, 40% (25–55%; p<0.0001) regarding indications for pacifier or bottle use, and 51% (34–68%; p<0.0001) for caesarian effects on breastfeeding.

Interpretation: This pilot breastfeeding educational intervention significantly increased knowledge in women about breastfeeding practices in one urban, low-resource health care facility in Santiago, DR. With lower breastfeeding rates in the DR compared to other Latin American countries, this intervention provides a promising foundation for scalable educational initiatives.

Funding: Arnhold Global Health Institute at Icahn School of Medicine.

Abstract #: *1.013_MDG*

Midwifery around the World: A study in the role of midwives in local communities and healthcare systems

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Background: 2015 marks the deadline for the UN Millennium Development Goal 5 to reduce global maternal mortality rate (MMR) by 75%. As of 2013, according to the WHO, MMR has only been reduced by 45%. Many international organizations claim that more medically trained midwives can meet global maternal health care needs. This study investigates two major questions. What is the role of midwives in diverse international maternal healthcare contexts? How do midwives in these different contexts define their roles and the barriers to providing the best care for women?

Methods: From May-August 2015 I conducted 56 in-person interviews with midwives in Netherlands, Sweden, Rwanda, Bangladesh, Australia and Guatemala, including 6-10 midwives from each country. The participants included midwives identified according to the local definition of the profession who were selected from both rural and urban settings. Each midwife participated in a two-stage card pile sort activity of 17 midwifery competencies obtained from the International Confederation of Midwives. Participants were first asked to sort cards into services in their scope of practice and outside their scope of practice. They were then prompted to sort the "within scope" cards into core and peripheral services. I analyzed the data for consensus on a model scope of practice by creating a participant agreement matrix. I evaluated this matrix by conducting a Principal Components Analysis in the program UCINET. Institutional Review Board approval was obtained from Arizona State University as well as country-specific ethics committees.

Findings: Midwives across countries agree on core elements of midwifery practice. Greater differences arose between high and low income countries for services such as "educate on human rights," "counsel in family planning," and "diagnose community health concerns."

Interpretation: Midwives, as defined in each country, care for healthy women through pregnancy and childbirth, and they understand when to refer care if complications arise. Midwives in low-income countries serve a greater role in local healthcare systems. Furthermore, strong collaboration with other medical providers is necessary to provide the best comprehensive care to women.

Funding: Circumnavigators Club Travel-Study Grant for undergraduate researchers.

Abstract #: *1.014_MDG*

The impact of parental obesity on pediatric malnutrition in rural Uganda–a household survey

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Background: Chronic pediatric malnutrition is a serious problem affecting low and middle income countries across the world. Within sub-Saharan Africa, Uganda in particular has an estimated prevalence of 33% of children under five years of age stunted, six percent wasted, and 14% underweight. Moreover, the nutrition transition, a shift from an active lifestyle with the consumption of fewer processed foods to a sedentary lifestyle with the consumption of high-calorie foods, is occurring in Uganda. We hypothesize that parental obesity, in correlation with education around nutrition, is further contributing to pediatric malnutrition, even in previously undescribed rural regions of Uganda.

Methods: A cluster-sampling method will be utilized to conduct a household survey across randomly selected sub-counties in the Kabale Region of rural Uganda. The sub-counties selected for sampling will have households in a particular cluster identified, and thirty randomly selected for survey. It is expected that approximately 60% of homes will contain children under five years of age, these children will have anthropometric data obtained. Parents will also be assessed for body mass index, and asked a consensus approved survey based on Ugandan national guidelines. All household members will be offered deworming treatment, and all children will be offered micronutrient supplementation and/or inpatient management based on Ugandan clinical guidelines. The primary outcome of parental obesity and pediatric malnutrition will be assessed. Secondary outcomes of parental education around nutrition and medical comorbidities of children will be assessed.

Findings: This study will be conducted in February of 2016, results are pending but will be available for the CUGH conference.

Interpretation: As above, this study will not have results until February of 2016.