

# Tropical Journal of Obstetrics and Gynaecology

**Official Publication of the Society of Gynaecology  
and Obstetrics of Nigeria (SOGON)**

**Abstracts of Papers** presented at the  
**58th Annual General Meeting & Scientific Conference  
General Meeting**

**of the Society of Gynaecology and  
Obstetrics of Nigeria (SOGON)**

Held at the **Ibom Hall, IBB Avenue**, Uyo, Akwa Ibom State  
26th - 30th November, 2024



**Volume 40 | Supplement 1 | November 2024**



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## **SCHEDULE OF ABSTRACTS PRESENTATION**

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# Tropical Journal of Obstetrics and Gynaecology

Volume 40 / Supplement 1, November 2024

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**EDITOR: Professor Patrick Daru**

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**ASSISTANT SECRETARY GENERAL: Dr Aisha Adamu**

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- PS5 An audit of the quality of surgical operation notes in a secondary health facility in Nigeria: enhancing patient care and quality improvement
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A Mixed-Methods Study in Benin City, Nigeria
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**THURSDAY 28TH NOVEMBER, 2024**  
**MAJEKODUNMI YOUNG GYNAECOLOGIST**  
**COMPETITION**

CHAIRMAN: Prof E O Otolorin

PANELISTS:

- Prof S J Etuk
- Prof P Daru
- Prof P Ebeigbe
- Prof S. Ochejele

RAPPORTEUR: **Dr Chris Opone**

VENUE: **IBOM HALL- MAIN HALL**

TIME: **7:30-8:30am**

**ABSTRACTS & PRESENTERS:**

<b>Time</b>	<b>Presentation Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>7:00-7:15am</b>	<b>OR38 (MYGA 1)</b>	Cancer of the ovary in Nnewi, Nigeria: A five-year retrospective cross-sectional study  <b>Agbanu C.M, Osita O.S, Oksfor L.U, Eleje G.U, Obiegbu N.P, Hyacinth W.U, et al</b>
<b>7:15-7:30am</b>	<b>OR39(MYGA 2)</b>	Determinants of Uptake of Pap Smear Screening among Postnatal Women: A Multi -center Cross-Sectional Study in Benin City  <b>Ekanem C.E, Anya C.J, Iweka R.O, Ezemenaka N.C, Okome D.P</b>
<b>7:30-7:50am</b>	<b>DISCUSSION</b>	
<b>7:50-8:00am</b>	<b>PANEL JUDGEMENT</b>	

**THURSDAY, NOVEMBER 28TH 2024**

**THEME:** General Obstetrics/ Feto-Maternal Medicine

**VENUE:** IBOM HALL- MAIN HALL

**TIME:** 5.00-7.00 PM

**CHAIRMAN:** Prof Jamilu Tukur

**CO-CHAIRMAN:** Dr Patience Odusolu

**RAPPORTUER:** Dr Maria Effiong

**ABSTRACTS & PRESENTERS**

<b>Time</b>	<b>Presenta tion Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5.00-5.05pm</b>	<b>OR1</b>	Maternal satisfaction as a measure of quality of care in labour: The experience of mothers in a public hospital in Zaria, Kaduna state, North Western Nigeria. <b>Okorie E, Yahya A, Ameh N</b>
<b>5.05-5.10pm</b>	<b>OR2</b>	A comparison of oxytocin-misoprostol combination and carbetocin in reducing blood loss at caesarean section: a randomised controlled study <b>Yusuf S, Ande A, Iribhogbe I</b>
<b>5.10-5.15pm</b>	<b>OR3</b>	Diclofenac vs Pentazocine hydrochloride for analgesia in first stage of labour: A randomised controlled trial <b>Osuagwu C.P, Obuna J.A</b>
<b>5.15-5:20pm</b>	<b>OR4</b>	Addition of sildenafil to antihypertensives improves materno-fetal outcome in severe hypertensive disorder in pregnancy: A case report <b>Anyia C.J, Iweka R.O, Etete B.T, Olaniyi O.K, Enaruna N.O</b>

<b>5:20-5:25pm</b>	<b>OR5</b>	<p>Diclofenac-Tramadol Versus Diclofenac-Acetaminophen Combination for Post Caesarean Section Pain Control: A Randomized Controlled Trial</p> <p><b>Okoye P.C, Ugoji D.C, Anikwe C.C, Ikeotuonye A.C, Uwakwe E.C, Okoye N.L, Ebere I.C</b></p>
<b>5:25-5:30pm</b>	<b>OR6</b>	<p>Uptake of epidural analgesia among parturients in a tertiary centre in Port-Harcourt, South-South Nigeria</p> <p><b>Awoye-Godspower H., Sapira-Ordu L., John D.H., Wekere F.C, Abbey M, Gbaranor A.M, et al.</b></p>
<b>5.30-5.35pm</b>	<b>OR7</b>	<p>Respectful maternity care: Health care workers' perspectives</p> <p><b>Oni O.O, Lawal O.O, Saanu O.O, Adekunle O.O, Akoki M.D</b></p>
<b>5:35-5.40pm</b>	<b>OR8</b>	<p>Utilization of the labour care guide: experiences of health workers in the Southern part of Nigeria- A qualitative study</p> <p><b>Nwafor A.V, Umeora U.J, Ajah-Okohu D.I</b></p>
<b>5.40-5.45pm</b>	<b>OR9</b>	<p>Comparison of Immediate and Early Oral Feeding Regimens following Uncomplicated Caesarean Sections in Ile-Ife, Nigeria: A Randomized Controlled Trial</p> <p><b>Ubom A.E, Fasubaa O.B, Orji E.O, Ojo O, Okenwa G.F</b></p>
<b>5:45-5:50pm</b>	<b>OR10</b>	<p>Association between membranes sweeping, ingestion of castor oil and the need for formal induction of labour in mothers at term in tertiary level maternity centres in Ebonyi state, Nigeria.</p> <p><b>Okoye P.C, Iwe B, Adebayo J.A, Elebua C.O, Ugoji D.C, Okoye N.L</b></p>
<b>5:50-5:55pm</b>	<b>OR11</b>	<p>Evaluation of an enhanced National Postgraduate Medical College of Nigeria (training curriculum): A mixed methods study.</p> <p><b>Mohammed H, Allot H, Ameh C.</b></p>

<b>5:55-6:00pm</b>	<b>OR12</b>	<p>Knowledge and utilisation of malaria preventive measures among pregnant women attending clinics at the University of Uyo Teaching Hospital.</p> <p><b>Etunkwa U.I, Abah M.G, Motilewa O.O, Mkpang E.C, Effiong M.B, Udoh E.E</b></p>
<b>6:00-6:05pm</b>	<b>OR13</b>	<p>Maternal Near Miss in Asokoro District Hospital Abuja, Nigeria: A retrospective descriptive study</p> <p><b>Kwari S.D, Nwokorie R.M, Mai A.M, Akintobi A.O., Bello O.,m Nnabuchi C.V</b></p>
<b>6:05-6:10pm</b>	<b>OR14</b>	<p>Labour pain perception: the experience among parturients at a tertiary centre in South-South Nigeria</p> <p><b>John D.H., Sapira-Ordu L., Awoye-Godspower H., Wekere F.C., Gbaranor A.M., Amadi S.C., et al</b></p>
<b>6:10-6:15pm</b>	<b>OR15</b>	<p>Utilization of labour analgesia: the experience with pharmacological agents among parturients at a Tertiary centre in South-South Nigeria</p> <p><b>John D.H., Sapira-Ordu L., Awoye-Godspower H., Wekere F.C., Gbaranor A.M., Amadi S.C., et al</b></p>
<b>6:15-6:20pm</b>	<b>OR16</b>	<p>Patterns and co-morbidities of febrile illnesses in pregnant women and children in the Niger Delta, Nigeria</p> <p><b>Akwaowo C.D., Ekpeyong N, Asam-Udo A., Motilewa O., Chimaobi M.I., Umoh E., et al</b></p>
<b>6:20-6:25pm</b>	<b>OR17</b>	<p>Economic implications of using digital Antenatal Risk Stratification (ARS) tool to determine pregnancy risk levels</p> <p><b>Amasiatu V, Ajima E, Okili C, Ameh P, Olalere S, Aigbogun E, et al.</b></p>
<b>6:25-7:00PM</b>		<b>DISCUSSION</b>

**THURSDAY, NOVEMBER 28TH 2024**  
**GENERAL GYNAECOLOGY/ GYNAE-ONCOLOGY/ URO-GYNAECOLOGY**  
**VENUE: WATBRIDGE HOTEL-LORD LUGARD HALL**

**TIME: 5.00-7.00 PM**  
**CHAIRMAN:** Prof Fawole  
**CO-CHAIRMAN:** Prof C. Dim  
**RAPPORTUER:** Dr Nwogu

## **ABSTRACTS & PRESENTERS**

<b>Time</b>	<b>Presenta tion Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5:05-5:10pm</b>	<b>OR23</b>	Prevalence and risk factors for Intimate partner violence amongst pregnant women in a rural Hospital in Rivers State, South-south Nigeria.
<b>5:10-5:15pm</b>	<b>OR24</b>	<b>Awoye-Godspower H, Jaja I.</b> Patterns of Intimate Partner Violence among women living with HIV in State Hospital, Ota, Ogun state <b>Oladosu-Aderolu O., Sokan O.</b>
<b>5:15-5:20pm</b>	<b>OR25</b>	Association between Intimate Partner Violence in pregnancy and future contraceptive use among Nigeria women: A cross-sectional study
<b>5:20-5:25pm</b>	<b>OR26</b>	<b>Etuk MS, John EE, Jackson IN, Okoish OS, Abah MG, Abasiattai A, et al</b> Retained fetal bones with persistent vaginal discharge after unsafe abortion: A case report <b>Kwari SD, Akintobi OA, Nwokorie RM, Oguntebi EE</b>

**5:25-5:30pm OR27** Addressing the reproductive health challenges of Asherman syndrome in low and middle income counties: A case report in University of Benin Teaching Hospital

**Idiagbonya NS, Aziken EM, Orhue OM, Eboh OO**

**5:30-5:35pm OR28** Assessment of gaps and barriers to cervical cancer screening in Markudi: a multisite mixed method

**Irowa O, Adeyeye O, Ujah O, Ogwuche P, Otache A, Agulebe C**

**5:35-5:40pm OR29** Examination without anaesthesia in assessing cervical cancer before treatment: A review of 101 consecutive cases

**Isikhuemen M, Ntoimo L, Onoh V, Okonofua F**

**5:40-5:45pm OR30** Squamous cell carcinoma antigen levels in women with cervical cancer

**Isikhuemen M.E, Ezeanochie, M.C, Okonkwo C.A, Okonofua F.E**

**5:45-5:50pm OR31** Non-Puerperal Uterine Inversion Complicating a Huge Prolapsed Submucous Myoma: A case report

**Etunkwa U, Abasiattai A, James S, Atat B, Edemekong V**

**5:50-7:00pm DISCUSSION**



**THURSDAY, NOVEMBER 28TH 2024**  
**INFERTILITY/ FERTILITY REGULATION (FAMILY PLANNING)**

**VENUE: WATBRIDGE HOTEL- SHAKESPEARE HALL**

**TIME: 5.00-7.00 PM**

**CHAIRMAN:** Prof Preye Fiebai

**CO-CHAIRMAN:** Prof Jude Okohue

**RAPPORTUER:** Dr Inimfon Abara

**ABSTRACTS & PRESENTERS**

<b>Time</b>	<b>Present ation Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5:00-5:05pm</b>	<b>OR22</b>	Assessment of ovarian stromal blood flow in predicting ovarian response in women undergoing invitro fertilisation at the University of Benin Teaching Hospital, Benin city Nigeria  <b>Yamah O.E, Iribhogbe I.O, Ehigiamusoe F.O, Aziken M.E</b>
<b>5:05-5:10pm</b>	<b>OR54</b>	The effects of infertility on the quality of life of women: a comparative study in a Nigerian tertiary centre  <b>Amadi L, Raji F, Odelola O</b>
<b>5:10-5:15pm</b>	<b>OR55</b>	Assay of serum melatonin as age-dependent biomarker of female infertility: a cross-sectional study in Jos University Teaching Hospital, Jos, North-central, Nigeria) <b>Aladeshuyi A.A, Ocheke A.N, Imade G.E, Magaji F, Ekempu C.C, Daru P.H, Tolulope A Adeoye P.A, Adfeiza S.B</b>
<b>5:15-5:20pm</b>	<b>OR56</b>	Knowledge of seminal fluid analysis among male partners of infertile couples with their Seminal fluid analysis results.  <b>Saanu O.O, Oni O.O, Ifebude J,E, Bello O.O, Adeniyi A.A</b>
<b>5:20-5:25pm</b>	<b>OR57</b>	Comparison of gonadotrophin-releasing hormone agonist vs human chorionic gonadotrophin trigger in women undergoing antagonist protocol during assisted reproductive technique cycles in Makurdi, Benue state.  <b>Ijiko M, Ameh G, Okoh A, Ameh J</b>
<b>5:25-5:30pm</b>	<b>OR58</b>	Anti-chlamydial antibodies in infertile women: comparison of its association with tubal and non tubal factor infertility in women in Enugu, South Eastern Nigeria.  <b>Agu P.U, Akabueze J.P, Ugwu E.O, Obi S.N, Ekwuazi K.E, Nnagbo J.E, Ugwu A.O</b>
<b>5:30-5:35pm</b>	<b>OR59</b>	Knowledge of Assisted Reproductive Technology and willingness to participate in gamete donation services among women in Ibadan, South West Nigeria  <b>Deyanju A.S, Saanu O.O, Adeniyi A.A, Ukpong B.S, Adeyeye M.M</b>
<b>5:35-7:00pm</b>		<b>DISCUSSION</b>

**POSTER PRESENTATION OF ABSTRACTS**

**DATE: THURSDAY NOVEMBER 28, 2024**

**VENUE: IBOM HALL LOBBY EXTENSION**

**TIME: 8:00am – 7:00pm**

**Anchor:** Dr Ekomobong Udoh/ Dr Mary Eyibio

<b>S/No</b>	<b>ID no</b>	<b>Title and Authors</b>
1.	<b>PS1</b>	Spontaneous rupture of sub-serous uterine vessel in advanced ivf conceived gestation: a rare cause of maternal collapse- a case report  <b>Oni O.O, Olutoye A.S, Ifebude J.E, Adewumi B.A.</b>
2.	<b>PS2</b>	Prevalence of anaemia and diabetes mellitus in surgical obstetrics and gynaecology patients in a tertiary hospital in Rivers state  <b>Eli S, Wakama E.I, Korubo, Amadi S.C, Bilobia L.L</b>
3.	<b>PS3</b>	Incidental findings of bicornuate uterus of repeat caesarean section in a woman with recurrent abnormal presentation: A case report  <b>Ifebude JE, Oni O, Ogunsola JA, Olukunle T</b>
4.	<b>PS4</b>	Patterns and predictors of genital tract injuries of child sexual abuse in Ekiti state  <b>Okunola T, Olofinbiyi B, Aduloju O, Awoleke J, Solomon O</b>
5.	<b>PS5</b>	An audit of the quality of surgical operation notes in a secondary health facility in Nigeria: enhancing patient care and quality improvement  <b>Amadi L</b>
6.	<b>PS6</b>	An audit of gynecological surgeries performed at the University College Hospital, Ibadan, Southwest Nigeria  <b>Salafu S, Adewumi B, Olayemi O</b>
7.	<b>PS7</b>	The blame cycle: a narrative analysis of experiences of adolescent sexual assault survivors  <b>Eli S, Ohwond G, Wakama EI, Akani CI</b>
8.		HIV/AIDS awareness among female inmates in a correction facility: Rivers state study  <b>Eli S, Ohwond G, Wakama EI, Akani CI</b>

9. **PS9** Abnormal uterine bleeding as first symptom of acute promyelocytic leukaemia: A case report and literature review  
**Okafor LC, Obi E, Miraiyebu AE, Iseko KI**
10. **PS10** Serum vitamin D levels of women with uterine fibroids and controls in women of reproductive of group attending gynaecological clinic at LAUTECH Ogbomoso  
**Adeniran M.A, Muritala W.O, Salawu A.A, Ojedokun S.A, Owonikoko K.M**
11. **PS11** Cervical stump carcinoma following a sub total hysterectomy: a tragedy that deserves a reminder  
**Isikhuemen M.E, Imobekhai V, Obahiagbon I, Aziken M**
12. **PS12** Management challenges and outcomes of vulva Buschke-Lowenstein tumours in a resource poor setting  
**Mustapha A, Yus uf R, Abubakar M, Adamu Z, Yahya A, Kolawole A, Ibrahim A, et al**

#### ORAL ABSTRACT PRESENTATIONS

**FRIDAY, NOVEMBER 29TH 2024**  
**THEME: General obstetrics/ Feto-Maternal Medicine**  
**VENUE: IBOM HALL-MAIN HALL**  
**TIME: 5.00-7.00 PM**  
**CHAIRMAN: Prof A. Onyebuchi**  
**CO-CHAIRMAN: Dr Uche Agu**  
**RAPPORTUER: Dr Enyiekere**

