

Sociodemographic, living environment and maternal health associations with stillbirth in a tertiary healthcare setting in Kano, Northern Nigeria.

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Background

Estimates show that only half of adults in Wales meet the UK recommend guidelines for physical activity. In 2015, the financial burden of physical inactivity to the Welsh NHS was estimated to be £35 million. Workplace interventions promoting physical activity can result in positive outcomes for employee health, wellbeing, productivity, job satisfaction and reduced absenteeism. However, the majority of such interventions are prescriptive in the type/duration of physical activity to be completed. In response to Welsh public opinion that employers should do more to help improve the health of their workforce, Public Health Wales (PHW) developed the Time to Move initiative - a 12-month pilot providing employees the opportunity to use one hour (pro rata) of paid work time per week for physical activity of their choice.

Methods

The Time to Move initiative was evaluated using a pre-experimental time series design. Data were collected using online questionnaires at baseline (June–August 2018), mid-initiative (Dec 2018) and 12-months post-initiative (June–August 2019). All measures were self-reported and included physical activity (MET-minutes/week), general health (0, poor – 100, good) and mental well-being (SWEMWBS), job satisfaction (1, very dissatisfied – 5, very satisfied) and participant demographics (e.g. age, gender, pay band).

Findings

Higher odds of stillbirth were associated with low levels of education, a further distance to travel from home to the hospital, living in a shack, maternal hypertension and having had a previous stillbirth after adjusting for all sociodemographic and health features. Higher odds of intrapartum stillbirth included; shoulder presentation, compound presentation and breech presentation compared to cephalic presentation. Other birth related factors associated with higher odds of stillbirth included reported birthing complications, duration of labour being ≥ 18 hours), antepartum haemorrhage, prolonged/obstructed labour, vaginal breech delivery, emergency Caesarean-section delivery, and signs of trauma to the neonate.

Conclusions

Identified risk factors associated with stillbirths are relatively amenable to intervention and a lot of work has been conducted globally, so the development of intervention with sufficient funding should be a relatively rapid process.

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