respectively 83.0% and 96.2%, corresponding with a positive predictive value of 87.0% and a negative predictive value of 95.0%. Subgroup analyses showed higher predictive values for second VAP episodes, and when *P aeruginosa* was involved.

Conclusions In this cohort routine SC appear to have excellent operating characteristics to predict MDR involvement in VAP.

REFERENCE

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O6-5.5 ORAL MISOPROSTOL IN PREVENTING POSTPARTUM HAEMORRHAGE AT HOME BIRTH IN RURAL BANGLADESH: HOW EFFECTIVE IT IS?

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Aims Insufficient evidence exists regarding the prevention of postpartum haemorrahge (PPH) by oral administration of misoprotol in low income countries. This study investigates whether 400 μg of oral misoprostol could prevent PPH in a community home-birth setting and to assess its acceptability and feasibility among rural Bangladeshi women.

Methods This quasi-experimental trial was conducted among women who had home delivery between November 2009 and February 2010 in two rural districts of Bangladesh. Two treatment arms included intervention group (n=1009) receiving 400 μg of misoprostol immediately after birth, and control group (n=1008) without misoprostol. Primary PPH was measured by women's self-reported subjective measures of the normalcy of blood loss using the "cultural consensus model." Baseline data provided socioeconomic, reproductive, obstetric, and bleeding disorder information.

Findings The incidence of primary PPH was found to be lower in the intervention group (1.6%) than the control group (6.2%) ($p<0.001$). Misoprostol provided 83% protection (OR 0.17; 95% CI 0.05 to 0.54) from developing primary PPH. Women in the control group were more likely to need an emergency referral to a higher level facility and blood transfusion than the intervention group. Few women experienced transient side-effects of misoprostol. Eighty seven per cent of the women were willing to use misoprostol in their future pregnancy, and would recommend to other pregnant women.

Conclusion Community based distribution of oral misoprostol (400 μg) appeared to be as effective, safe, acceptable, and feasible in preventing PPH in rural Bangladesh. This strategy may be scaled up across the country where access to skilled attendance is limited.

O6-5.6 SPONTANEOUS LIVE BIRTH AFTER IN VITRO FERTILISATION TREATMENT: FREQUENCY AND ASSOCIATED FACTORS

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Introduction Spontaneous live births (SLB) after in vitro fertilisation (IVF) treatment are not unusual, but reported SLB rates vary widely and little is known of their associated factors. Our objective was to examine the frequency of SLB and their associated factors among couples who had had IVF, successfully or unsuccessfully.

Methods A retrospective cohort of couples was recruited in eight French IVF centers. The couples had begun IVF treatment in the participating centers between 2000 and 2002, and were followed-up by postal questionnaire between 2008 and 2010. Analysis was carried out on 2134 couples who were still together at the time of the postal survey. Separate analyses were conducted according to the outcome of medical treatment: live birth (n=1320) or no (n=814). Multivariate analysis that included socio-demographic and medical characteristics was conducted using logistic regression.

Results The SLB rate was 17% among couples who had had a first live birth through medical treatment and 24% among couples who had unsuccessful treatment. In both groups, SLB was associated with younger age of the women, fewer IVF attempts and the origin of infertility. In couples who had not been successful with IVF, SLB was also associated with a shorter duration of infertility.

Conclusion Even in a population which had had IVF because of a very low monthly probability of conception, SLB is still possible, especially among couples who did not succeed in having a child through fertility treatment. Occurrence of SLB was mainly related to a better initial fertility prognosis.

Tuesday 9 August 2011
IEA Regional Workshops
JOINT WORKSHOP ORGANISED BY THE IEA REGIONS FOR NORTH AMERICA AND THE LATIN AMERICAN AND CARIBBEAN REGION

Chair: Dr Betty Monsour, USA

RW1-1 LINKING THE GLOBAL SOUTH AND NORTH IN THE AMERICAS: BUILDING HEMISPHERIC TIES AND SOLIDARITY TO PREPARE FOR THE 2014 IEA WORLD CONGRESS OF EPIDEMIOLOGY IN ALASKA: AMERICAN AND CARIBBEAN

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The focus of this joint IEA Regional workshop, co-organised by the IEA North American Region and the IEA Latin American and Caribbean region, is **"Linking the global South and North in the Americas: building hemispheric ties and solidarity to prepare for the 2014 IEA World Congress of Epidemiology in Alaska."** Premised on the understanding that social justice is the foundation of public health, the purpose of our workshop is to bring together epidemiologists from across the Americas—as well as from any other region—to think together, imagine together, and work together to inspire ideas for presentations and perspectives of the upcoming IEA World Congress of Epidemiology to be held in Anchorage, Alaska in 2014. The working theme of WCE 2014 is *Global Epidemiology in a Changing Environment: The Circumpolar Perspective*. Creating a forum to address these issues, even from a circumpolar perspective, calls for an integrated approach from the Americas and the Caribbean, one that addresses the health status and needs of the region's myriad populations, including Indigenous peoples, immigrants, diverse racial / ethnic groups, and all those affected by social and economic deprivation and discrimination, in relation to not only race / ethnicity but also social class, gender, and sexuality. These are just a few of the issues we hope to investigate at WCE 2014. Please join us in this workshop opportunity as we plan for a truly global Congress.

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