#### ABSTRACTS & PRESENTERS:

<b>Time</b>	<b>Presentation Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5:00-5:05pm</b>	<b>OR18</b>	Parturients knowledge of postpartum warning signs and complications in Ibadan, Nigeria <b>Adewunmi BA, Oni OO, Bello OO</b>

<b>5:05-5:10pm</b>	<b>OR19</b>	<p>Knowledge, uptake, missed opportunities of HPV vaccine in Benin city: mixed method study</p> <p><b>Imarengiaye E.O, Iweka R.O, Anya C.J, Nwaogwugwu J.C, Ofili A.N</b></p>
<b>5:10-5:15pm</b>	<b>OR20</b>	<p>Corporate soft skills for healthcare professionals</p> <p><b>Otolorin E</b></p>
<b>5:15-5:20pm</b>	<b>OR21</b>	<p>An appraisal of anaesthesia practices for obstetrics and gynaecological surgeries in a tertiary health centre in Zaria</p> <p><b>Yahya A, Yakuba H, Idris M, Umar A, Sada I, Bakari F, et al.</b></p>
<b>5:20-5:25pm</b>	<b>OR42</b>	<p>Intrapartum Sildenafil citrate to prevent non-reassuring foetal status among parturients delivering at term in LAUTECH Teaching Hospital, Ogbomoso: A randomised controlled trial</p> <p><b>Muritala W.O, Adeniran M.A, Aworinde O.O, Joel-Medewase V.I, Adesope T.P, Owonikoko, K.M, Loto O.M</b></p>
<b>5:25-5:30pm</b>	<b>OR43</b>	<p>Maternal Outcome of Preeclampsia And Eclampsia Cases Managed In The Intensive Care Unit of The University of Port Harcourt Teaching Hospital: A Ten -Year Review</p> <p><b>Abam D.S, Eli S, Green K, Inimgba N.M, Fyeface-Ogan S.S, et al</b></p>
<b>5:30-5:35pm</b>	<b>OR44</b>	<p>Awareness and knowledge of Cardiovascular diseases in Pregnancy among pregnant women in Southwest, Nigeria</p> <p><b>Oni O.O, Adesiyon F.E, Bello O.O, Olayemi O.O</b></p>
<b>5:35-5:40pm</b>	<b>OR45</b>	<p>Association between fetoplacental birthweight ratio and pregnancy complications in Nigerian women with Sickle cell disorder- a cohort study.</p> <p><b>Adeyemo T.A, Adeniyi O.A, Awowole I.O, Oshodi Y.A, Babah O.A, Akinajo O.R, et al.</b></p>

<b>5:40-5:45pm OR46</b>	<p>Comparative analysis of pregnancy complications between HbSS and HbSc women: a prospective cohort study nested in PIPSICKLE trial in Nigeria.</p> <p><b>Oshodi Y.A, Adelabu H.A, Babah O.A, Adeyemo T.A, Akinajo O.R, Alokha M.E, et al.</b></p>
<b>5:45-5:50pm OR47</b>	<p>Management challenges of pregnancy-associated breast cancer in resource-poor setting: a case report.</p> <p><b>Ideh B.U, Ehigiegba O.E, Ideh S.N.</b></p>
<b>5:50-5:55pm OR48</b>	<p>Advocacy and partnerships for scaling high-impact maternal, newborn, child, nutrition health (MNCNH) innovation in 16 Nigerian states- a protocol for accelerating the adoption of evidenced-based MNCNH innovations to reduce maternal mortality in Nigeria.</p> <p><b>Ogu R, Galadanci H, Maduka O, Agala V, Adebiyi O, Madubueze U, et al</b></p>
<b>5:55-6:00pm OR49</b>	<p>Trend and causes of maternal mortality before and after implementation of maternal and perinatal death surveillance and response (MPDSR) at a district hospital.</p> <p><b>Kwari SD, Nwokorie RM, Mai AM, Francis A.E, Bello O, Nnabuchi C.V</b></p>
<b>6:00-6:05pm OR50</b>	<p>Understanding and addressing critical gaps in pre-eclampsia management: insight from Kano state's Primary Healthcare facilities</p> <p><b>Obikili C, Aigbogun E. Korfii U, Igbokwe U</b></p>
<b>6:05-6:10pm OR51</b>	<p>Patterns and clinical outcomes of prenatally diagnosed neurological abnormalities in Ile-Ife, Nigeria</p> <p><b>Awowole IO, Adeniyi OA, Ameen MO, Anyabolu HC, Adejuyigbe EA, Allen OO, Ugowe O</b></p>

**6:10-6:15pm OR52**

Development of a single prediction model for pre-eclampsia in Benin City

**Oriakhi V, Maduka R, Enaruna N**

**6:15-6:20pm OR53**

Feto-Maternal correlates of quantitative haemoglobin fractions among women with sickle cell disorder in Nigeria

**Awowole IO, Babah OA, Adeniyi OA**

**6:20-6:25pm OR67**

Postpartum spontaneous pneumothorax: A case report and literature review

**Adetunji L, Isikhuemen M, Imarengiaye C, Okonufua F**

**6:pm25-6:30 OR68**

Maternal positions adopted in expulsive second stage of labour during homebirth in birnin kudu, Northern Nigeria: implication for hospital births

**Adewale O. Ashimi Habib Muhammad Ibrahim <sup>2</sup>, Amina Muhammad Lawa**

**6:30-7:00pm DISCUSSION**

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**FRIDAY, NOVEMBER 29TH 2024**

**GENERAL GYNAECOLOGY/ GYNAE-ONCOLOGY/ URO-GYNAECOLOGY  
VENUE: WATBRIDGE HOTEL- LORD LUGARD HALL**

**TIME: 5.00-7.00 PM**

**CHAIRMAN: Prof A. Umoiyoho**

**CO-CHAIRMAN: Prof Chibuike Chigbu**

**RAPPORTEUR: Dr. Augustine Oranu**

## ABSTRACTS & PRESENTERS

<b>Time</b>	<b>Presentation Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5:05-5:10pm</b>	<b>OR32</b>	Overview of colposcopy in Garki Hospital, Abuja – A two-year case series  <b>Akinkuade AS, Jones-Wonni P.E., Lawal Q, Bakut FS, Ahmad A.N</b>
<b>5:10-5:15pm</b>	<b>OR33</b>	Outcome of Colposcopy examinations by trainee colposcopists at basic training course  <b>Akinkuade AS, Lawal O, olaniyan Y, Mustapha A</b>
<b>5:15-5:20pm</b>	<b>OR34</b>	Profile of attendees at a basic colposcopy training course in Abuja, Nigeria.  <b>Akinkuade AS, Lawal Q, Ismail-Are AO, Olaniyan Y, Mustapha A .</b>
<b>5:20-5:25pm</b>	<b>OR35</b>	Understanding men and women’s knowledge of human papillomavirus infection, vaccine and associated cancers in Southern Nigeria  <b>Isikhuemen M.E, Anyanwu C.E, Okonofua F.E</b>
<b>5:25-5:30pm</b>	<b>OR36</b>	Awareness of HPV DNA testing as a screening method for cervical cancer among healthcare practitioners in a Tertiary Hospital in Benin  <b>Idiagbonya N.S, Isikhuemen M.E, Ezeanochie C.M, Ehigiegba O.E</b>
<b>5:30-5:35pm</b>	<b>OR37</b>	The â-hCG Blind Spot: A Cautionary Tale of “Hook Effect” in Delayed Diagnosis of Gestational choriocarcinoma.  <b>Mustapha A, Adejo D, Toli I, Suleiman H, Umar S</b>

**5:35-5:40pm OR40** Artificial intelligence (AI) in Cervical cancer screening: A scoping review

**Aigbogun E, Owhonda G, Paul J.N, Wali I.A, Raheem O,Nnaemeka E, et al**

**5:40-5:45pm OR41** Statistical level of agreement between conventional cytology and human papillomavirus (HPV) DNA test among high risk women in Ushafa community, Abuja  
**Akinkuade A, Lawal Q, Bakut F**

**5:45-5:50pm OR60** Sexual activity among women with genital fistula in Southern Nigeria.

**Daniyan A.B, Adewole N, Yakubu E**

**5:50-7:7:00pm**

**DISCUSSION**

**FRIDAY, NOVEMBER 29TH 2024**

**INFERTILITY/ FERTILITY REGULATION (FAMILY PLANNING)**

**VENUE: WATBRIDGE HOTEL- SHAKESPEARE HALL**

**TIME: 5.00-7.00 PM**

**CHAIRMAN:** Prof. John Ekabua

**CO-CHAIRMAN:** Dr Emily Nzeribe

**RAPPORTUER:** Dr Chikere Collins

## **ABSTRACTS & PRESENTERS**

<b>Time</b>	<b>Presentation Number</b>	<b>Title, Authors &amp; Presenters</b>
<b>5:00-5:05pm</b>	<b>OR61</b>	Modifiable cardiovascular risk factors in women attending family planning clinic in Southern Nigeria <b>Ehigiegba O.E, Ande A.B, Ehigiegba A.E</b>
<b>5:05-5:10pm</b>	<b>OR62</b>	Assessment of family planning and sexual and reproductive health services in Nigeria: Gaps and opportunities. <b>Aina M, Ogbe O, Igbokwe U, Aminu T, Sandah M, Aliyu A, Etentuk E.</b>



**5:10-5:15pm OR63** Does obstetric mode of delivery influence postpartum contraceptive use among women Nigeria?  
**Ujah O, Irowa O, Obi F, Egbodo C, Ujah I.**

**5:15-5:20pm OR64** Assessment of the adequacy of young nurses on provision of LARC in Ogun state  
**Jagun O.E, Akiseku A.K., Adenuga T.O**

**5:20-5:25pm OR65** Preferred family planning methods in pregnant women in rural communities in Southern Nigeria.  
**Eli S, Abam DS, Tee GP, Eyindah CE.**

**5:25-5:30pm OR66** The prevalence and patterns of contraceptive implant uptake among women attending family planning clinic clients at Bingham University Teaching Hospital, Jos  
**Bitrus J, Edugbe AE, Onyeji J, Samaila M, Anzaku AS, Yohanna S, et al**

**5:30-7:00pm DISCUSSION**

## **POSTER PRESENTATION OF ABSTRACTS**

**DATE: FRIDAY NOVEMBER 29, 2024**

**VENUE: IBOM HALL LOBBY EXTENSION**

**TIME: 8:00am – 7:00pm**

**Anchors: Dr Ikenna Olisaeke / Dr Mbereobong Etuk**

13. **PS13** Low grade serous and mucinous sigmoid adenocarcinomas: challenges of management of rare synchronous primaries  
**Gana S.G, Kabara S.B, Abeku Y.S, Yahya A, Adewuyi S, Oguntayo A.**

14. **PS14** Cervical haemangioma: a rare cause of post-coital bleeding.  
**Mustapha A., Kachiro H.F., Lawan H., Liman A.A**

15. **PS15** Endometrial cancer: pattern of presentation, diagnosis and treatment at a Federal Teaching Hospital. Owerri, Imo State Nigeria  
**Nzeribe E.A., Eteike P.O**
16. **PS16** Agnathia- otocephaly in a low resource setting and its implication on maternal and child health: A case Report  
**Kubeyinje W.E, Udobor F.G, Iweka R.O, Nwiwu C.N**
17. **PS17** Twin reversed arterial perfusion-TRAP- sequence, a diagnostic dilemma in a low resource setting: case report  
**Oriakhi V.I, Enabudoso E.J, Idiagbonya N.S, Iweka R.O**
18. **PS18** Previabile premature rupture of membranes in dichorionic diamniotic twin gestation, loss of leading twin, emergency cervical cerclage and caesarean delivery at term  
**Ugoji D.C, Ezenyirioha U.S, Ofor I.J, Nwoye C.J, Bansa J.D, Ucha S.E, Ogoji U.C**
19. **PS19** Abdominal pregnancy with a life baby at term; an incidental finding at emergency caesarean section for type II placenta praevia at St. Patrics Hospital Mile 4 Abakaliki, Ebonyi State Nigeria  
**Ugoji D.C, Ortuanya K.E, Uwakwe E.C, Udu U.C, Idika I.M, Antia G.A, Samuel H.D**
20. **PS20** Selenium and glutathione levels in pregnant women with or without pre-eclampsia: a cross-sectional comparative study in Ibadan, Nigeria  
**Adeyanju A.S, Awolude O.A, Olayemi O.O**
21. **PS21** Analysis of the factors affecting male- female sex ratio of babies born through Assisted Reproductive Technology  
**Ugwu AO, Kay V, Makwe CC**
22. **PS22** Evaluating the correlation between Intimate Partner Violence and family planning: A mixed methods study in Benin City, Nigeria  
**Iweka R. O, Sodje J.D, Anya C.J, Nwaogwugwu J.C**
23. **PS23** Knowledge and uptake of modern contraceptives among women attending antenatal clinic in UCH, Ibadan  
**Salufu S, Adewumi B, Olayemi O**

24. **PS24** Acceptability of bilateral tubal ligation among women attending antenatal clinic in University College Hospital, ibadan  
**Salafu S, Adewumi B, Olayemi O.**

# Abstracts

## **OR1** Maternal Satisfaction As A Measure Of The Quality Of Care In Labour: The Experiences Of Mothers In A Public Health Institution In Zaria, Kaduna State, North Western Nigeria.

**Ethos Ike Okorie, Anisah Yahya, Nkiruka Ameh**

Department of Obstetrics and Gynaecology, Ahmadu Bello University Teaching Hospital, Zaria Kaduna State, Nigeria.

**Corresponding Author:** Ethos Ike Okorie, ethosokorie@gmail.com, 08034716278.

### **OBJECTIVE:**

Emphasis on maternal health issues of recent has shifted from increasing service utilization to improving quality of care. This study assessed patients' satisfaction with care during labour, and determined the factors that affected their satisfaction with labour care in Ahmadu Bello University Teaching Hospital, Zaria, North West Nigeria.

### **METHODOLOGY**

The study was an observational cross-sectional survey of women who had given birth in Ahmadu Bello University Teaching Hospital (ABUTH), Zaria. It was conducted between of May and July 2022 using a structured self-administered questionnaire. A total of 150 self-administered structured questionnaires were distributed out of which 134 were correctly filled and analyzed. The data was analyzed using SPSS version 25. Statistical significance was set at P-value = 0.05

### **RESULTS**

The response rate was 91%. A total of 92 (67.9%) had tertiary level of education. Majority, 123

(96.9) of the women were satisfied with intrapartum care offered to them during delivery. Also, majority of the women will seek for hospital care in their next delivery and will recommend hospital-based care to others 123 (91.8%) and 97 (72.4%) respectively. Having a birth companion, analgesia in labour and discussing patients' fears and worries are factors that contribute to patients' satisfaction with intrapartum care while poor hygiene and health care personnels' attitude needed to be improved.

### **CONCLUSION**

Majority of the women who delivered in ABUTH Shika were satisfied with the intrapartum care they received, however, there is still need for improvement in some aspects of care offered to parturients in this centre.

**Key words:** Factors, intrapartum care, satisfaction, Zaria

## **OR2 A Comparison Of Oxytocin -misoprostol Combination And Carbetocin In Reducing Blood Loss At Caesarean Section: A Randomised Controlled Study**

**Sofiat Ayobami Yusuf, A.B.A Ande, R. I.O Iribhoegbe, R C. Uwagboe**  
Department of Obstetrics and Gynaecology, University of Benin Teaching Hospital  
Benin City

### **OBJECTIVE**

To determine and compare the efficacy of use of oxytocin-misoprostol combination and carbetocin in reducing blood loss at Caesarean section.

### **METHODOLOGY**

The study population were all participants undergoing either emergency or elective Caesarean section. Participants were randomised using a computer-generated table of random numbers. Half of the sample size were randomised to group A which were women who received carbetocin 100mcg and the other half group B which included women who had oxytocin 10 IU and misoprostol 600mcg after delivery of the baby. All statistical analysis were performed using the statistical package for social sciences software for windows, version 20.0. The Level of significance was set at  $P < 0.005$ .

### **RESULTS**

The mean intra-operative blood loss was significantly more in the carbetocin than the oxytocin-misoprostol combination (630.0 □

381.8ml versus  $616.3 \pm 198.52$   $p=0.024$ ). The need for additional uterotonic agents was not significantly higher in the oxytocin-misoprostol group than the carbetocin group (8.7% versus 5.0%  $p= 0.518$ ). Participants in the oxytocin misoprostol combination had a lower mean change in the haematocrit level ( $2.45 \pm 0.31$  versus  $4.44 \pm 0.23$   $p=0.395$ ) than in the Carbetocin group. Blood transfusion was needed more in the Carbetocin group than the misoprostol group, it was however not statistically significant (3.7% in carbetocin versus 1.3% in oxytocin-misoprostol,  $P=0.359$ ).

