



Abstracts



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Distance matters: barriers to antenatal care and safe childbirth in a migrant population on the Thailand-Myanmar border from 2007-2015, a pregnancy cohort study

Author Block: Eric Steinbrook¹, Myo Chit Min², Ladda Kajeechiwa², Jacher Wiladphaingern², Moo Kho Paw², MuPawJay Pimanpanarak², Woranit Hiranloetthanyakit², Aung Myat Min², Nay Win Tun², Mary Ellen Gilder², François Nosten², Rose McGready², Daniel M. Parker² ¹University of Michigan Medical School, Ann Arbor, MI, United States, ²Shoklo Malaria Research Unit, Mae Sot, Thailand

Background: Antenatal care and professional childbirth services are important interventions to improve maternal health and lower the risk of poor pregnancy outcomes and mortality. Recent literature has shown that distance to clinics can be a disincentive towards seeking care during pregnancy. On the Thailand-Myanmar border antenatal clinics serving migrant workers have found high rates of loss to follow-up of 17.4%, but decades of civil conflict have made this difficult to study. Here we perform a comprehensive study examining the geographic, demographic, and health-related factors contributing to loss to follow-up. Methods: Using patient records we conducted an epidemiological analysis looking for predictors of loss to follow-up and pregnancy outcomes between 2007-2015. We used multivariable regressions to assess for predictors of loss to follow-up, pregnancy complications, and time of first presentation for antenatal care. Results: We found distance travelled to clinic strongly predicts loss to follow-up, miscarriage, malaria infections in pregnancy, and presentation for antenatal care after the first trimester. Women lost to follow-up travelled 45% farther than women who had a normal singleton childbirth (a ratio of distances (DR) 1.45; 95% confidence interval (CI): 1.40 – 1.51). Women with pregnancies complicated by miscarriage travelled 23% farther than those who did not have miscarriages (DR: 1.23; CI 1.14 - 1.31), and those with *Plasmodium falciparum* malaria in pregnancy travelled 62% farther than those without *P. falciparum* (DR: 1.62; CI: 1.44 – 1.82). Women who delayed antenatal care until the third trimester travelled 46% farther compared to women who attended in the first trimester (DR: 1.46; CI: 1.39 – 1.53). Conclusions: This analysis provides the first evidence of the impact of distance on access to antenatal services and pregnancy outcomes in the rural, remote, and politically complex Thailand-Myanmar border region. Our findings can be applied to other similar environments, in which increased patient support services may be required to improve continuity of care and provide for a more positive pregnancy experience.

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