

Methods: Detailed data were collected in a multi-modal fashion. Women with systolic blood pressures <90mmHg but greater than 70mmHg and/or a confused mental status (Class III shock) and women with systolic blood pressures <70mmHg and/or who were unconscious (Class IV shock) were specifically analyzed.

Findings: Three hundred and thirty-nine women with uncontrolled PPH from all causes had ESM-UBT devices placed among 350 study facilities. Three hundred and thirty-three (98.2%) of the 339 women had mental status and/or blood pressure measurements recorded prior to ESM-UBT device placement. Of these, 306 (91.9%) had uncontrolled PPH originating from an atonic uterus. One hundred and sixty-six (54.2%) of 306 women had normal vital signs or were in Class I or Class II hemorrhagic shock. In this group, there was one death attributed to PPH (survival 99.4%). One hundred and eleven (36.3%) of 306 were in Class III shock and 29 (9.5%) of 306 in Class IV shock. Survival was 108 (97.3%) of 111 and 25 (86.2%) of 29 in Class III and Class IV shock, respectively.

Interpretation: The ESM-UBT package arrests hemorrhage, prevents shock progression and saves lives in women with uncontrolled PPH from atonic uterus

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Challenges and Successes of a Perinatal Community Health Worker Program for Pregnant Somali and Sudanese Refugee Women

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Background: This presentation describes the challenges and successes of a Perinatal Community Health Worker (PCHWs) program for a unique group, pregnant Somali and Sudanese Refugee Women (SSRW) in the U.S. Many African refugees are resettled in metropolitan areas throughout the U.S. and a large portion of these people are from Somalia and Sudan. Pregnant African refugee women are often isolated in their new communities and must interface with a healthcare system that is outside their experience. While pregnancy may be safer in the new country, perinatal outcomes for these women are still poorer than other women of the resettled country. Community health workers are workers who assist individuals and communities to adopt healthy behaviors and conduct outreach and advocate for them. Community health workers have had positive impacts on health around the globe and in North America. However, their work with refugee women in resettlement countries has been limited.

Methods: An inter-professional team at a large western U.S. university received a small grant to establish a high impact, community-based pilot program. This project recruited PCHWs from within the Somali and Sudanese communities, trained, and educated them to provide support, information, and cultural liaison services. These PCHWs were also exposed to higher education opportunities and encouraged to pursue them.

Findings: Perinatal outcomes of attendance at prenatal visits, adherence to medical advice, and satisfaction with PCHW services were examined at the end of the pregnancies. Challenges emerged in the recruitment, training, and retention of PCHWs from within the refugee communities. Accessing pregnant women in the communities to provide services was also challenging, even for PCHWs from within the same community. Successes included retention of PCHWs and their progression on to higher education.

Interpretation: Perinatal outcomes examined were found to be affected by other variables including adherence to primary culture, language, transportation, and finances. Women who received services reported increased understanding of western pregnancy care. Lessons learned have been shared with healthcare systems and public service agencies to create system change.

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Trends in the Use of Long-Acting Reversible Contraceptive Methods in Conflict Settings: A Retrospective Review of Health Facility Data in North Kivu, Democratic Republic of Congo

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Background: Protracted conflict, as found in eastern Democratic Republic of Congo (DRC), has far reaching implications for health. Unintended pregnancies, unsafe abortions, and violations of women's reproductive rights are heightened during armed conflict. Recent Demographic Health Survey (DHS) data reveal continued low contraceptive prevalence and high unmet contraceptive need in DRC. Availability and access to long-acting reversible contraceptives (LARCs) is limited in humanitarian settings. Save the Children, in partnership with the Ministry of Health, has been providing a mix of contraceptive methods, clinical training of service providers, commodity provision, and community mobilization in North Kivu province since 2011.

Methods: From May to July 2015, a systematic review was conducted of family planning facility registers and client cards installed by Save the Children in 24 health facilities supported by the Ministry of Health in North Kivu province. The study protocol was developed in partnership with Columbia University and approved by their IRB. The variables extracted from the registers