### **CONCLUSION**

Addition of a relatively tolerable dose of sublingual misoprostol in combination with oxytocin can be a substitute for the use of Carbetocin in patients undergoing both emergency and elective Caesarean section

## **OR3 Diclofenac Versus Pentazocine Hydrochloride For Analgesia In First Stage Labour: A Randomised Controlled Trial**

**Chidubem Philip Osuagwu<sup>1</sup>, Johnson A. Obuna<sup>1</sup>, O.U.J Umeora<sup>2</sup>, Ikechukwu B.O Dimejesi<sup>2</sup>, Vitus O. Obi<sup>2</sup>**

NOFIC Abakaliki Ebonyi State<sup>1</sup>, AEFUTHA<sup>2</sup>

**Corresponding Author:** Osuagwu Chidubem Philip. NOFIC, Abakaliki, EbonyiState.

Email: philiman20201@gmail.com. Phone; 08035349053

### **OBJECTIVE**

To compare the effectiveness of intramuscular diclofenac with intramuscular pentazocine as analgesics in the first stage of labour using pain scores on visual analogue scale at 30 minutes, 60 minutes and 120 minutes.

### **METHODOLOGY**

Total of 650 participants were recruited from the antenatal clinics at 37 weeks gestation and consent obtained. However, 631 of them comprising 317 in the diclofenac (group A) and 314 in pentazocine (group B), presented in labour at the 2 hospitals, participated and completed the study.

### **RESULTS**

There was no statistically significant difference in socio-demographic characteristics between the study participants ( $P > 0.05$ ). There was significant reduction in pain severity in both arms following administration of the trial drugs. There was no significant difference in the pain relief achieved with the two drugs at 30 minutes, 60 minutes and 120 minutes ( $P > 0.05$ ).

### **CONCLUSION**

IM diclofenac and IM pentazocine are comparable in efficacy as analgesics in the active phase of labour.

## OR4 Addition Of Sildenafil To Antihypertensives Improves Materno-foetal Outcome In Severe Hypertensive Disorders In Pregnancy: A Case Report

Chidinma Joy Anya,<sup>1</sup> Reuben Obioma Iweka,<sup>1</sup> Bassey Temple Etete,<sup>2</sup> Olufemi Kolawole Olaniyi,<sup>3</sup> and Nosakhare Osasere Enaruna<sup>1</sup>

Department of Obstetrics and Gynaecology<sup>1</sup>, Department of Cardiology<sup>2</sup>, Department of Child Health<sup>3</sup>, University of Benin Teaching Hospital, Benin City, Nigeria.

**Corresponding Author:** Chidinma Joy Anya, University of Benin Teaching Hospital, Benin City, Nigeria. Email: chidexanya@gmail.com

### BACKGROUND:

Severe hypertension in pregnancy poses a significant threat to both mother and foetus due to its high morbidity and mortality. This case is being reported due to its peculiarity; dilemma in the management approach and the use of Sildenafil (phosphodiesterase-inhibitor) plus routine antihypertensives in the conservative management of severe hypertension in pregnancy with good materno-foetal outcome.

### CASE REPORT

A 40-year-old nullipara with an 8-year history of infertility, was referred at 23 weeks gestation with severe hypertension and features of placental insufficiency. At presentation, her blood pressure was 180/120mmHg with mild proteinuria. She had headaches, and blurring of vision but was conscious and oriented. Doppler scan showed middle cerebral and umbilical artery velocimetry signifying mild placental insufficiency. Kidney function, uric acid, haematological and cardiac parameters were normal. Immediate stabilization and resuscitation were done. The dilemma was in the decision for conservative or termination of pregnancy considering the severe hypertension

and background infertility. Multidisciplinary management was instituted. She was stabilized and continued on oral routine antihypertensives and Sildenafil. She had preterm delivery at 33weeks of a live 1.9kg neonate with a good outcome.

### DISCUSSION

This was a case of chronic uncontrolled severe-hypertension. In addition to the routine antihypertensives, Sildenafil was the new drug introduced which may have prevented progression to pre-eclampsia and improved placental perfusion which was instrumental to the good outcome. Studies have shown that Sildenafil improves maternal blood pressure, and placental perfusion, and prevents pre-eclampsia and IUGR.

### CONCLUSION

Individualised patient care is key. Sildenafil may be helpful in hypertension in pregnancy.

**Key words:** Hypertension, Pregnancy, Sildenafil

## OR5 Diclofenac-tramadol Versus Diclofenac-acetaminophen Combination For Post Caesarean Section Pain Control: A Randomized Controlled Trial

Paschal Chijioke OKOYE <sup>1</sup>, Darlington-Peter Chibuzor UGOJI <sup>\*1</sup>, Chidebe Christian ANIKWE <sup>2</sup>, Arinze C IKEOTUONYE <sup>2</sup>, Emmanuel Chijioke UWAKWE <sup>3</sup>, Njideka Linda OKOYE <sup>4</sup>, Ikenna Chidi EBERE <sup>3</sup>

<sup>1</sup>Department of Obstetrics and Gynaecology, David Umahi Federal University Teaching Hospital, Uburu, Ebonyi State, Nigeria, <sup>2</sup>Department of Obstetrics and Gynaecology, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria,

<sup>3</sup>Department of Obstetrics and Gynaecology, Alex Ekwueme Federal University Teaching Hospital Abakaliki, Ebonyi State, Nigeria, <sup>4</sup>St. Patricks Hospital, Mile 4, Abakaliki, Ebonyi State, Nigeria.

**Corresponding Author:** Darlington-Peter Chibuzor Ugoji, 08068748644, darlingtonpeter2012@gmail.com

### BACKGROUND:

Post-Caesarean section pain is a problem in our environment and its management is very crucial because it will offer the patient a pain-free postoperative experience. There is no consensus on the choice of multimodal analgesic for this pain. Comparing the diclofenac-tramadol and diclofenac-acetaminophen combinations for post-Caesarean pain control, may improve counselling on options and promote a pain-free post-operative experience.

### OBJECTIVE:

To compare the effectiveness of diclofenac-tramadol versus diclofenac-acetaminophen combinations for post-Caesarean pain control at Alex Ekwueme Federal University Teaching Hospital Abakaliki (AE FUTHA).

### METHODOLOGY:

This study was a double-blinded randomized controlled trial of 170 women who had elective and emergency caesarean section in Alex Ekwueme Federal University Teaching Hospital Abakaliki within a 6-month period were recruited by systematic sampling technique and randomized into groups A and B. Group A received intramuscular tramadol 100mg 8 hourly for 24 hours while Group B received intramuscular acetaminophen 600mg 8 hourly for 24 hours. Both groups received rectal diclofenac 100mg 8 hourly for 24 hours. The first dose of the drugs was administered one hour after the surgery. All the participants received 10mg of prophylactic metoclopramide. The outcome measures were

post-caesarean pain score within the first 24 hours, participants' satisfaction and maternal side effects. The level of pain control was assessed using visual analogue scale at 1st, 6th, 12th, 18th and 24th hour while patients' satisfaction was assessed with Likert scale.

### RESULTS:

The overall pain score both at rest and with movement was statistically significantly in the diclofenac-tramadol group (P-value <0.001). The Acetaminophen group required more rescue analgesia (63.5% Vs 34.1%) and this was statistically significant. The level of association between the types of caesarean section and pain scores both at rest and with movement was statistically significant, with Tramadol group having better pain control. The composite scores in both groups, both at rest and with movement and the types of caesarean section were not statistically significant. Diclofenac-tramadol group had better satisfaction (67.1%) compared to 30.6% in the diclofenac-acetaminophen group and was statistically significant. The side effect profile was not significant between the two groups.

### CONCLUSION

Both diclofenac-tramadol and diclofenac-acetaminophen combinations effectively control pain in women that underwent caesarean section within the first 24 hours. The diclofenac-tramadol combination was more efficacious for pain control with better patients' satisfaction and minimal side effects.



## **OR6 Uptake Of Epidural Analgesia Among Parturients At A Tertiary Centre In Port Harcourt, South-south Nigeria.**

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### **BACKGROUND:**

Painless, yet progressive labour process is the desire of most parturients globally, and this can be achieved effectively with epidural analgesia especially if administered timely. Epidural analgesia provides an effective means of pain relief in labour and has been shown not to affect the progress of the first stage of labour if administered early. It is the mainstay of labour analgesia in high income countries.

### **OBJECTIVE:**

To assess the uptake of epidural analgesia among parturients at Rivers State University Teaching Hospital, Port Harcourt, South-South Nigeria.

### **METHODOLOGY:**

This was a descriptive cross-sectional study conducted at the obstetric unit of the Rivers State University Teaching Hospital involving 393 women within 24 hours of spontaneous vaginal delivery. The women who met the eligibility criteria and gave consent for the study were recruited consecutively until the sample size was obtained.

The data was collected using an interviewer administered semi-structured questionnaire and analysis was done using SPSS 20.

### **RESULTS:**

The proportion of the respondents that had heard of epidural analgesia was 42.5% while majority (57.5%) had no idea about the subject. The sources

of information about the subject included; social media (27.5%), antenatal clinic (9.2%), radio/television (3.6%), family/friends (2.0%) while 0.3% heard from other sources. The uptake of epidural analgesia was 1.5%, however, 76.5% of those who did not receive this form of analgesia stated that they would have loved to receive it if offered, 16.0% did not express willingness to have accepted the method and 7.5% were unsure of whether they would have loved to receive it or not. The mean age of the parturients was 30.30 years with standard deviation of 5.01 years, the mean parity was Para 1 and the mean gestational age at delivery was 38.12 weeks (SD-3.63 weeks)

### **CONCLUSION:**

The uptake of epidural analgesia has been shown to be sub-optimal in low resource settings in spite of its effectiveness as labour analgesia. This may be as a result of insufficient knowledge or awareness of its effectiveness. This can be improved by incorporating enlightenment programs on epidural analgesia in the regular antenatal programs as this is crucial for a more pleasurable labour process.

Key words: uptake, labour, pain, parturient, epidural, analgesia, south-south.

## OR7 Respectful Maternity Care: Health Care Workers' Perspectives

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### **BACKGROUND:**

Respectful Maternity Care (RMC) is a fundamental right of all pregnant women during labour and its implementation depends on the Health Care Workers' (HCW) knowledge of RMC and attitudes toward its practice.

### **OBJECTIVE:**

This study assessed awareness, knowledge of RMC and factors affecting the practice of RMC among relevant HCW in government hospitals in Ibadan.

### **METHODOLOGY:**

The study was a descriptive cross-sectional study conducted among 130 HCW in selected government hospitals in Ibadan. The HCW were those working in maternity wards and were interviewed using self-administered questionnaires that captured socio-demographics, cadre, awareness, knowledge of RMC, attitudes and factors affecting practice of RMC. Data were analysed with Statistical Package for Social Sciences (SPSS) version 27.0 using descriptive statistics. Inferential analysis was conducted to determine the associations between the variables with level of statistically significant set at  $p < 0.05$ .

### **RESULTS:**

The average age of healthcare workers (HCWs) was 38.1 years and majority (74.6%) were female. Approximately, 40% worked in tertiary health facilities, and about 50% were nurses. Eighty percent of the HCW were aware of respectful maternity care (RMC), while 40% had adequate knowledge of it. Knowledge of RMC was influenced by gender ( $p=0.004$ ) and profession ( $p=0.008$ ). Factors significantly associated with respecting clients' rights included being 30 years or younger ( $t=-2.77$ ,  $p=0.021$ ) and having 10 years or less of experience ( $t=-2.89$ ,  $p=0.004$ ). HCW practices of RMC were significantly affected by their gender, workplace, and profession.

### **CONCLUSION:**

Awareness of RMC was high among HCW but only few had adequate knowledge. Therefore, workshop, seminars and other forms of training on RMC might be necessary to improve the knowledge and practices of RMC among HCW working in maternity unit.

**Keywords:** Respectful Maternity Care, Practices, Health Care workers, Awareness, Knowledge.

## **OR8 Utilization Of The Labour Care Guild: Experiences Of Health Workers In The Southern Part Of Nigeria – A Qualitative Study**

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### **OBJECTIVE**

This study explored the awareness, utilization, challenges, and experiences of LCG among healthcare providers in Nigeria's South-South and South-Eastern Nigeria.

### **METHODOLOGY**

This was a qualitative research using key informant interview (KII) of HODs of obstetrics and gynaecology in tertiary hospitals in the eastern sector. Eleven participants were interviewed from Ebonyi, Enugu, Abia, Anambra, Imo, Akwa Ibom, Cross River, Rivers, and Bayelsa. The key questions included; level of awareness of LCG, if facilities are actively using it, barriers preventing its implementation, experiences using it and suggested modifications for improvement.

### **RESULTS**

The WHO LCG was recognized as a valuable tool for improving maternal care, only a tertiary facility in Ebonyi had fully implemented its use. Most respondents expressed awareness but were

awaiting directives from higher authorities for implementation. Key barriers to adoption included insufficient training, resistance to moving away from the traditional partograph, and a lack of resources. Despite these challenges, non-users expressed optimism about adopting the LCG use. Participants recommended strategies like training and retraining of hospital staff, strong policy enforcement, active monitoring by SOGON, public awareness campaigns, and integration into electronic health records.

### **CONCLUSION**

LCG has the potential to significantly improve labour management and maternal and neonatal outcomes, addressing the identified barriers is crucial for its successful and timely adoption across healthcare facilities.

**Key words:** labour care guide, interview, utilization

## OR9 Comparison Of Immediate And Early Oral Feeding Regimens Following Uncomplicated Caesarean Sections In Ile-ife, Nigeria: A Randomized Controlled Trial

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**Keywords:** caesarean delivery, ileus, regional anaesthesia, uncomplicated caesarean section

### OBJECTIVE

To evaluate the safety and benefits of immediate oral feeding (IOF) in comparison to early oral feeding (EOF) following uncomplicated caesarean sections (CS).

### METHODOLOGY

This randomized controlled trial was conducted in the Department of Obstetrics, Gynaecology, and Perinatology, Obafemi Awolowo University Teaching Hospitals Complex, Nigeria, between August 2022 and January 2023. One hundred and sixty-two consenting women undergoing uncomplicated CS under regional anaesthesia were randomized equally into IOF and EOF groups. Oral feeding was commenced in the IOF and EOF groups 2 hours and 6 hours post-CS, respectively.

### RESULTS

There were no statistically significant differences in time intervals to return of bowel sounds (120.0

min vs. 240.0 min,  $P=0.056$ ), passage of flatus (900.0 min vs. 1,120.5 min,  $P=0.131$ ), passage of stool (1,920.0 min vs. 2,139.5 min,  $P=0.234$ ), ambulation (608.5 min vs. 892.5 min,  $P=0.379$ ) and eligibility for discharge ( $1,648.7 \pm 614.9$  min vs.  $1,709.7 \pm 541.5$  min,  $P=0.509$ ) between the IOF and EOF groups. However, women in the IOF group established breastfeeding (300.0 min vs. 1,278.0 min,  $P=0.020$ ) and commenced regular diet ( $604.4 \pm 29.7$  min vs.  $840.0 \pm 0$  min,  $P<0.001$ ) significantly earlier than women in the EOF group. There were no statistically significant differences in the occurrence of ileus and severe/paralytic ileus ( $P=1.000$  each) and postoperative fever ( $P=0.620$ ) between the two groups.

### CONCLUSION

Oral feeding can safely be commenced 2 hours following uncomplicated CS, with the benefits of earlier establishment of breastfeeding and commencement of regular diet compared to EOF.

## **OR10 Association Between Membranes Sweeping, Ingestion Of Castor Oil And The Need For Formal Induction Of Labour In Mothers At Term In Tertiary Level Maternity Centres In Ebonyi State, Nigeria.**

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### **BACKGROUND**

Induction of labour is one of the most frequently performed obstetric procedures in the world. Castor oil and membrane sweeping have been found to reduce the need for formal induction of labour. Comparing both would help Obstetricians choose the best option that will reduce the need for formal induction of labour.

### **OBJECTIVE**

To compare the effectiveness of castor oil and membrane sweeping in reducing the need for formal induction of labour at Alex Ekwueme Federal University Teaching Hospital and St Patrick Hospital, Mile 4, all in Abakaliki.

### **METHODOLOGY**

This was an open label randomized controlled trial of 120 pregnant women at gestational ages of 40–41 weeks who were recruited by simple random sampling and randomized into castor oil, membrane sweeping and no-intervention groups. The participants were recruited from AEFUTHA and Mile 4 hospital at the ratio of 80:40 based on their respective annual postdate rate of 278 and 164. The outcome measures were the number of women that developed spontaneous labour, route of delivery and maternal satisfaction.

### **RESULTS**

Women in membrane sweeping group had early onset of labour compared to other groups and this was statistically significant,  $H(2) = 7.341$ ,  $p = 0.025$ . Pairwise comparison showed that membrane sweep versus castor oil had  $p = 0.04$ , membrane sweep versus no intervention had  $p = 0.011$  and castor oil versus no-intervention had  $p = 0.604$ . Formal induction of labour was more in the no-intervention group compared to other groups but the difference was not statistically significant,  $p = 0.07$ . There was no statistically significant difference in the route of delivery. Women that had membrane sweeping had more satisfaction and the difference was statistically significant ( $p = 0.000$ ).

### **CONCLUSION**

Women in the membrane sweeping group had early onset of labour compared to other groups thereby reducing the need for formal induction of labour. Hence membrane sweep should be offered to consenting women at such gestational age.

