



# Short interpregnancy interval (IPI) and perinatal outcomes in the Solomon Islands

Leeanne Panisi<sup>1</sup>, Hannah Kluckow<sup>2</sup>, Dukyeon Kim<sup>3</sup>, Kirsten I Black<sup>4</sup>

<sup>1</sup>National Referral Hospital Honiara, Solomon Islands; <sup>2</sup>John Hunter Hospital, Newcastle, Australia <sup>3</sup>Royal Prince Alfred Hospital, Sydney, NSW, <sup>4</sup>Discipline of Obstetrics, Gynaecology and Neonatology, The University of Sydney Central Clinical School, Faculty of Medicine and Health, Sydney, NSW 2006

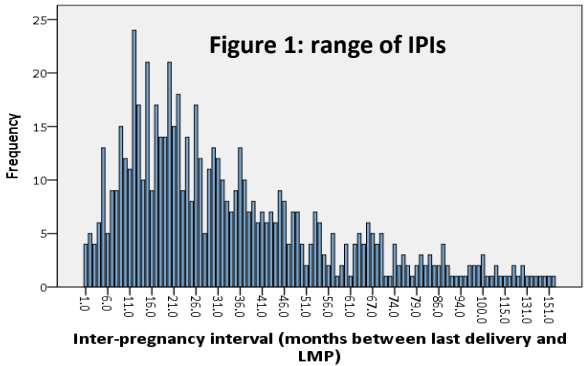
## Introduction

**Background:** Short interpregnancy interval (IPI) has been widely described in the literature to be associated with increased risk of multiple obstetric, neonatal and maternal adverse outcomes. The World Health Organization<sup>1</sup> has consequently recommended at least 24 months between delivery and conception of the next pregnancy.

**Aims:** We sought to examine the prevalence and associations of preterm birth and small for gestational age (using intergrowth) among women attending antenatal care in Honiara, Solomon Islands and whether IPIs impacted on these outcomes.

## Results

**Results:** Of 1423 women, data on IPI were available for 649 women of whom 30% had an IPI of <18 months (range 1-151 months) (Figure 1). Of the 1424 women 172 (12.1%) delivered preterm. 18.4% (258) of births were SGA based on the intergrowth study data. There was no relationship between IPIs less than 18 months and SGA, but a weak association was seen with PTB (p=0.055) (Table 1).



## Methods

**Materials and Methods:** From January 2014 – April 2015 we undertook prospective cohort study that used a structured questionnaire to collect data on women presenting to the National Referral Hospital and community clinics in Honiara for antenatal care. Follow up data was collected by midwives regarding the outcomes of these pregnancies

**Table 1: Predictors of preterm labour**

Variable	Adjusted OR (95% CI)	P-value
Unintended pregnancy	1.05 (0.73 – 1.50)	0.79
Maternal Age		0.20
Teenager	1.13 (0.67 – 1.91)	0.65
20-29	1 (Referent)	
30-34	0.56 (0.34 – 0.92)	0.023
35-39	0.81 (0.42 – 1.57)	0.54
40-50	0.48 (0.06 – 3.72)	0.48
Short IPI (<18 months)	1.64 (0.99 – 2.70)	0.055
Pre-eclampsia	1.02 (0.39 – 2.67)	0.97

## Conclusions

A third of women had a short IPI with a trend towards this impacting on PTB. Increasing access to postpartum contraception can improve pregnancy spacing.

## References

1. Report of a WHO Technical Consultation on Birth Spacing. Geneva, Switzerland 13-15 June 2005