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ABSTRACT SUPPLEMENT

Guest editors: Ivan Erzen, Tit Albreht and Dineke Zeegers Paget

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actions in order to better manage this public health issue. Mapping of services providing health promotion, primary, secondary, and tertiary prevention, and treatment was carried out. Additionally in the frame of nation-wide research on alcohol, tobacco, and other drugs being executed on a national representative sample (N = 16.000) also internet, internet gaming and gambling disorder measures will be obtained. We expect preliminary results to be provided within the workshop.

Effectiveness of interventions for youth affected by violence

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Background:

A large proportion of youth is exposed to violence (family, community violence and wars) with potential devastating effects on their health and their mental health. We examine systematically the effectiveness of interventions to reduce effects of violence exposure on youth mental health.

Methods:

We conducted a systematic literature search using four databases, PubMed, PsychInfo, CINAHL, and EMBASE. An

initial search generated 3 077 articles; finally, 14 articles with quantitative studies were included in this review. We excluded studies that focused on specific populations, did not include quantitative data, did not use a control group or assessed other outcomes. Study quality criteria were set up and studies (eight randomized controlled trials, six cohort studies) were rated according to these quality criteria (total: n = 3 800 persons, 3 051 females). We conducted a meta-analysis with randomized controlled trials and with longitudinal observational studies, separately.

Results:

In the studies, a variety of interventions was conducted (e.g., home visiting, cognitive behavioral therapy, supportive counselling). Interventions to reduce depression and anxiety showed a moderate effect. Effect estimate (d = 0.57) were the same in the randomized controlled trials and in the longitudinal observational studies. We rated the quality of studies as low as risk for selection, detection and attrition bias was high.

Conclusions:

Studies suggest that interventions to reduce impact of violence on depression and anxiety in youth are effective. Common factor in interventions is enhancement of belonging. However, effects are small. Based on these results it might be possible to develop more effective interventions to reduce effectively the impact violence has on youth mental health.

8.N. Public health challenges in maternal health

Admissions of foreign women to ER for Obstetric Complications and Non-Complicated Deliveries in Rome

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Introduction:

Obstetric complications, including abortion, are a concerning issue for immigrant women. The objective of this study was to analyze admissions of pregnant foreign women for these complications and for Non-Complicated Deliveries (NCDs) to emergency rooms (ERs) in Rome, Italy, taking into account the possible effect of educational level (EL).

Methods:

Data on the admissions of pregnant women to ERs of five large hospitals from 1999 to 2014 were collected. All the patients were divided into 23 Nationality Groups (NGs). Poisson regression models, both with and without EL as independent variable, were used to estimate incidence rate ratios (IRRs) of the various NGs for: NCDs; Spontaneous Abortion, Molar and Ectopic Pregnancy (SAMEP; ICD9 630-634); Non-Abortive Complications of Pregnancy (NACP).

Results:

156.208 pregnant women were admitted to the ER. Of those, 17.3% had a diagnosis of NCD, 9.5% of SAMEP, and 73.2% of NACP. Eastern, Southern and South-Eastern Asians had a higher risk of NCD and a lower risk of NACP than Italians; Romanians showed a lower risk of NCD. Globally, 11 NGs, including the above-mentioned ones, had a higher risk of SAMEP than Italians. The introduction of the EL as an independent variable in the regression model did not change consistently these results. Nevertheless, the analysis showed that higher EL levels are associated to higher NCD risk and lower NACP risk. No association has been found between EL and risk of SAMEP.

Conclusions:

The increased risk of SAMEP in most of the foreigner groups, apparently independent from the EL and not mirrored by a similarly increased risk of NACP, may suggest that these populations are admitted to the ER in worse conditions than Italian women. Probably, such a negative outcome is more likely to occur as a result of an inadequate pregnancy follow-up. These results point out the need of an improvement of the access of prenatal care services through the development of programs targeted to foreign women.

Key messages:

- Most of the groups of nationality showed an increased risk of SAMEP and NCD, and a decreased risk for NACP than Italians, still if considering EL in the analysis.
- In order to tackle the higher risk of SAMEP of foreign women, an improvement of the access of prenatal care services is needed.

Maternal care, pregnancy complications and birth outcomes among native and migrant women in Portugal

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Background:

Migrants can experience inequalities in care and health outcomes even in countries with universal access to care, regardless of legal status, as it is the case in Portugal. Thus, we assessed the prevalence of late antenatal care, pregnancy complications, obstetric interventions and birth outcomes considering the country of origin of women delivering in Portugal

Methods:

As part of an ongoing population-based study, enrolling native and foreign-born women recruited in 32 Portuguese public hospitals at delivery, 3884 women were classified in groups according to their country of origin and native country language as Portuguese (PT), Portuguese speaking Latin-

American Countries (BR), Portuguese speaking African countries (PALOP) and other countries (PNSC)

Results:

The prevalence (%) varies for late antenatal care ($p < 0.001$), from 14.5 (PT) to 29.8 (PALOP); pre-eclampsia/eclampsia ($p = 0.031$), from 0.8 (BR) to 2.4 (PALOP); instrumental vaginal birth ($p < 0.001$), from 8.6 (PALOP) to 18.1 (PNSC); C-section before labour ($p < 0.001$), from 11.5 (PNSC) to 15.2 (BR); and C-section during labour ($p < 0.001$), from 15.5 (PNSC) to 21.7 (PALOP). No differences were found for twin pregnancy ($p = 0.128$), gestational diabetes ($p = 0.283$), placental disorders ($p = 0.743$), induced labour ($p = 0.138$), preterm delivery ($p = 0.897$) or admission to Neonatal Intensive Care Unit ($p = 0.918$).