## **OR11 Evaluation Of An Enhanced National Postgraduate Medical College Of Nigeria (npmcn) Obstetric Training Curriculum: A Mixed Methods Study**

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### **OBJECTIVES**

Liverpool school of tropical medicine's (LSTM) advanced obstetric surgical skills (AOSS) course is a capacity-building intervention to improve obstetricians' decision-making and skills to perform caesarean sections and assisted vaginal birth safely through self-directed learning and simulation-based education. This study evaluated changes in knowledge and skills of participants, and assessed the acceptability, usefulness and relevance of the course, and changes in practice.

### **METHODOLOGY**

The study used a mixed methods approach. Eighty-two (82) obstetricians were purposively selected for the course and trained as trainers. They completed a feedback questionnaire. Changes in knowledge and skill were assessed by multiple choice questions and oral structured clinical examination (OSCE). A survey measured changes in their clinical and educational practices 3-4 months later. Quantitative data was analysed by paired t-test to compare OSCE scores pre-and

post-training and qualitative data was analysed using thematic analysis.

### **RESULTS**

There were significant increases in knowledge and skills. Participants considered the training relevant and useful for residents and consultants. All agreed they experienced new learning that, if implemented, would result in better clinical outcomes. The reflective survey demonstrated all had made changes in teaching and clinical practice.

### **CONCLUSION**

The AOSS course was appreciated by the NPCN obgyn faculty, resulting in improved knowledge and skills, and changes in self-reported behaviour and practice 3-4 months afterwards. The impact of the AOSS enhanced NPCN curriculum on the knowledge, skills and practice of obstetric residents should be investigated.

## OR12 Knowledge And Utilization Of Malaria Preventive Measures Among Pregnant Women Attending Clinics At The University Of Uyo Teaching Hospital

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### BACKGROUND

Malaria burden remains high in developing countries, especially Sub-Sahara Africa where it constitutes a public health problem affecting all ages but is more severe in young children and pregnant women where it contributes to adverse pregnancy and childbirth outcomes due to its preference for placental intervillous spaces

### METHOD

A descriptive cross-sectional study was used to assess consenting antenatal clinic attendees' knowledge of malaria and utilisation of known preventive methods during the index pregnancy.

### RESULTS:

209(87.0%) completed the questionnaires correctly and the majority(98.6%) were 40years or less with a mean age of 30.6(4.7SD). Most (99%) were Christians, of the Ibibio tribe (58.9%), married (95.4%), and had tertiary level of education (69.9%) while 32.1% and 17.7% were traders and unemployed respectively. The majority were multigravidae and had hospital delivery last (77.1%). Their knowledge of malaria

was good (89.5%) which varied with sociodemographic and obstetrics characteristics, but the relationships were not significant statistically (P-value >0.05) except with the level of education (P value=0.038). Most (60.3%) had malaria in the index pregnancy and received treatment in a hospital (73.0%). About half (50.7%) of participants had insecticide-treated nets (ITNs), but only 26.3% used it the previous night, while 60.8% received S-P for intermittent preventive treatment(IPT) with 40.9% and 7.1% having it once and more than thrice respectively; and only 4.7% of IPT users did so under DOT. The utilization of ITN and S-P for IPT varied with sociodemographic and obstetric characteristics, but this was not statistically significant.

### CONCLUSION

Despite the good knowledge of malaria which was related to the client's educational level, the practice of ITN and IPT use was suboptimal. There is a need for further Education during Antenatal health talks and the provision of SP for IPT and other necessities for DOT.

## OR13 Maternal Near Miss In Asokoro District Hospital Abuja, Nigeria: A Retrospective Descriptive Study.

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### OBJECTIVE

To determine the causes of maternal near miss, the maternal near miss ratio, maternal near miss mortality ratio, severe maternal outcome ratio, and mortality index at Asokoro District Hospital (ADH), Abuja, Nigeria.

### METHODOLOGY

We retrospectively reviewed the case notes and the electronic medical record database of all women who developed life-threatening complications in pregnancy and up to 6 weeks after termination of pregnancy and recruited those who satisfied the WHO criteria for near miss and those who died from 2013 - 2019, 2021-2023. The year 2020 was excluded from the study because ADH was used as a COVID-19 isolation and treatment centre for a greater part of that year. Sociodemographic characteristics and clinical causes of maternal near miss were derived from patients' case notes. Data was analysed using IBM SPSS version 25.

### RESULTS

During this period there were 16,529 live births. Three hundred and sixty-nine (369) women developed severe maternal outcomes, 246 were maternal near miss morbidities and 123 were

maternal deaths. The majority of near-miss morbidity cases were in the 30-39 years age group (52.4%), para 1-4 (77.3%), and unbooked (55.1%). The maternal near miss ratio was 14.9 per 1000 births, the mortality index (MI) was 33%, the severe maternal outcome (SMO) ratio was 22.3 per 1000 births, the maternal near miss mortality ratio was 2:1, and the maternal mortality ratio was 744 per 100,000 deliveries. Hypertensive disorders in pregnancy (38.2%), Obstetric haemorrhage (34.7%), and pregnancy-related sepsis (5.8%) were the leading causes of maternal near miss.

### CONCLUSION

The maternal near miss ratio, MI, SMO ratio, and maternal near miss mortality ratio are high. There is a need to improve on the quality of maternal health services rendered at Asokoro District Hospital.

**Keywords:** Maternal near miss, Severe maternal morbidity, Severe maternal outcome, Mortality index.



## OR14 Labour Pain Perception; The Experience Among Parturients At A Tertiary Centre In South-south Nigeria.

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### BACKGROUND

The pain of labour is considered as one of the most severe forms of pain, however, parturients exhibit varying degree of response based on their perceived severity.

### OBJECTIVES

To assess the perception of labour pain among parturients at a tertiary Centre in Port Harcourt.

### METHODOLOGY

This was a cross-sectional study conducted among 393 women who had spontaneous vaginal delivery at the Rivers State University Teaching Hospital. The women who gave consent for the study were recruited consecutively within 24 hours of delivery.

Data was collected using an interviewer administered semi-structured questionnaire, with the severity of the pain assessed using the visual Analogue Scale. Data analysis was done using SPSS 20.

### RESULTS:

The mean age of respondents was 30.30±5.01 years with a median age of 30 years. Most (52.4%) had secondary level of education. Age of the

respondents, tribe, parity and religion did not significantly affect the perception of labour pain while educational level, employment status and gestational age at delivery were found to affect it. These were statistically significant at p-values of 0.0001, 0.047 and 0.0001 respectively. Majority (80.9%) desired pain relief in labour. The pain was perceived to be severe by 88.3% of the respondents while perception of moderate and mild were 10.4% and 1.3% respectively. There was significant association between pain perception and use of oxytocic and perineal laceration at p-values of 0.0001 and 0.0019 respectively.

### CONCLUSION

Labour pain, being perceived as severe by most parturients has further demonstrated the need for the use of effective analgesia during the process. This will make the labour experience relatively pleasant and enhance favourable outcome.

**Key words:** perception, labour, pain, parturient, analgesia.

## OR15 Utilization Of Labour Analgesia: The Experience With Pharmacological Agents Among Parturients At A Tertiary Hospital In South- South Nigeria

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### BACKGROUND

The demand for pain relief in labour has been on the increase, due to the fact that majority of parturients perceive labour pain as being severe. In spite of this, the utilization of analgesia in labour has not been shown to be satisfactory especially in low resource settings.

### OBJECTIVES

To assess the use of pharmacological method of pain management in labour among parturients at a tertiary Centre in Port Harcourt, South-South Nigeria.

### METHODOLOGY

Three hundred and ninety-three (393) women who had spontaneous vaginal delivery at the Rivers State University Teaching Hospital were recruited consecutively in a descriptive cross-sectional study. The women who gave consent for the study were recruited within 24 hours of delivery. The data was collected using an interviewer administered semi-structured questionnaire and analysis was done using SPSS 20.

### RESULTS

The mean age of respondents was 30.30 years with standard deviation of 5.01 years. The mean parity

was Para 1 while the mean gestational age at delivery was 38.12 weeks (SD-3.63 weeks) Most (88.3%) of the parturients rated labour pain as being severe with 80.9% of the study population desiring pain relief. Out of those who desired pain relief, only 28.9% requested for analgesia and only 18.5% of those that requested for analgesia received it. Out of the total number of respondents, only 5.9% received labour analgesia. The agents used were; pentazocine (3.8%), epidural (1.5%), tramadol (0.3%) and paracetamol (0.3%).

### CONCLUSION

There is great need for labour analgesia, however, there is poor utilization of the pharmacological agents among the parturients. This may be due to lack of established protocols on obstetric analgesia in most obstetric units especially in the low and medium income countries. A protocol on pain relief in labour is therefore needed in order to make the labour experience pleasant for parturients.

**Key words:** utilization, labour, pain, parturient, pharmacological, analgesia, south-south.

## OR16 Patterns And Comorbidities Of Febrile Illnesses In Pregnant Women And Children In The Niger Delta, Nigeria

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### BACKGROUND

Febrile illnesses in tropical regions often have overlapping symptoms, complicating diagnosis, especially in vulnerable populations like pregnant women and children under five. Fever is also one of the leading causes of emergency consultations during childhood and pregnancy necessitating careful differential diagnosis. In the Niger-Delta of Nigeria, malaria is frequently over diagnosed, other febrile illnesses masked, affecting treatment outcomes. This study aims to classify febrile illness and comorbidities in children and pregnant women in Niger Delta, Nigeria.

### METHOD

Data were collected from 62 physicians across facilities in four Niger Delta states (Akwa Ibom, Cross River, Imo, and Rivers). Using an enhanced consultation tool, physicians recorded patient demographics, symptom severity, and confirmed diagnoses for 11 febrile illnesses: tuberculosis, Lassa fever, dengue fever, yellow fever, HIV/AIDS, upper and lower urinary tract infections(U/LUTI), upper and lower respiratory tract infections(U/LRTI), malaria, and enteric fever. Data were cleaned and analyzed in Python.

### RESULTS

Among 1,350 patient records, there were 971 children under six, and 379 pregnant women. In

children, 48% had a single febrile illness, and 52% had multiple conditions, with the most common comorbidities being malaria with upper respiratory tract infection (34.6%), upper and lower respiratory tract infections (15.9%), and malaria with lower respiratory tract infection (15.3%). For pregnant women, 43% had a single condition, and 57% had multiple diagnoses, with malaria and lower urinary tract infection (22.2%), malaria with enteric fever (21.9%), and malaria with upper respiratory tract infection (18.9%) as the top comorbidities.

### CONCLUSION

This study highlights the complexity of febrile illness presentations in children and pregnant women in the Niger Delta, where malaria often coexists with other febrile illnesses. The findings provide critical insights for improving clinical suspicion and diagnostic approaches, particularly in resource-limited settings. Enhanced diagnostic tools and focused clinical training are essential to improve health outcomes for these vulnerable populations.

**Keywords:** Children, Comorbidity, Febrile illness, Malaria, Niger Delta, Pregnant women.

## **OR17 Economic Implications Of Using Digital Antenatal Risk Stratification (ars) Tool To Determine Pregnancy Risk Levels**

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### **BACKGROUND**

This study highlights the potential of a digital antenatal risk stratification (ARS) tool developed by HeliumHealth and SCIDaR to address the time to seek care, specifically targeting delays in seeking and reaching care during pregnancy journey.

### **METHODS**

The ARS tool, a self-assessment available on USSD and HeliumDoc platforms, was adapted from WHO and Malaysian models using a human-centered design (HCD) approach. This process involved co-creation and testing with healthcare stakeholders and pregnant women. The study evaluated the ARS tool accuracy by comparing the assisted-administered tool assessment rating with that of the healthcare professional for 1879 pregnant women. ROC curve (AUC) analysis was conducted using SPSS version 26 (IBM, Armonk, USA).

### **RESULTS**

The result revealed a poor accuracy (51-56%) because the ARS tool had high sensitivity (98-99%) in stratifying pregnancy risks, but low specificity (3-14%), indicating a tendency to overestimate risk. While the tool successfully identified all at-risk pregnancies, the tool also misclassified many low-risk women as high-risk, which was possibly due to factors such as comprehension difficulties or subjective clinical assessments.

### **CONCLUSION**

Despite its poor accuracy, the ARS tool demonstrates promise for early risk identification, enabling timely care-seeking and potential cost savings. Further refinements, including language translations, audio options, and illustrations, are planned to enhance accuracy before large-scale implementation.

## OR18 Parturients Knowledge Of Postpartum Warning Signs And Complications In Ibadan, Nigeria.

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### **BACKGROUND:**

Postpartum maternal morbidity or mortality is one of the common unexpected outcomes of childbirth, hence postnatal care is critical to reducing it.

### **OBJECTIVE**

This study assessed the parturients' knowledge of postpartum warning signs and complications in a tertiary health facility at Ibadan, Nigeria.

### **METHODOLOGY**

This was a cross-sectional study among 450 parturient using a semi-structured self-administered questionnaire to assess their knowledge of postpartum warning signs and complications. Data were analysed with Statistical Package for Social Sciences (SPSS) version 25.0 using descriptive statistics and logistic regression with level of statistically significant set at  $p < 0.05$ .

### **RESULTS**

A total of 450 parturients, with a mean age of 30.1 + 4.9 years participated. The most common

complications known among the mothers were wound infection, 132 (29.3%), infection/sepsis, 116 (25.8%), episiotomy pain, 103 (22.9%), and hypertension, 102 (22.7%). Almost all, 179 (99.4%) knew a warning sign, though only a few, 21 (11.7%) knew at least five warning signs. About a third, 155 (34.4%) had adequate knowledge of postpartum complications. Determinants of adequate knowledge of postpartum complications were age (Adjusted odd ratio AOR=2.37, 95%CI=1.107-5.057), educational status (AOR=0.37, 95%CI=0.208-0.650), and duration of time used to relay the information by the healthcare providers (AOR=0.13, 95%CI=0.041-0.425).

### **CONCLUSION**

The inadequate knowledge of the postpartum mothers about postpartum warning signs and complications calls for concern if maternal morbidity and mortality is to be curtailed especially within 42 days after delivery.

## OR19 Knowledge, Uptake And Missed Opportunities Of Human Papilloma Virus Vaccine In Benin City: A Mixed-method Study

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### OBJECTIVE

This study aimed to determine the knowledge, acceptance, uptake barriers and missed opportunities of human papillomavirus (HPV) vaccination among adolescents in Benin City, Nigeria.

### METHOD

A descriptive cross-sectional study using mixed-methods of data collection was carried out in four secondary schools in Benin City, Nigeria, over 3 months period, following ethical approval. Quantitative data were analysed using SPSS 25.0. Chi square analysis and logistic regression were done and P-values less than 0.05 were considered statistically significant. Qualitative data were analysed using themes.

### RESULT

There were 801 students with mean age group of  $14.3 \pm 1.85$ . Only 56.5% had heard of the HPV vaccine, 15.5% had good knowledge of HPV,

23.4% received the vaccine while 25.8% were willing to receive the vaccine when available. The reasons for refusal were fear of side effects (56.3%), fear of needles (18.2%) and lack of adequate information (11.3%). The missed opportunity was 71.9%. Fathers with primary level of education with odds ratio 0.181 (95% CI: 0.034 – 0.947,  $p = 0.043$ ) and pupils of schools located in rural setting with odds ratio of 0.369 (95% CI: 0.205 – 0.665,  $p < 0.001$ ) were less likely to accept HPV vaccine. The teachers agreed that HPV vaccine was a good idea while the parents shared divergent views.

### CONCLUSION

The knowledge and acceptance of HPV vaccine in this study were low and there was a significant proportion of missed opportunities. Improved public awareness campaign is advocated.

## **OR20 Corporate Soft Skills For Healthcare Professionals**

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### **OBJECTIVES**

This presentation aims to Highlight the importance of corporate soft skills for healthcare professionals; explore the specific soft skills essential for success in the healthcare field, and provide practical strategies for developing and enhancing these skills.

### **METHODOLOGY**

This presentation will draw upon existing research, case studies, and expert insights to illustrate the significance of corporate soft skills in healthcare.

### **RESULTS**

The presentation will demonstrate the positive impact of strong soft skills on patient satisfaction, team collaboration, professional development and organizational success

### **CONCLUSION**

By developing and enhancing corporate soft skills, healthcare professionals can significantly improve their careers, contribute to better patient outcomes, and drive positive change in the healthcare industry.

## OR21 An Appraisal Of Anaesthesia Practices For Obstetric And Gynaecologic Surgeries In A Tertiary Health Center In Zaria, North Western Nigeria

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### OBJECTIVE

Anaesthesia is a critical aspect of every surgical procedure. Various options exist depending on the type of procedure, nature and the clinical state of the patient. This study reviewed the anaesthesia practices for Obstetric and Gynaecologic surgeries in Ahmadu Bello University Teaching Hospital, Zaria.

### METHODOLOGY

It was a retrospective cross-sectional descriptive study conducted at Ahmadu Bello University Teaching Hospital, Zaria. Record of all Obstetric and Gynaecologic surgeries performed from 1st November 2022 to 31st October 2023 were obtained from the anaesthesia register and relevant data for the study was obtained. Data was analysed with SPSS 20.

