Introduction

International studies on this topic yield controversial results. No studies from Russian have been published. We contribute by studying associations between maternal pre-pregnant BMI and the risk of spontaneous preterm birth in Northwest Russia.

Methods

A historical cohort study using the data of the Murmansk County Birth Registry. All spontaneous singleton births in the county in 2006–2008 were included (n=23,527). All women were categorised as overweight (<18.5 kg/m²), normal (18.5–24.9 kg/m²), overweight (25.0–29.9 kg/m²), and obese (≥30.0 kg/m²).

Crude and adjusted associations between pre-pregnant BMI and risk of spontaneous preterm birth (<37 completed weeks) were estimated by logistic regression analyses.

Results

In total, 7.5% (95% CI 7.2 to 7.9) of all spontaneous births were preterm. The prevalence of preterm birth according to the mother’s BMI was 7.3% (95% CI 6.9 to 7.7) for normal weight, 7.6% (95% CI 6.4 to 8.9) for overweight, 8.2% (95% CI 7.4 to 9.1) for overweight and 8.5% (95% CI 7.0 to 9.6) for obese women. The risk of spontaneous preterm birth was increased in overweight women compared to normal weight mothers (crude OR 1.15, 95% CI 1.13 to 1.31). After adjustment for marital status and education, increased risks of preterm delivery were found in both overweight (OR 1.18, 95% CI 1.04 to 1.34) and obese women (OR 1.21, 95% CI 1.13 to 1.31). Further adjustment for age, parity, infant sex, smoking and alcohol abuse, reduced the associations to non-significant level.

Conclusion

Overweight and obesity are associated with preterm birth in Northwest Russia, but only before adjustment for biological factors. More detailed analyses of causal pathways are warranted. Potential mechanisms will be discussed.

Cross-sectional study involving 1115 individuals from rural and urban areas of Rio de Janeiro, Brazil, whose aim was to evaluate the effect of urbanisation of place of residence in the quantitative standard of alcohol consumption. We used logistic regression for multivariate analysis, considering the potential confounders age, education, income and marital status. The reasons and likely derived from the bivariate analysis, considering the first category as reference were: sex (OR=2.254, 95% CI 1.69 to 3.01), age group (OR=1.59, 95% CI 1.07 to 2.36), schooling (OR=2.80, 95% CI 0.51 to 15.4) Income (OR=2.83, 95% CI 1.42 to 5.83), status (OR=1.40, 95% CI 1.03 to 1.90), Urbanisation (OR=1.07, 95% CI 0.75 to 1.54). In the multivariate model, the adjusted OR of association between urbanisation of the area and alcohol consumption was 0.95 (95% CI 0.65 to 1.45). The urbanisation of place of residence and therefore does not increase the risk of alcohol consumption, in quantitative terms. Health policies should therefore investigate the quality of alcohol consumed, in order to achieve the effect of addiction and work risk factors for risk reduction.

Background

Tuberculosis (TB) represents a major challenge for Brazil and the world, especially because of the presence of pockets of poverty and coinfection with TB/HIV. The aim of the study is to analyse the trend of prevalence, incidence and mortality of tuberculosis cases, associated or not with HIV in Brazil and worldwide.

Materials and Methods

We used data on prevalence, incidence and mortality from tuberculosis, with or without HIV co-infection, obtained by the WHO, from 1996 to 2008, referring to Brazil and the world. The trends were estimated by linear regression.

Results

The data suggest a reduction in the prevalence of and mortality from TB both in Brazil and worldwide, with more marked reduction in Brazil. However, TB incidence is falling in Brazil while increasing worldwide. There were increasing rates of incident TB/HIV.

Conclusion

Social inequality, population ageing, migration, the emergence of multidrug-resistant strains and the advent of AIDS are the main causes aggravating the current TB situation. In this context, methodological approaches for assessing TB surveillance actions are welcome because they can identify situations where the TB notification data are different from the true incidence of this disease.

Introduction

WHO introduced the global initiative for the elimination of avoidable blindness by the year 2020 known as Vision