Conclusions:

Health inequalities in care of migrant pregnant women are particularly evident for those born in African countries with Portuguese as the official language.

Key messages:

- In Portugal women coming from different countries converge in regards to indicators of perinatal health.
- Speaking the language of the host country does not overcome inequalities of care among migrants.

Generous breastfeeding: milk donor's characteristics in the Siena province, Italy

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Background:

Breastfeeding is regarded as one of the most important measures to improve children's health; according to WHO 820,000 child lives could be saved every year. One of WHO goals is to increase exclusive breastfeeding rates in the first six months of life to at least 50% by 2025 (actually 38% worldwide). Human milk banks play an essential role in providing human milk to infants (especially premature ones) who would otherwise not be able to receive it.

Methods:

The aim of this observational retrospective study was to examine characteristics of milk donors in the province of Siena and to identify factors influencing Milk Quantity (MQ) and Length of Donation (LD). Data were collected using medical records from the milk bank of Siena (Italy) during the period from January 2010 to August 2017. The collected information was: Age, Nationality, Title, Profession, Type of Labour (preterm/term), LD and MQ. A descriptive and inferential analysis was carried out using Stata12.

Results:

A total of 304 donors was included: 75.7% of Italian nationality. The average age was 32.4 ± 5.2 , significantly higher for Italian donors (33.5 ± 5 vs 28.7 ± 4.2 ; Mann-Whitney; $p < 0.001$). Italian donors had higher education level and better work situation (chi-squared; $p < 0.005$); 80% were of them were employed. Non-Italian donors had more probability to have preterm labour (OR = 3.68; $p < 0.001$). Average LD was 2.7 ± 1.8 months, positive correlation with MQ was observed (Spearman's $\rho = 0.63$; $p < 0.001$). Average MQ was 4.8 ± 7.6 l; it was higher for donors with preterm labour and non-Italian nationality (Mann-Whitney; $p < 0.001$). From multiple regression emerged as factors associated with higher MQ: preterm birth and LD ($p < 0.001$).

Conclusions:

Italian donors were older, had higher education level and the majority of them were employed. Donors with preterm labour

donated a higher amount of milk; the possible explanation is their higher perception of risk and needs of fragile preterm infants in terms of adequate nutrition.

Key messages:

- Preterm labour was the main factor associated with higher quantity of donated milk, mothers of these babies have usually higher perception of their risk and needs in terms of adequate nutrition.
- Differences in donor's characteristics based on their nationality were observed, Italian donors were older, had higher education level and better work situation.

Socioeconomic differences in the incidence of small-for-gestational-age birth and their time trend

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Background:

Children born small for gestational age (<10th percentile for birthweight at a particular gestational age; SGA) are at higher risk of morbidity and later disease risk. This study aims to quantify socioeconomic differences in SGA incidence and test whether these inequalities are shifting over time in an English population-based cohort.

Methods:

We used 70,818 antenatal care and delivery records of singleton births to mothers aged ≥ 18 years at University Hospital Southampton, UK, utilising logistic regression modelling to investigate the risk of SGA by maternal educational qualification, employment, partner's employment status and lone motherhood recorded at the first antenatal appointment. We also adjusted for maternal age, ethnicity, parity, blood pressure, gestational diabetes and baby's sex. We tested mediation by maternal body mass index (BMI) category and smoking status. Interactions between social indicators and year estimate change in inequality over the study period (2004-2016).

Results:

Mothers with no university degree were more likely to give birth to an SGA baby (adjusted odds ratio (aOR) 1.22, 99% CI 1.03, 1.45) than mothers with a degree. Maternal (aOR 1.26, CI 1.09, 1.45) and paternal unemployment (aOR 1.29, CI 1.03, 1.61) were also associated with higher SGA risk compared to employed mothers and partners respectively. There was no evidence of mediation by maternal smoking or BMI for those associations. However, despite lone motherhood being associated with higher risk of SGA (aOR 1.27, CI 1.01, 1.59), this was attenuated by adding maternal smoking status in the model (aOR 1.15, CI 0.92, 1.45). All of the linear trends in ORs by year showed no evidence of narrowing inequalities over time at the 1% statistical significance level.

Conclusions:

Social inequalities in SGA incidence are evident, and have remained stable over the 12-year study period. Pre-conception and antenatal interventions targeting socially disadvantaged mothers are needed.

Key messages:

- Maternal qualification, unemployment and partner's unemployment are independently associated with SGA risk. Features of social disadvantage, other than smoking and obesity, may account for this gap.
- Social inequalities in SGA have not narrowed over a 14-year period in this English cohort. Understanding the complex interactions between risk factors in socially disadvantaged groups is crucial.