### RESULTS

The mean age  $\pm$  SD of patients that had surgery was  $32.1 \pm 9.1$  years. Out of the total 547 cases reviewed, 254 (46.4%) were Obstetric emergencies, 20 (3.7%) were gynaecologic emergencies, 149 (27.2%) were elective Gynaecologic cases and 124 (22.7%) were elective Obstetric cases. Majority of the cases 407

(74.4%) were ASA II. Spinal anaesthesia was the commonest type of anaesthesia used in obstetric surgeries 336 (91.8%) while general anaesthesia was the commonest type of anaesthesia used in gynaecologic surgeries 89 (79.5%). Anaesthesia was given by senior registrars in 457 (83.5%) of cases. Heavy Bupivacaine was the commonest agent used for spinal anaesthesia while Propofol was the commonest agent used for induction of general anaesthesia. Anaesthesia complications were recorded in only 24 (4.4%) of cases with cardiovascular instability being the commonest complication recorded in 10 (41.7%) of cases.

### CONCLUSION

Spinal anaesthesia was the commonest choice of anaesthesia in Obstetric surgeries while General anaesthesia was the commonest choice in Gynaecologic surgeries during the period under review. Complications of anaesthesia were uncommon.

**Key words:** Anaesthesia, Gynaecology, Obstetrics, Practice, Surgery



## **OR22 Assessment Of Ovarian Stromal Blood Flow In Predicting Ovarian Response In Women Undergoing Invitro Fertilization At The University Of Benin Teaching Hospital, Benin City Nigeria**

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### **BACKGROUND**

The current available methods for assessing ovarian response to stimulation during IVF, although effective, are limited by cost and quality control issues in our setting. Ovarian stromal blood flow is an alternative test to assess ovarian response that can address these challenges.

### **OBJECTIVE**

To predict oocyte yield using the Peak Systolic Velocity (PSV) on Doppler ultrasound of the ovarian stromal vessels among women undergoing controlled ovarian hyperstimulation (COH) in IVF treatment cycles at UBTH.

### **METHODS**

The study was done at the Human Research Reproduction Programme (H.R.R.P.) Unit of the Obstetrics and Gynaecology department at UBTH, Benin. It was a prospective cohort study among all consenting women undergoing COH in IVF cycles. Participants had ovarian Doppler with transvaginal sonography using a GE Voluson S8 ultrasound machine on menstrual cycle day 2/3 (baseline). The ovarian stromal blood flow was recorded in the form of PSV. A Receiver operating characteristic curve (ROC) was used to estimate the area under the curve (AUC) of the baseline PSV and determine the PSV cut-off value for good

and poor ovarian response. The sensitivity, specificity, and positive and negative predictive values of the cut-off PSV were estimated. The oocyte yield was the primary outcome measure. Good responders were the cases where 4 oocytes were retrieved per cycle following controlled ovarian hyperstimulation and hCG administration.

### **RESULTS**

This study showed that a PSV cut-off of 6 cm/sec had a sensitivity of 93% and specificity of 40% in predicting good oocyte yield. The positive and Negative predictive values were 90% and 50% respectively. PSV at 6 cm/sec was significantly associated with good ovarian response after controlling for age and antral follicular count.

### **CONCLUSION**

Peak systolic velocity is useful in predicting oocyte yield during controlled ovarian hyperstimulation (COH) at IVF cycles as it has a high sensitivity and positive predictive value. However, the moderate specificity and negative predictive value suggest caution in using it as a standalone predictor and may be better as an adjunctive test together with other tests like Antral Follicular Count and anti-Müllerian hormone.

## **OR23 Prevalence And Risk Factors For Intimate Partner Violence Amongst Pregnant Women In A Rural Hospital In Rivers State, South-south Nigeria.**

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### **BACKGROUND**

Intimate Partner Violence (IPV) is a serious global issue that cuts across all socio-economic, religious, racial and cultural groups. It is the most common form of violence against women and is prevalent in the life-time of most women. Intimate partner violence during pregnancy exposes not only the woman, but also her unborn baby to adverse pregnancy outcomes and poses a great threat to achieving targets one and two of the United Nations Sustainable Development Goal (SDG) 3. Previous studies investigating IPV during pregnancy were done in urban settings. This study set out to evaluate the prevalence of IPV during pregnancy and its associated risk factors in a rural hospital.

### **METHODOLOGY**

This was a cross-sectional study conducted between March 2024 to August 2024, involving 216 pregnant women who attended antenatal clinic at the General Hospital Okrika, Rivers State Nigeria. Consecutive sampling method was employed, and a structured questionnaire was used to obtain abuse information regarding physical, sexual and psychological IPV from the respondents. Data were analysed using IBM Statistical Package for Social Sciences (SPSS) version 26.0 for windows.

### **RESULTS**

Most of the respondents 29.2% (63/216) were between the ages of 25-29 years. Almost half had tertiary education 49.5% (107/216) and were

Christians 85.6% (185/216). Most respondents were primigravidae 41.7 % (90/216) and only 17.1% (37/216) were unemployed. More than half of the respondents' spouses had tertiary education 58.8% (127/216) and only 10.6% (23/216) were unemployed. About 55.6% (120/216) of the spouses had no social habit. Thirty women 13.9 % (30/216) experienced at least one of the three forms of IPV in the index pregnancy. Physical violence was the most prevalent form of IPV, 10.2% (22/216). The prevalence of sexual and psychological violence was 6.0% (13/216) and 8.3% (18/216) respectively.

The educational status of the woman (OR=5.161; 95% CI: 1.409-18.908) and social habit of husband (OR=3.840; 95% CI: 1.28-11.515) were associated with Physical IPV. The social habit of the husband had association with sexual IPV in this study (OR=6.311; 95% CI: 1.310-30.409)

### **CONCLUSION**

Researchers in Nigeria have shown that Intimate partner violence is viewed as a confidential family matter and thus the exposed women rarely divulge their ordeals to protect the sanctity of their marriages. This also played out in our study as most pregnant mothers were cautious divulging their ordeals. Implementing gender equality as stipulated by the United Nations SDG 5 and the girl-child education will minimize this act.

## **OR24 Patterns Of Intimate Partner Violence Among Women Living With Hiv In State Hospital, Ota, Ogun State**

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### **OBJECTIVE**

Despite the increased risk of domestic violence among women living with HIV/AIDS, its burden has not been adequately explored in many developing countries including Nigeria.

### **METHODOLOGY**

Using interviewer administered questionnaires we assessed the prevalence and risk factors for domestic violence among 218 HIV seropositive women attending State hospital, Ota, Ogun state, Nigeria

### **RESULTS**

Most participants (53.7%) were diagnosed within the last 5 years (117/218). Participants had been diagnosed HIV positive for an average of 5.3 years;

No disclosure of sero-positive status was seen in 56%. 35.3% (n=77) had experienced domestic violence following HIV diagnosis. Specifically, 35.3% (n=77) experienced physical violence (slapping, kicking and punching), 36.7% (n=80) reported emotional violence (insults, threats) and 10.6% (n=23) endured sexual violence. Predictors of domestic violence were the woman's age, marital status, disclosure and partner's educational status.

### **CONCLUSION**

This calls for urgent actions for prevention, protection and post-test counseling on disclosure to avert this infringement on human right.

## OR25 Association Between Intimate Partner Violence In Pregnancy And Future Contraceptive Use Among Nigerian Women: A Cross-sectional Study

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### BACKGROUND

Intimate partner violence is a concealed public health problem that erodes a woman's fundamental human right. This public health concern is known to be more prevalent than most medical conditions in pregnancy. The aim of this study was to determine the association between intimate partner violence in pregnancy and future contraceptive use among Nigerian Women.

### METHODS

A secondary analysis of publicly available data obtained from the Integrated public use microdata - demographic and health survey was conducted. Data was collected using standard model questionnaires at three time points with an intervening five-year interval between the year 2008 and 2018. Multivariate logistic regression was used to determine the association between intimate partner violence during the antenatal period and intention for future contraceptive use. The data analysis was performed using the STATA SE 16.1 application.

### RESULTS

A total of 40,221 pregnant women participated in the survey over the 10-year period. These women

reported physical abuse by an intimate partner while pregnant. The prevalence rate of intimate partner violence in the study was 3.48%. The study also revealed that 82.39% ( $p < 0.001$ ) of married women experienced intimate partner violence while 70.84% ( $p < 0.001$ ) of Christian antenatal attendees were victims of same. Intimate partner violence was experienced more among those with a means of livelihood 77.87% ( $p = < 0.001$ ) and least in those with tertiary level of education 5.41% ( $P = < 0.001$ ). Following adjusted analysis participants who experience intimate partner violence were 1.88 (OR 95%CI 1.61–2.20) times more likely to have intentions for future contraceptive use.

### CONCLUSION

Intimate partner violence remains a pandemic more prevalent among married Christian antenatal attendees in Nigeria. Most victims desire to use contraceptive options following delivery.

## OR26 Retained Fetal Bones With Persistent Vaginal Discharge After Unsafe Abortion: A Case Report

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### BACKGROUND

Intrauterine retention of fetal bones is a rare complication of second-trimester unsafe abortion. Patients may present with infertility, chronic pelvic pain, menorrhagia, menometrorrhagia, dysmenorrhea, spontaneous expulsion of bony fragments, and persistent vaginal discharge.

### CASE PRESENTATION

Miss CA, 27 years old, presented with a 3-year history of persistent watery brownish and foul-smelling vaginal discharge. She had a termination of an unplanned pregnancy at 18 weeks gestation 3 years earlier, complicated by prolonged bleeding, fever, and lower abdominal pain. This transitioned into a persistent and malodorous vaginal discharge with dyspareunia. Speculum examination revealed copious brownish offensive discharge smearing the vulva, and a tissue with a sharp-looking edge sticking out from the posterior wall of the cervix. Ultrasound scan showed an echogenic lesion suggestive of a calcified foreign body at the cervico-uterine junction. She was counselled and scheduled for examination under anaesthesia, retrieval of foreign body, and hysteroscopy which was done on 30/7/24. Significant intraoperative findings were a fistula

measuring about 3cm at the posterior cervical wall with calcified tissues sticking out from the fistula. The foreign bodies were removed, the edges of the fistula freshened, the cervix dilated, and the fistula was repaired. A hysteroscopy showed a capacious empty uterine cavity. A Foley catheter size 10 was left in the cervix for a week, and she was placed on antibiotics and analgesics. Subsequent follow-up showed good healing of the fistula and no complaints. The tissue histology revealed dystrophic calcification and non-viable bony tissue with abscess formation, suggesting prolonged intrauterine retention of fetal bones.

### CONCLUSION

A woman with recurrent/persistent vaginal discharge and a history of abortion should undergo further evaluation to rule out foreign bodies or retained fetal parts, especially in developing countries, where most women with vaginal discharge are treated using syndromic management.

**Keywords:** Retained fetal bones, Vaginal discharge, Unsafe abortion.

## **OR27 Addressing The Reproductive Health Challenges Of Asherman Syndrome In Low- And Middle-income Countries: A Case Report In University Of Benin Teaching Hospital**

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### **BACKGROUND**

Asherman's syndrome (AS) results from partial or complete obliteration of the uterine cavity by fibrous tissue. Trauma to the endometrial stem niche largely from dilatation and curettage and following myomectomies and uterine infections are central to its aetiopathogenesis. The resultant impaired cyclical decidualization of the endometrium leads to menstrual irregularities, recurrent pregnancy losses, infertility, emotional and psychological distress and sometimes financial burden that constitute a considerable fertility and reproductive health challenge to affected couples and reproductive health experts, globally.

### **CASE REPORT**

Here in we report a case of a 30 year old P1+1 lady who presented with 17 months history of hypomenorrhoea and secondary infertility following uterine evacuation for severe preeclampsia complicated by IUFD at a peripheral centre. She subsequently had manual removal of retained placenta and later manual vacuum aspiration at same facility that preceded her symptoms. She had hysteroscopic adhesiolysis at our centre with resultant improvement of her symptoms.

### **DISCUSSION**

Individuals affected with AS suffer considerable emotional, psychological and financial burden that affects their quality adjusted life years (QALY). Camille et al reported that nearly 5 out of 100 women globally, suffer health challenges due AS. Thus, the need to focus on its prevention in our environment through very basic two-prong approaches directed at stemming the seeming rising incidence noticed in certain parts of our country.

### **CONCLUSION:**

The incidence of AS is rising variedly across centres. The main determinant is hinged on preferential practices for management of early pregnancy losses. Concerted effort is required by stakeholders in addressing this rising incidence in Nigeria.

## OR28 Assessment Of Gaps And Barriers To Cervical Cancer Screening In Makurdi North Central Nigeria: A Multisite Mixed Method

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### OBJECTIVE

To assess the gaps and barriers to cervical cancer screening at the Primary Health Care Centres (PHCs) in Makurdi, North Central Nigeria.

### METHOD

This was a convergent parallel mixed method approach involving a cross-sectional study of 288 women age 25-65 years and 30 key informant interviews (KIIs) with 10 health care workers (HCWs), 10 women and 10 male partners across 5 PHCs in Makurdi. Data were collected using an interviewer-guided online questionnaire (Kobo Collect) and a semi-structured interview guide. Quantitative data were analyzed with Statistical Package for Social Sciences Version 20, and qualitative data were transcribed verbatim and analyzed thematically using Turboscribe.ai.

### RESULT

The female respondents were mostly between the age of 25-34 years (76.4%), Traders (41%), with secondary education (46.2%) and average monthly income of less than 30,000 naira (50.7%). The gaps limiting CCS at the PHCs include, no

routine CCS, Lack of trained manpower, lack of equipment, lack of training for hospital staff, Inadequate knowledge among HCWs, and inadequate funding. The Barriers to CCS include poor knowledge of CC and CCS, the high cost of CCS, do not know where to go for CCS, low perception of risk of been susceptibility to CC, fear of CC, distance to the health facility and lack knowledge on the importance of CCS.

### CONCLUSION

This study underscores the need for capacity building among HCWs and facility upgrade at the PHCs as well as awareness creation in the community as key to improving uptake of CCS.

Key words: Assessment, Gaps, Barriers, cervical cancer screening, Makurdi

## **OR29 Examination Without Anesthesia In Assessing Cervical Cancer Before Treatment: A Review Of 101 Consecutive Cases**

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### **OBJECTIVE**

The burden of cervical cancer is more severe in countries where resources for management are scarce. Such countries must therefore device safe and cheaper methods for managing the disease. A major step in the management of cervical cancer has been to examine affected women under anaesthesia (EUA), stage the disease, and obtain a tissue biopsy. This has been cumbersome and tasking in many low-and-middle-income countries. In this study, we examined the possibility that EUA can be replaced with an office procedure without anesthesia without compromising on safe and accurate clinical outcomes.

### **METHODOLOGY**

This was a retrospective descriptive study among women who had examination and biopsy without anaesthesia for suspected cervical cancer at the University of Benin Teaching Hospital, in Nigeria. Case folders of 101 women who had examination and biopsy without anesthesia for suspected cervical cancer were reviewed. Women with

histological diagnosis of cervical cancer who had examination and biopsy without anesthesia were included in the study.

### **RESULTS**

All patients had minimal blood loss following office examination and none required blood transfusion following biopsy. Only one patient required a repeat biopsy due to inadequate specimen which was successfully obtained after a repeat office biopsy. Thirty-six (35.6%) required admission for correction of anaemia before biopsy. Following imaging, stage was reassigned in 7 (13%). Chemoradiation was the method of treatment in 98 (97%) while 3 (3%) had radical hysterectomy.

### **CONCLUSION**

Office examination, staging and biopsy for cervical cancer is safe, cheap, and effective, and is not associated with significant post-procedure bleeding or morbidity.



## OR30 Squamous Cell Carcinoma Antigen Levels In Women With Cervical Cancer

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### OBJECTIVE

Globally, cervical cancer is one of the most common cancers among females with 604,000 new cases and 342,000 deaths annually. It is a disease of public health importance. Detection of a tumour specific antigen may be useful in the detection and early management of the disease. The squamous cell carcinoma antigen a glycoprotein produced in squamous epithelial cells, could serve as a tumour marker in the diagnosis and management of cervical cancer. The aim of this study was to compare the serum levels of squamous cell carcinoma antigen in women with cervical cancer with normal non-cancerous controls and to identify its clinical and sociodemographic correlates.

### METHODOLOGY

This was a comparative cross-sectional study between women with histologically confirmed squamous cell carcinoma of the cervix and women without cervical cancer at the University of Benin Teaching Hospital in Nigeria. Eighty women were recruited for the study, which consisted of 40 cases of cervical cancer and a comparative group of 40 women without cervical cancer. Levels of squamous cell carcinoma antigen were determined by enzyme-linked immunosorbent assay (ELISA). Data was analyzed using the Statistical Package for Social Sciences (SPSS) for Windows, version 27.

### RESULTS

There was a statistically significant difference in the mean  $\pm$  SD squamous cell carcinoma antigen levels in women with cervical cancer ( $0.7 \pm 0.5$  ng/ml) and those without cervical cancer ( $0.4 \pm 0.2$  ng/ml) ( $p=0.0003$ ). Using a cut off value of 0.45, the sensitivity of SCCA was 75% while specificity was 70%. Its positive predictive value was 71.4% while the negative predictive value was 73.7%. The stage of disease, parametrial involvement, metastasis, body mass index, age, parity, alcohol consumption and menopausal status did not significantly affect levels of the tumour marker.

### CONCLUSION

The serum levels of squamous cell carcinoma antigen are elevated in Nigerian women with cervical cancer compared to those without cervical cancer. Sociodemographic factors and extent of disease do not appear to significantly affect levels of the tumour marker. Routine estimation of the antigen may be useful in determining the presence and severity of cervical cancer in countries with limited routine cervical screening programmes.

## **OR31 Non-Puerperal Uterine Inversion Complicating a Huge Prolapsed Submucous Myoma: A case report**

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### **BACKGROUND**

Most cases of uterine inversion (UI) occur following childbirth. Spontaneous non-puerperal uterine inversion (NPUI) is reported to be extremely rare and usually complicates a benign submucous fundal myoma particularly when large.

### **CASE REPORT**

A 38-year-old Para 3 + 0 presented with protrusion of a mass and an offensive vaginal discharge both from the vagina for 2 weeks duration. Examination revealed a large, firm, gangrenous and offensive brownish-red mass measuring 15 x 20 cm protruding through the introitus and attached with a stalk to the fundus of an inverted uterus. (figure 1). A tentative diagnosis of chronic UI, secondary to a large infected and necrosed submucous fibroid was made. She was transfused with 3 units of whole blood, given intravenous broad-spectrum antibiotics, and the prolapsed mass was dressed twice daily with chlorhexidine cream

During examination under anaesthesia, with the patient in lithotomy position, the submucous

fibroid polyp was excised (figure 2), the inversion corrected (figure 3), the patient returned to the supine position and a TAH performed. The postoperative period was satisfactory, and the patient was discharged after 7 days. Histology revealed acute on chronic suppurative endometritis, ulcerative acute-on-chronic cervicitis. a myoma with infarctive degenerative changes.

### **CONCLUSION**

NPUI is a very rare gynecological condition with submucous uterine fibroids as the major predisposing factor. Definitive management is usually surgical and the method of choice depends on the degree of inversion, the reproductive desires of the patient and the surgeon's surgical expertise. Our patient was successfully managed by a combined vaginal myomectomy and total abdominal hysterectomy with a good outcome.

## OR32 Overview Of Colposcopy In Garki Hospital, Abuja – A Two-year Case Series

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### BACKGROUND

Prior to the onset of colposcopy in Garki hospital, some patients that had cervical cancer screening using Pap smear or HPV DNA kits were been lost to follow-up. In an attempt to join in the struggle to achieve WHO's target of elimination of cervical cancer, colposcopic procedures were started, patients were followed up till treatment. See and treat procedures were also done. The study aims to evaluate colposcopy management in Garki hospital, Abuja, Nigeria.

### METHODS

Total colposcopies done between May 2002 and September 2024 were reviewed including their risk factors, indications, results, treatment offered, challenges and the follow-up care.

### RESULTS

A total of 101 colposcopies were done due to Atypical Squamous Cells of Undetermined Significance (ASCUS) in 12.9%, Low-grade

Squamous Intra-Epithelial Lesion (LSIL) in 5%, Atypical Squamous Cell-High grade (ASC-H) in 2%, High-Grade Squamous Cell Lesion (HSIL) in 9%, abnormal uterine bleeding in 19.8%, High-Risk (HrHPV) in 1%, follow-up colposcopy in 2.9%, abnormal Pap smear in 16.8%, cervical mass in 5.9%, genital warts in 5%, vulva lesion in 2%, recurrent vaginal discharge in 3%, vulva itch in 3%. HIV positivity occurred in 10%. Results showed normal cervix in 15%, CIN 1 in 20.8%, CIN2 in 5%, 6% had CIN 3 and 2% had invasive disease. Those with invasive disease: one had chemo-radiotherapy and has been cured, 15% had TAH done, 1% had LAVH, 5% had thermocoagulation, 2% had LEEP. Patient are presently being followed up.

### CONCLUSION

Colposcopy-guided treatments of patients with cervical lesions in this case series prevented overtreatment, undertreatment or loss to follow up.

## OR33 Outcome Of Colposcopy Examinations By Trainee Colposcopists At Basic Training Course

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### BACKGROUND

Colposcopy is a vital triaging procedure for women screened positive for premalignant cervical disease. In Nigeria, the limited number of trained Colposcopists poses a challenge, given the high burden of the disease. In response, the NSCCP initiated an intensive training program for healthcare providers nationwide. This study aims to describe outcome of the colposcopy examinations carried out by the trainees.

### METHODS

Each trainee had hands-on colposcopic procedure on 63 volunteered women under supervision of a trainer. Result sheets of the colposcopic examinations conducted by the trainees were collated. We matched the colposcopic diagnosis with the histology report if biopsy was taken. Where biopsy was not taken, we reported the colposcopist diagnosis of the trainee evaluator as corroborated by the trainer.

### RESULTS

Total hands-on colposcopy were 63 of which 73% (46/63) had normal colposcopy findings. Accuracy between trainee and trainer was 90%. 5% (3/63) had low grade lesions, 3.2% (2/63) had high grade lesions, 3.2% (2/63) had inflammatory lesions and 15.6% were unsatisfactory. Nine samples were sent for histology of which one showed condyloma acuminata, six showed CIN 1, one was inadequate. See and treat were done on two. Accuracy between histology and clinical colposcopy was 77%.

### CONCLUSION

Trainee skills at performing colposcopic procedures were considered satisfactory.

## **OR34 Profile Of Attendees At A Basic Colposcopy Training Course In Abuja, Nigeria.**

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### **BACKGROUND**

Colposcopy is vital in the investigation of women screened positive during cervical screening programmes. A four-day intensive basic colposcopy training program was conducted at the National Hospital, Abuja, aimed at capacity building of colposcopy workforce. Fifty-one participants had didactic lectures, reagent preparation, various colposcopes model, LEEP and thermocoagulator simulation. The study aims to explore the profile of the attendees at the basic colposcopy training course, their experience, their access to necessary equipments and other determinants for the practice of colposcopy at their local environments.

### **METHOD**

Anonymous questionnaires were administered to the trainees, pre-course, to elicit responses that sought to assess their knowledge and prior skills of colposcopes prior to the study. It included questions on attendee demographics, experience and the characteristics of colposcopy practice at their local stations. The results were analyzed by Microsoft excel.

### **RESULTS**

The total participants were 51 comprising of 2 civil servants, 45 medical doctors, 3 nurses and 1 student. 51% had > 10 years of experience, 83% (43/51) had observed colposcopy being done prior to the training and 66% (34/51) had performed colposcopy of which 2% (1/51) had formal training. 22% (11/51) had no colposcopies in their centres. Of those that had colposcopes (40), 55%(22/40) had binocular and 30%(11/40) had monocular.

### **CONCLUSION**

Colposcopes are available in four-fifth of participants centres. Two percent of the participants had formal training.

## **OR35 Understanding Men And Women's Knowledge Of Human Papillomavirus Infection, Vaccine And Associated Cancers In Southern Nigeria**

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### **BACKGROUND**

Globally, Human papillomavirus (HPV) is the most common viral infections of the reproductive tract and most women and men that are sexually active, at one time in their lives are infected with this virus. For there to be a holistic approach in the goal to reduce the burden of cervical cancer and other HPV related malignancies, both men and women should be involved. It is within this context that this study was designed to evaluate the knowledge of HPV, its vaccine as well as associated cancers among men and women in Benin city, Edo state.

### **METHODOLOGY**

This was a cross-sectional analytical study conducted among 226 consenting women attending antenatal clinic and their husbands. A structured, pretested, self-administered questionnaire was used to collect information on sociodemographic characteristics, knowledge of HPV infection, cancers and vaccine as well as readiness to accept vaccination. Analysis was done using IBM SPSS version 21.0. The level of statistical significance was at P value < 0.05.

### **RESULTS**

The mean age of the participants was 33.8 years, with a standard deviation of 6.8 years. Majority of study participants exhibited lack of correct

knowledge regarding HPV across several key areas as only 20.8% of participants were aware of HPV and 18.6% had correct knowledge of HPV. Younger and single study participants had significantly better knowledge regarding HPV. Tertiary education was the most significant positive predictor of good knowledge of HPV. Only 14.6% of the respondents were aware of the HPV vaccine. None of the study participants have been vaccinated against HPV.

### **CONCLUSION**

The awareness of HPV infection and vaccine was rather low in this study. Tertiary education was the most significant positive predictor of good knowledge of HPV. None of the study participants have been vaccinated against HPV. There is need to scale up sensitization programs on HPV related diseases and its prevention.

**Keywords:** Human papillomavirus, cancer, vaccine

## **OR36 Awareness Of Hpv Dna Testing As A Screening Method For Cervical Cancer Among Health Care Practitioners In A Tertiary Hospital In Benin**

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### **OBJECTIVES**

1) To determine the awareness of screening methods for cervical cancer; 2) to assess knowledge of HPV DNA testing and its role as a screening method for cervical cancer; 3) to make recommendations on ways to optimize uptake of HPV DNA testing as part of efforts to eradicate cervical cancer.

### **METHODOLOGY**

The study was a cross-sectional descriptive study conducted among 196 health care workers in the University of Benin Teaching Hospital who consented to the study. A semi-structured questionnaire was self-administered to obtain data about the socio-demographic characteristics of respondents and their awareness of cervical cancer screening. The data obtained was analyzed using Statistical Package for Social Sciences with statistical significance set at  $p < 0.05$ .

### **RESULTS**

The study included 196 participants with varying demographics. Doctors were 48%, pharmacists 24% while nurses 28%. A total of 69% were aware of HPV DNA testing for cervical cancer screening. Of these, Pharmacists, surprisingly had the highest level of awareness at 85.7%, followed by doctors (77.5%) and nurses (63.9%) but this was not significant ( $p = 0.115$ ).

### **CONCLUSION**

Knowledge among participants was good but enlightenment campaign may be necessary to help strengthen existing knowledge and raise knowledge level in the study area. This ultimately will help to improve awareness of HPV DNA testing and uptake in the larger communities.

## OR37 The B-hcg Blind Spot: A Cautionary Tale Of “hook Effect” In Delayed Diagnosis Of Gestational Choriocarcinoma.

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### BACKGROUND

The beta-human chorionic gonadotropin ( $\beta$ -hCG) hook effect occurs when extremely high  $\beta$ -hCG levels saturate assay antibodies, yielding falsely low or negative results. In settings with limited access to advanced diagnostic tools and reliance on basic immunoassays, the likelihood of hook effect interference is higher. Consequently, gestational choriocarcinoma may remain undetected until symptoms worsen or metastasis occurs, compromising timely treatment and patient outcomes.

### CASE REPORT

She was a 34-year-old para 5+2 (4 alive), whose last child birth was 14 months prior to presentation. She was referred from a peripheral hospital with seven-month history of recurrent vaginal bleeding and a four-month history of cough. She was initially evaluated and found to have incomplete miscarriage for which a manual vacuum aspiration was done but no sample was sent for histology. Bleeding subsided but recurred one month later with syncope. She had blood transfusions and re-evacuation. She remained asymptomatic till she developed cough and difficulty in breathing which did not respond to antibiotics. Qualitative estimation of urine  $\beta$ -hCG was negative. A diagnosis of pulmonary tuberculosis was made. Chest X-ray revealed hilar opacities and patchy areas of consolidation in the lung fields. Mantoux test was negative. She was

commenced on antituberculosis therapy using Rifampicin, Isoniazid and Pyrazinamide which she had for two weeks before vaginal bleeding recurred and she was referred to the gynaecologic oncologists at our facility.

On examination, she was acutely ill-looking, pale, breathless, tachypnoeic and desaturating on room air with bronchial breath sounds. She had a bulky uterus and free adnexa. Reviewed chest X-ray showed cannon ball metastasis. A diagnosis of stage III choriocarcinoma was made however urine pregnancy test remained negative. Quantitative serum  $\beta$ -hCG was available after 3 days on admission and it revealed a value of 415,312 mIU/mL. Urine was diluted and it became strongly positive in 1:500 dilution. Combination chemotherapy was commenced with Etoposide, Methotrexate, Actinomycin D, Cyclophosphamide and Oncovin (EMA/CO) regimen. However, patient died of respiratory failure five days later.

### CONCLUSION

The high-dose hook effect of qualitative  $\beta$ -hCG in gestational choriocarcinoma can cause false negatives, delaying diagnosis and worsening outcomes in resource-limited settings, emphasizing cautious interpretation of assay results and diluting all negative urine pregnancy tests if clinical suspicion exists.



## OR38 Cancer Of The Ovary In Nnewi, Nigeria: A Five Year Retrospective Cross-sectional Study

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### BACKGROUND

Worldwide, ovarian cancer (OC) constitutes a huge health issue amongst women and is one of the leading causes of genital cancer morbidity and mortality, with greater than 70% of cases being diagnosed in advanced stages. Hence, periodic reviews of the prevalence, mortality, and risk factors are necessary for planning and prevention of complications.

### OBJECTIVE

The study evaluates the prevalence, sociodemographic characteristics, clinical features, histological patterns, and treatment modalities for patients with ovarian cancer at Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, Nigeria.

### METHODS

This is a five-year retrospective cross-sectional study of all cases of histologically confirmed ovarian cancer managed in NAUTH, Nnewi, Nigeria, between 2017 and 2021. The case records were retrieved from the medical records department of the hospital, and relevant information was extracted using a structured proforma. The outcome measures were the prevalence, clinical presentations, risk factors, histological pattern, and the treatment modalities.

### RESULTS

A total of 218 gynaecological cancers were managed in the hospital during the study period,

and 56 (25.6%) of the gynaecological cancers were ovarian in origin. However, only 54 case notes were available for review giving an attrition rate of 3.6%. The prevalence of ovarian cancer from the study was 2%, out of the total of 2,672 gynaecological cases managed.

The most identifiable risk factors were age > 50 (70.4%) and obesity (40.7%). Just about a quarter (25.9%) of the patients were nulliparous while over half (57.4%) were both multiparous and grand-multiparous.

Weight loss was the most presenting complaint (96.3%), while abdominal distention (94.4%) was the most common clinical feature. The majority (79.6%) of the cases were diagnosed in the advanced stages, while a higher proportion (96.3%) were of the epithelial type histologically. The case fatality rate recorded was 38.9%

### CONCLUSION

Public health education to increase awareness and encourage early presentation for treatment, government funding and advocacy for the development of effective and affordable screening tools, acceptance and utilization of available screening modalities, and compliance to treatment modalities will help to improve outcome and survival.

## OR39 Determinants Of Uptake Of Pap Smear Screening Among Postnatal Women: A Multi-center Cross-sectional Study In Benin City

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### BACKGROUND

Papanicolaou (Pap) smear is a screening test for cervical cancer. The postnatal clinic provides an opportunity to create awareness and conduct pap smear screening among well-women, especially in low-income countries with poor health-seeking behaviour.

### Objective

To determine the knowledge, uptake and barriers to Pap smear screening among postnatal women in Benin City.

### METHOD

A descriptive cross-sectional multi-centre study was conducted among postnatal women in Benin City, Nigeria from March 1st to August 31st 2024. Data was collected by interviewer-administered questionnaire. Data analysis was done using chi-square analysis and logistic regression and a p-value of  $\leq 0.05$  was considered significant.

### RESULT

There were 522 respondents with a mean age group of  $28.87 \pm 7.0$  years. Only 47.7% had heard of the pap smear of which 68.3% had good knowledge. Only 25.7% had done pap smears in the past with 1.6% having abnormal results. About 49.8% recommended a pap smear screening to be

done 6 weeks postpartum. The relationship between knowledge of pap smears and level of education was significant (0.011). The level of education of respondents and their husbands ( $P = 0.003$  and  $0.009$  respectively) were predictors of knowledge. Acceptance was significantly higher amongst women aged 40 years and above, married and those with higher level of education (0.002, 0.048 and 0.041 respectively). The main reason for refusal was inadequate information (67.6%). Others were cultural beliefs (11.9%), religious beliefs (10.3%), fear of bleeding (4.3%), fear of infections (4.3%) and lack of funds (1.6%).

### CONCLUSION

This study showed low uptake of pap smear screening largely due to lack of information. We recommend pap smears be integrated into the antenatal health education and reiterated at the postnatal clinic to improve public awareness and acceptance as an approach to reducing cervical cancer burden.

## OR40 Artificial Intelligence (ai) In Cervical Cancer Screening: A Scoping Review

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### BACKGROUND

Cervical cancer poses a significant global health challenge, particularly in low- and middle-income countries where access to healthcare is limited. Artificial intelligence (AI) has emerged as a promising tool for enhancing the efficiency, accuracy, and accessibility of cervical cancer screening programs.

### METHODOLOGY

This used the PRIMA scoping review (ScR) model to evaluate recent scientific literature (2023-2024) as an update to an existing review conducted up to 2023, on the use of AI in cervical cancer screening, with the purpose of highlighting implications for cancer program implementation and research direction in Nigeria.

### RESULTS

The review identified various AI algorithms employed in cancer screening, including Support Vector Machine (SVM), k-nearest neighbours (KNN), Decision Tree (DT), and Deep Learning (DL) methods such as Convolutional Neural Networks (CNN), Residual Neural Networks (ResNet), and Visual Geometry Group (VGG). Studies reported that SVM and DL methods exhibited the highest diagnostic accuracy,

exceeding 97%. Notably, CerviCARE, an AI-based tool, demonstrated 97% accuracy, 98% sensitivity, and 95.5% specificity.

### CONCLUSION

The scoping review highlights that AI tools, particularly SVM and deep learning methods, demonstrate high diagnostic accuracy in cervical cancer screening, offering significant potential to improve early detection and reduce mortality. AI could enhance screening efficiency, especially in low-resource settings, by addressing accessibility and cost challenges. As a recommendation, Nigeria needs to prioritize integrating AI into national cervical cancer screening programs to improve early detection and diagnostic accuracy, and address resource limitations in the healthcare system. To successfully achieve this, research, development, and capacity-building initiatives focused on the Nigerian context, along with robust data infrastructure and ethical considerations, are crucial for maximizing the potential of AI in addressing such health challenges in Nigeria.

**Keywords:** AI screening, AI algorithms, Cervical cancer, Diagnostic accuracy, Global health, Nigeria

## **OR41 Statistical Level Of Agreement Between Conventional Cytology And Human Papilloma Virus (hvp) Dna Test Among High-risk Women In Ushafa Community, Abuja**

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### **BACKGROUND**

HPV DNA test is the high performance gold standard cervical screening test recommended for elimination of cervical cancer. However, the relative availability and cost advantage make conventional cytology the most performed screening method in Nigeria. Thus, the need to access the level of agreement between conventional cytology and the gold standard.

### **METHODS**

This was a cross-sectional analytical study among 160 women in Ushafa, Abuja. Outcome measure was level of agreement between both tests. Cervical Cancer awareness was done. Systematic sampling technique and interviewer-based questionnaire were used. HPV DNA and Papanicolaou smear samples were then collected from each woman. Data were analyzed using IBM SPSS Version 26. Statistical agreement (kappa) was used. P-Value < 0.05 was considered statistically significant at 95% confidence-interval.

### **RESULTS**

Prevalence of Hr-HPV DNA was 28.9% and abnormal cytology was 15.8%. The level of agreement showed Kappa: 0.022; P=0.740. HPV DNA 16, 81 and 18 were most prevalent. Hr-HPV were mostly found in women with LSIL. Non-protection during sexual intercourse and increasing number of sexual partners were the only significant risk factors.

### **CONCLUSION**

There was no statistical agreement between conventional cytology and HPV DNA test.

## OR42 Intrapartum Sildenafil Citrate To Prevent Non- Reassuring Foetal Status Among Parturients Delivering At Term In Lautech Teaching Hospital, Ogbomoso, A Randomised Controlled Trial

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### BACKGROUND

Intrapartum non-reassuring foetal status is a global challenge. It is a key contributor to operative deliveries. In low- and middle-income countries, it is a major cause of perinatal deaths, hypoxic ischemic encephalopathy, and cerebral palsy. Through its vasodilatory action and by improving uteroplacental perfusion, intrapartum sildenafil citrate could reduce the risk of intrapartum foetal compromise.

**Aim:** To determine the effect of intrapartum Sildenafil citrate on the prevention of non-reassuring foetal status among parturients delivering at term.

### METHODOLOGY

Study Design: Double blind randomised controlled trial. Women at term in early labour or undergoing scheduled induction of labour were randomly allocated to receive 50 mg of sildenafil citrate or placebo orally once admitted in labour 8 hourly up to a maximum dose of 150 mg.

### RESULTS

Eighty-eight (88) participants received intrapartum sildenafil citrate or placebo. Intrapartum sildenafil significantly reduced the incidence of non-reassuring foetal status by 56% from 18.18% to 7.95% (p value – 0.044) and non-

significantly reduced the risk of emergency caesarean section for non-reassuring foetal status (p value – 0.484). Sildenafil citrate significantly reduced the incidence of asphyxia at the first minute from 13.64% to 3.41% (p value – 0.015) and non-significantly reduced the incidence of asphyxia at the fifth minute (p value – 0.312), reduced the risk of admission of babies to SCBU by more than four folds from 9.09% to 2.27% (p value – 0.051), and reduced the incidence of respiratory illness in the newborn (p value – 0.247). However, the administration of sildenafil in labour was associated with significant risk of increased mean post-delivery blood loss (351.25 mls ± 313.687 vs. 257.727 mls ± 125.558, p – value – 0.016), not significantly increased postpartum haemorrhage (p value – 0.173) and increased need for blood transfusion (p – value – 0.173).

### CONCLUSION

Intrapartum administration of sildenafil citrate reduced the incidence of non-reassuring foetal status, risk of emergency caesarean delivery for non-reassuring foetal status and improved neonatal outcomes but was associated with increased risk of postpartum haemorrhage.

## OR43 Maternal Outcome Of Preeclampsia And Eclampsia Managed In The Intensive Care Unit Of The University Of Port Harcourt Teaching Hospital: A Ten-year Review

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### BACKGROUND

Preeclampsia and eclampsia are major causes of maternal mortality. Management of patients with these pathologies may require close monitoring and treatment in the intensive care unit (ICU) for favourable outcomes for the mothers and babies.

**Aim:** To determine the outcome of women with preeclampsia and eclampsia managed in the Intensive Care Unit (ICU) of the University of Port Harcourt Teaching Hospital (UPTH).

### METHODOLOGY

This was a ten-year retrospective study of all women with preeclampsia and eclampsia managed in the ICU of UPTH. The information was retrieved from the patients' case notes and analyzed using SPSS version 25.

### RESULTS

A total of 1549 patients were admitted into the ICU for the period under review, of which 218 (14.1%) were obstetric admissions. Of these, 140 (64.2%)

were unbooked while 78 (35.8%) were booked with a mean age of  $30 \pm 2$  years. There were 60 cases of preeclampsia and eclampsia, comprising 27.5% of the obstetric admissions. All 30 (13.7%) of the mothers with eclampsia were unbooked. The number of maternal deaths from preeclampsia and eclampsia was 24, which was 11% of obstetric admissions.

### CONCLUSION

Maternal mortality from preeclampsia and eclampsia at the ICU of UPTH was high. Majority of these patients were unbooked and likely presented late with complications, thus needing ICU care. Pregnant women should be encouraged to register early and risk assessment for preeclampsia made. Measures should be taken to prevent same or early treatment instituted to avert complications and mortality from severe disease.

**Keywords:** Preeclampsia, eclampsia, maternal outcome, ICU.

## OR44 Awareness And Knowledge Of Cardiovascular Diseases In Pregnancy Among Pregnant Women In South West, Nigeria.

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### BACKGROUND

Cardiovascular diseases (CVD) in pregnancy, particularly hypertensive disorders, pose a major public health challenge, becoming the leading cause of maternal mortality in Nigeria due to delays in presentation. This could be linked to lack of awareness, poor knowledge of the symptoms, risk factors, and prevention of CVD in pregnancy among pregnant women.

### OBJECTIVE

This study assessed the awareness, knowledge of symptoms, prevention and risk factors of CVD in pregnancy among pregnant women in Ibadan.

### METHOD

This was a cross-sectional study among 269 consenting pregnant women in two government health facilities in Ibadan. A semi-structured questionnaire that captured their sociodemographic and obstetric features, awareness and knowledge of symptoms, complications, risk factor and prevention of CVD in pregnancy was used. Data were analysed with Statistical Package for Social Sciences (SPSS) version 27.0. Inferential analysis was conducted to determine the associations between the variables with level of statistically significant set at  $p < 0.05$ .

### RESULTS

The mean (SD) age of the respondents was 30.8 (5.35) years, almost all were married (95.9%), while 68.4% had tertiary level of education. Three-quarters (70.3%) of the respondents were in their third trimester of pregnancy and 19.3% were primigravidas. About two-thirds of the respondents were aware (64.7%), had good knowledge of symptoms (59.8%) and prevention (65.5%) of CVD in pregnancy. The commonest sources of information were health talks (29.3%), the internet (24.7%). Age ( $p=0.001$ ), education ( $p < 0.001$ ), and knowing someone with previous CVD experience ( $p=0.018$ ) were significantly associated with respondents' knowledge of prevention of CVD in pregnancy.

### CONCLUSION

Respondents demonstrated significant level of awareness and knowledge of cardiovascular diseases in pregnancy, however continuous orientation and enhanced public education on the diseases and benefits of early presentation might reduce the burden of the diseases in our region.  
Keywords: Cardiovascular diseases in pregnancy, Symptoms, Risk factors, Prevention, Awareness, Knowledge.

## OR45 Association Between Foetoplacental Weight Ratio And Pregnancy Complications In Nigerian Women With Sickle Cell Disorder – A Cohort Study

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### OBJECTIVE

To assess the association between haemoglobinopathy-associated placental dysfunction, assessed as foeto-placental weight ratio (FPWR), and pregnancy outcomes among women with SCD in Nigeria.

### METHODOLOGY

In this cohort study, 302 pregnant women with SCD, but without any other pre-existing medical conditions were enrolled at 12-28 weeks gestation across 16 health facilities in Lagos and Osun States, and monitored till delivery. Data on sociodemographic characteristics, foeto-maternal outcomes, birthweight and placental weight were collected. Data analysis was done with Stata version 18.0. Logistic regression analysis was used to determine the association between pregnancy complications and FPWR, adjusting for confounders.

### RESULTS

Of the 302 women, there were 91 (30.1%) HbSC and 211 (69.9%) HbSS, with mean age of 29.3 ±

5.1 years. The median gestational age at delivery was 37 (IQR: 36-38) weeks. The 5th and 95th percentile values for FPWR were 2.27 and 8.67. The odds of perinatal death was significantly increased among the women with high FPWR (>95th percentile) compared to those with normal FPWR, aOR of 75.85 (1.64–3515.79). There was no significant association between FPWR versus miscarriage, severe maternal anaemia, preeclampsia/eclampsia, gestational hypertension, birth asphyxia and neonatal unit admission ( $p > 0.05$ ).

### CONCLUSION

High FPWR is associated with a higher risk of perinatal death in SCD pregnancies. However, there is a need to develop tools for antenatal determination of placenta weight to facilitate the application of FPWR in screening for the risk of perinatal death in this high-risk group.



## OR46 Comparative Analysis Of Pregnancy Complications Between Hbss And HBSC Women: A Prospective Cohort Study Nested In Pipsickle Trial In Nigeria

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### OBJECTIVE

The study aimed to compare the incidence of maternal and foetal complications in pregnant women with HbSS and HbSC genotype.

### METHODOLOGY

This was a prospective cohort study in 16 secondary and tertiary health facilities in Lagos and Osun State. 465 pregnant women with HbSS or HbSC and at 12-28 weeks gestation were included in this study. We collected data on their demographic characteristics at baseline, and on maternal and foetal complications at each antenatal encounter till delivery. Data was analysed using Stata version 18.0. The incidence of pregnancy complications between HbSS and HbSC were compared using Chi-square or Fisher's exact tests.

### RESULTS

The sample comprised 312 (67.1%) HbSS and 153 (32.9%) HbSC pregnant women. There were more foetomaternal complications among women with HbSS compared with their HbSC counterparts (29.5% vs. 17.5%; p=0.008). Specifically, pregnant

women with HBSS had higher incidence of severe anaemia (11.5% vs 4.6%; p=0.015), preeclampsia/eclampsia (7.4% vs 2.6%; p=0.039) and low-birth-weight babies (36.2% vs 17.0%; p<0.001). Incidence of miscarriage (p =0.183), gestational hypertension (p =0.338), sickle cell crises (p =0.205), pneumonia (p >0.999), postpartum haemorrhage > 500mls (p =0.513), preterm birth (p =0.059), neonatal unit admission (p >0.999), perinatal death (p =0.112) and maternal mortality (p =0.544) were similar in both groups.

### CONCLUSION

HbSS genotype is associated with a significantly higher incidence of severe anaemia, preeclampsia and low birth weight babies than HBSC. Close antenatal surveillance and individualized management guided by maternal genotype may help mitigate complications in this high-risk group.

## OR47 Management Challenges Of Pregnancy-associated Breast Cancer In A Resource Poor Setting: A Case Report

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### INTRODUCTION

Breast cancer arising in pregnancy is a rare diagnosis, affecting quality of maternal and fetal health. Its management poses a challenge to the obstetricians and general surgeons, as there are two lives involved.

### CASE REPORT

We report a case of a 34-year-old multiparous patient who presented with advanced breast disease. She had a 4-year history of painless breast lump and bloody nipple discharge that started in her first pregnancy and progressively worsened till her third pregnancy. She had modified radical mastectomy done, following a histological diagnosis of invasive ductal carcinoma. Chemotherapy was instituted in the postpartum period.

### DISCUSSION

Specific considerations in the management of breast cancer in pregnancy are the gestational age

at presentation, patient's wishes, staging of the disease, oncological care and obstetric care. The options of management of breast cancer are surgery, chemotherapy, radiotherapy, immunotherapy or hormonal therapy. In pregnancy, surgery can be done in all trimesters, while chemotherapy is avoided in the first trimester. Other options of treatment are contraindicated in pregnancy but can be instituted in the postpartum period. The prognosis of pregnant women with breast cancer is equivalent to the prognosis in non-pregnant women and depends on the stage at presentation, histopathological subtype, biological behaviour, availability of adequate oncological services.

### CONCLUSION

A multidisciplinary approach is key to having good maternal and fetal outcomes in the management of breast cancer in pregnancy.

## **OR48 Advocacy And Partnerships For Scaling High-impact Maternal, Newborn, Child, Nutrition Health (mncnh) Innovations In 16 Nigerian States - A Protocol For Accelerating The Adoption Of Evidence-based Mncnh Innovations To Reduce Maternal Mortality In Nigeria.**

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### **OBJECTIVE**

To advocate for the at-scale adoption and implementation of evidence-based Maternal, Newborn, Child, and Nutrition Health (MNCNH) innovations across Nigeria, in order to improve maternal and child health outcomes and support the government in achieving SDG 3.

### **METHODOLOGY**

The AIM-MNCNH partnership involving the African Centre for Excellence in Population Health and Policy (ACEPHAP), Pathfinder, Centre for Communication and Social Impact (CSSI), and the Medical Women's Association of Nigeria (MWAN) will engage national and subnational platforms, healthcare providers, policymakers, and community advocates in 16 states, through coordinated advocacy led by ACEPHAP and partners, utilizes a multi-tiered approach to:

- **Strengthen Policy and Advocacy:** Support a favourable policy environment for the adoption of prioritized MNCNH innovations, in collaboration with state and national governments.
- **Enhance Supply Chain Systems:** Strengthen the management of essential MNCNH commodities to improve access to life-saving products and innovative maternal health interventions.
- **Strengthen Robust Data Management:** Implement systems to track progress toward achieving SDG 3, ensuring that data informs decision-making and scale-up efforts.

### **RESULTS**

This approach is expected to establish a national network of MNCNH experts, drive high-level political advocacy, and strengthen the policy environment for implementing MNCNH innovations.

Preliminary engagements with the National Primary Healthcare Development Agency and governments of the 16 states have yielded results. Key indicators for success will include the number of healthcare workers trained, the coverage of new PPH interventions, and reductions in maternal mortality.

### **DISCUSSION**

This protocol research aims to establish a cross-country network of experts and champions to promote the adoption of evidence-based MNCNH interventions at scale. The AIM-MNCNH partnership approach prioritizes leveraging the unique strengths of each partner organization. MWAN, with its vast network across Nigerian states, brings a community-focused lens to implementation. ACEPHAP, Pathfinder, and CCSI contribute technical expertise, policy engagement, and health system strengthening capacities to ensure a cohesive, sustainable strategy. Early efforts across 16 states are already fostering collaborative engagements with the National Primary Healthcare Development Agency and other key stakeholders to integrate these innovations into the health system at scale.

### **CONCLUSION**

The AIM-MNCNH partnership illustrates how diverse stakeholders can come together to build a more coordinated, effective system to deliver high-impact MNCNH interventions, ensuring lasting improvements in maternal and child health outcomes across the country. Successful implementation will contribute to achieving Sustainable Development Goal 3 (SDG 3) and significantly reduce maternal mortality in Nigeria.

## OR49 Trend And Causes Of Maternal Mortality Before And After Implementation Of Maternal, Perinatal, And Child Death Surveillance And Response (MPDSR) At A District Hospital In Abuja, Nigeria.

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### OBJECTIVE

To determine the trends, causes, socio-demographic characteristics, and associated factors of maternal mortality before and after implementation of MPCDSR at Asokoro District Hospital (ADH), Abuja, Nigeria.

### METHODOLOGY

We retrospectively reviewed all maternal deaths from 2013 - 2019, 2021-2023. The year 2020 was excluded from the study because ADH was used as a COVID-19 isolation and treatment centre for a greater part of that year. Sociodemographic characteristics and clinical causes of maternal deaths were derived from patients' case notes and the electronic medical record database. Data was analysed using IBM SPSS version 25.

### RESULTS

In the 10-year study period the overall MMR was 744.2/100,000 live births. The MMR was 459/100,000 live births in the 5 years before and 1061.8/100,000 live births in the 5 years after implementing MPDSR in the facility. Haemorrhage (33.3% vs 43.9%) and hypertensive disorders in pregnancy (29.6% vs 31.8%) were the leading direct causes of maternal mortality before and after the implementation of MPDSR

respectively. The leading indirect causes before MPCDSR were HIV infection (33.3%), anaemia (33.3%) in pregnancy, and liver disease/jaundice in pregnancy (33.3%) while HIV infection (14.3%), postpartum cardiac failure (14.3%), sickle cell disease (14.3%), anaemia (14.3%), and Anaesthetic complications (14.3%), contributed equally to maternal deaths after MPCDSR. The patient-related factors commonly associated with maternal deaths were late presentation (39.1%) and failure to recognize danger signs (32.6%), the most common administrative issue was non-availability of blood/blood products (37%) and the leading medical personnel issue was delayed referrals (25.7%).

### CONCLUSION

The institutional MMR increased despite implementing MPCDSR, likely due to improved reporting. Additionally, our intensive care unit serves as a referral center, resulting in a high concentration of critically ill patients.

**Keywords:** Maternal Mortality, Trends, Causes, MPCDSR.

## OR50 Understanding And Addressing Critical Gaps In Pre-eclampsia Management: Insights From Kano State's Primary Healthcare Facilities

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### INTRODUCTION

Preeclampsia and eclampsia (PE/E) are critical contributors to maternal mortality, especially in low-resource settings like Nigeria, where healthcare workforce challenges compound the issue. This study examined the gaps in the management of PE/E at primary healthcare level.

### METHODS

The study was part of the discovery phase of a human-centered design (HCD) approach to uncover the gaps and challenges in managing PE/E at the primary healthcare level. Data was collected through structured questionnaires in face-to-face interviews and facility checklists. The study included 19 health facilities across three Local Government Areas (LGAs) in Kano State: Ungogo, Kumbotso, and Nassarawa. A diverse group of 44 healthcare workers participated in the study

### RESULTS

Of the 44 healthcare providers included in the study, 65.9% worked in rural settings, and 61.4% were over the age of 30. Notably, none of the facilities had a doctor on staff. Despite this, 66% of the providers demonstrated accurate knowledge of blood pressure thresholds for pre-eclampsia/eclampsia (PE/E), with midwives exhibiting a higher level of knowledge compared

to other cadres. A significant skills gap was identified, as only 2% of providers had received specific training in PE/E management, and fewer than 1% reported having seen or heard of any standard operating procedures (SOPs) or guidelines for managing PE/E in their facility. Some challenges identified by some of the HCWs on PE/E management included difficulty in understanding the management protocol; viz-a-viz treatment regimen, stock out of essential supplies, and referral complexities. Facility assessments revealed considerable resource deficiencies: only 21.1% of facilities had oxygen cylinders, 5.3% had radiant warmers, and 78.9% had magnesium sulfate in stock, highlighting inconsistencies in the availability of essential equipment and medications.

### CONCLUSION

The study identified substantial deficiencies in the capacity of primary healthcare facilities to effectively manage pre-eclampsia and eclampsia (PE/E), primarily due to inadequate staff training and insufficient resources. To address these gaps, SCIDaR is dedicated to working with the Federal and State Governments to implement innovative capacity-building strategies for healthcare workers and simplifying standard operating procedures (SOPs) to ensure they are accessible and usable across all healthcare settings.

## OR51 Pattern And Clinical Outcomes Of Prenatally Diagnosed Neurological Abnormalities In Ile-ife, Nigeria.

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### OBJECTIVES

Congenital abnormalities at birth are more commonly reported in developing countries due to suboptimal prenatal folate supplementation and inadequate human capacity for prenatal assessment. This study evaluated the pattern and clinical outcomes of congenital neurological anomalies that were diagnosed in a tertiary center in Nigeria.

### METHODS

The study is a prospective cohort study. Pregnant women at high-risk for congenital anomalies had fetal anomaly scan between 19weeks – 36weeks gestation from October 2018 to January 2024. Identified neurological anomalies were classified into lethal and non-lethal anomalies by a Fetal Medicine Multidisciplinary Team, and the expectant parents were counselled appropriately.

### RESULTS

There were 472 fetal anomaly scans performed over the period, with the leading indications being maternal medical conditions (113;23.9%), perinatal mortality (90;19.1%), previous congenital anomalies (89;18.8%), polyhydramnios (60;12.7%) and maternal age>40years. There were 29 fetuses with

neurological abnormalities, including ventriculomegaly (8), anencephaly (7), holoprosencephaly (5), cebocephaly (2), porencephaly (2), spina bifida (2), hydranencephaly (2), Dandy Walker malformation (2) and congenital absence of the corpus callosum (1). Fetuses with anencephaly and holoprosencephaly had termination of pregnancy after counselling. There were 4 additional perinatal mortalities, including 2 each with cebocephaly and hydranencephaly. The other babies underwent multidisciplinary management at birth, with good outcomes.

### CONCLUSION

Ventriculomegaly is the most common congenital neurological abnormality at the Obafemi Awolowo University Teaching Hospitals Complex. Prenatal diagnosis facilitates appropriate counselling and multi-disciplinary management of patients with affected fetuses. Training to proficiency to improve prenatal detection, especially in developing countries is advocated.

## OR52 Development Of A Simple Prediction Model For Preeclampsia In Benin City

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### BACKGROUND

Improving the early identification of women who develop preeclampsia offers an opportunity to mitigate the toll on maternal and perinatal health. The clinical utility of multi-parameter prediction models has been shown. We developed a simple set of screening tool to detect the onset of preeclampsia.

### METHODOLOGY

Consenting healthy nulliparous women initiating antenatal care in the first trimester had MAP, HCT and proteinuria determined at 14 weeks and 4-weekly thereafter. Routine care was offered till delivery. Preeclampsia was the outcome of interest. Univariate analysis generated predictor variables included in the derivation of the prediction model. A regression model consisting of maternal parity, MAP and HCT taken at predetermined gestational ages was used to establish a risk-scoring system.

### RESULTS

The prediction model with maternal parity, MAP and HCT was found to have good discrimination between high risk and low risk categories of

women. The model significantly predicted preeclampsia with an overall prediction of 84.4% and a P value < 0.001. Using a reference risk score of 5, 0 to 5 as low risk and above 5 as a high-risk category, the respective risk for preeclampsia in women at low or high risk was 4.4% and 52.4% respectively (P<0.001). The sensitivity was 73.5% at a false positive rate of 5.7%.

### CONCLUSIONS

Our simple multiparameter prediction model for preeclampsia performed with high sensitivity, good positive predictive value and at a low false positive rate in the derivation population. We recommend validation studies to further improve the clinical utility of the tool.

**Keywords:** Antenatal care, Benin City, Preeclampsia, Prediction model, Primary care setting

## OR53 Feto-maternal Correlates Of Quantitative Haemoglobin Fractions Among Women With Sickle Cell Disorder In Nigeria.

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### BACKGROUND

Sickle cell disease (SCD) is associated with hypoxic erythrocyte deformation and haemolysis. Quantitative fractions of the individual haemoglobin components may contribute to adverse feto-maternal outcomes, but there is a dearth of studies to confirm this assertion, despite the high prevalence of SCD among pregnant women in Nigeria.

### OBJECTIVES

The study aims to determine the quantitative fractions of HBA1, HBA2, HBS, HBC and HBF, and to correlate this with feto-maternal outcomes of women with SCD in Nigeria.

### METHODS

In a prospective study of pregnant women with sickle cell disease in 16 secondary and tertiary health facilities in Lagos and Osun State between 2021 and 2024, quantitative haemoglobin fraction was determined using High Performance Liquid Chromatography. Antenatal follow-up was done, and the haemoglobin fractions were correlated with feto-maternal outcomes, using Stata 18.0.

### RESULTS

Overall, 417 women, comprising 280 HBSS (67.5%) and 137 HBSC (32.85%) with mean age of  $28.9 \pm 5$  years, and median parity of 0 (IQR = 0-

1) were recruited, at a median gestational age of 19 weeks (IQR = 15 - 24 weeks). The mean HBA1 was  $3.18 \pm 1.1\%$ , while the median (IQR) HBA2, HBS, HBC and HBF concentrations were 3.7% (3.4 - 4.0), 85.4% (70.7 - 85.7), 43.3% (39.5 - 44.7) and 6.5% (4.0 - 8.6) respectively. The complications recorded include severe anaemia (43; 10.3%), preeclampsia (25; 6.0%), preterm births (92; 19.5%), low birth weights (124; 29.7%) and perinatal mortality (22; 5.3%). Perinatal death was associated with significantly higher median HbS concentration of 85.7% (IQR= 82 – 88.1;  $p = 0.005$ ). There was no significant association between the haemoglobin concentrations and other feto-maternal complications.

### CONCLUSION

High HBS concentration is a predictor of perinatal mortality in women with SCD. Additional studies are required to further elucidate the adverse effects of quantitative HB fractions on pregnancy.



## OR54 The Effects Of Infertility On The Quality Of Life Of Women: A Comparative Study In A Nigerian Tertiary Centre.

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### OBJECTIVE

Infertility is a stressful experience for couples. This study investigated the effect of infertility on the quality of life of women, by comparing the effects between infertile and fertile women attending a tertiary health facility in Ogun State, Nigeria.

### METHODOLOGY

A cross-sectional study was carried out among 84 women with infertility and 168 fertile women attending the Obstetrics and Gynaecology clinics of the Department of Obstetrics and Gynaecology, Olabisi Onabanjo University Teaching Hospital (OOUTH), comparing their quality of life (QoL) using the World Health Organization Quality of Life-BREF(WHOQOL-BREF) questionnaire. Continuous and categorical variables were summarized, and tests of comparison and association were done using Student's t-test and Chi-square test, at a 5% level of significance.

### RESULTS

Fertile women obtained significantly higher scores (better QoL) in the psychological domain ( $t=-3.111$ ,  $p=0.002$ ), social domain ( $t=-3.667$ ,  $p=0.001$ ), and overall quality of life scores ( $t=-2.550$ ,  $p=0.011$ ), compared to the infertile ones. Among the women with infertility, those who had secondary infertility had significantly higher scores (better QoL) in the social domain ( $t=-2.299$ ,  $p=0.024$ ). There was also a significant association between the age, level of education of the women and their spouses, spousal employment status, and the duration of marriage of the women, and their quality of life ( $p<0.05$ ).

### CONCLUSION

The quality of life is significantly lower among infertile women compared to fertile ones and this should be considered in the care given to women with fertility issues.

## **OR55 Assay Of Serum Melatonin As Age-dependent Biomarker Of Female Infertility: A Cross-sectional Study In Jos University Teaching Hospital, Jos, North-central, Nigeria**

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### **BACKGROUND**

Fertility potential decreases as a woman advances beyond the age of 35 years, so also does serum melatonin. Free radicals like ROS (reactive oxygen species) are unstable and highly reactive chemical species that become stable by acquiring electrons from any nearby molecule, this results in a cascade of reactions that could later give rise to multi-systemic cellular damage, and the reproductive system is not spared. If oxidative stress disorders could be linked as possible culprits of infertility, could antioxidants (melatonin) be logically inferred as a promising biomarker in infertility evaluation?

### **OBJECTIVE**

To determine the level of melatonin between fertile and infertile women, age-matched discrepancies, and its correlation as a possible biomarker of infertility.

### **METHODOLOGY**

This was an analytical cross-sectional study. The study consisted of two groups of participants. 32 infertile women were matched by age with 32

fertile women. The participants were selected using a simple random sampling technique over 12 months. Four milliliters of venous blood samples were collected in plain bottles between 0600hrs and 0900hrs. The melatonin-specific monoclonal antibody enzyme-linked immunosorbent assay (ELISA) technique was used.

### **RESULTS**

There was a statistically significant mean difference in the melatonin levels between the infertile women and fertile women (Cases  $84.65 \pm 28.21$  pg/mL versus Control  $122.87 \pm 36.57$ pg/mL, p-value<0.001). Also, there was a negative direct significant correlation between serum melatonin and age ( $r = -0.25$ ; p-value=0.05).

### **CONCLUSION**

The statistically significant difference in the studied population could suggest that the assay of serum melatonin may play a role as a biomarker of infertility evaluation.

## OR56 Knowledge Of Seminal Fluid Analysis Among Male Partners Of Infertile Couples With Their Seminal Fluid Analysis Results.

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### BACKGROUND

Infertility is serious public issue in typical African settings and male gender contributes greatly to it. Specifically, 40- 50% of the world infertility cases are attributed to the male gender. Despite this, there is still paucity of information on the knowledge of infertility testing with seminal fluid analysis among affected men. This study assessed the knowledge of seminal fluid analysis, prevalence of semen abnormalities and factors influencing knowledge and results of seminal fluid analysis among male partners of infertile couples.

### METHODS

This cross-sectional study recruited 182 male partners of infertile couples attending the gynaecology clinic for a duration of 6 months from July 2022 to December 2022 after seeking their consent. Participants' demographic and medical information, knowledge of SFA and semen abnormalities were presented using frequency and percentage table; associations were tested using Chi-square.

### RESULTS

Less than half of the participants (41.8%) had good knowledge of SFA. Spouse age, religion, number of children and knowledge of male infertility were associated with knowledge of SFA at 0.05 level of significance. Abnormal semen rate was 82.4% in the study group and most common abnormalities were asthenozoospermia (20.7%), oligoasthenozoospermia (16.7%) and oligoasthenoatozoospermia (16.0%). Significant associations were found between result of SFA and age, professional category, age of last born and alcohol drinking status.

### CONCLUSION

Male partners of infertile couples had inadequate knowledge of SFA and majority had abnormal semen parameters. Adequate health education and enlightenment programs might be helpful for young men and prospective fathers on SFA abnormalities and its risk factors to prevent male factor infertility.

**Keywords:** Knowledge, male infertility, seminal fluid analysis and semen abnormality

**OR57 Comparison Of Gonadotrophin Releasing Hormone Agonist Versus Humanchorionic Gonadotrophin Trigger In Women Undergoing Antagonist Protocol During Assisted Reproductive Technique Cycles In Makurdi, Benue State.**

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**BACKGROUND**

The use of bolus of HCG dose for ovulation trigger for final oocyte maturation has been used conventionally in IVF/ICSI. However, this is associated with some complications particularly OHSS. GnRH agonist is becoming the drug of choice for ovulation trigger but it is associated with low ongoing pregnancy rate despite its benefits of reducing OHSS among others. Although, some studies have attempted to address this issue with the use of HCG in addition to the standard luteal phase support, there is however no consensus on the doses, the frequency, and timing of administration of HCG, hence the need for this study.

**OBJECTIVE**

To compare the effectiveness and safety of GnRH agonist versus HCG trigger for final oocyte maturation in women undergoing antagonist protocol during in-vitro fertilization in Makurdi, Benue state.

**METHODOLOGY**

This was a randomized double-blind comparative study. The participants who fulfilled the inclusion criteria and consented to the study were recruited. Each participant underwent ovarian hyperstimulation with FSH and 0.25 mg of SC Cetrotorelix was given when the largest follicle measured  $\geq 14.0$ mm. They were randomized into two groups when two or more follicles were  $>18$ mm on day 9.

Group A received 0.5mg of buserelin and intramuscular HCG after oocyte retrieval in addition to the standard luteal phase support, while group B received 10,000 IU of HCG only. Participants in both groups were followed up to determine the outcome measures.

The following outcome measures were compared between the groups:

Primary outcomes were; OHSS rate, proportion of MII oocytes, and the ongoing pregnancy rate. Secondary outcomes were fertilization rate and biochemical pregnancy rate.

**RESULTS**

Although the OHSS rate was more in the Group B study group 3(6.7%), there was no statistically significant difference between the two study groups ( $P=0.242$ ). The proportion of MII, ongoing pregnancy rates and biochemical pregnancy rate were similar in both study groups with no significant statistical differences between the two study groups ( $P>0.05$ ). However, there was a statistically significant difference between the proportion of MII oocyte and fertilization rate ( $P<0.05$ ).

**CONCLUSION**

The GnRHa agonist trigger is better than HCG trigger due to less likelihood of experiencing OHSS in GnRHa group than the HCG group.

## OR58 Anti-chlamydial Antibodies In Infertile Women: Comparison Of Its Association With Tubal And Non- Tubal Factor Infertility In Women In Enugu, South Eastern Nigeria

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### BACKGROUND

Chlamydia Trachomatis infection often runs an asymptomatic course with long term sequelae. It commonly affects the fallopian tubes and could result in tubal blockage. A study of anti-chlamydial antibodies which is a marker of the infection in infertile women with tubal factor infertility would help understand the burden of the disease.

### OBJECTIVE

To determine the prevalence of anti-chlamydial antibodies, and its association with tubal infertility among female partners of infertile couples in Enugu, South-eastern Nigeria.

### METHODOLOGY

A cross-sectional analytical study involving two groups of infertile women attending gynaecology clinics of University of Nigeria teaching hospital, Ituku-ozalla, Enugu and Enugu state teaching hospital. Group A had tubal factor infertility (n = 143) while Group B (Control) had non-tubal factor infertility (n = 143). Data were obtained using a structured, interviewer-administered questionnaire. Peripheral blood samples were collected and analyzed for anti-chlamydial antibodies titers using Human chlamydial

trachomatis ELISA kits. Statistical package for social science (SPSS) version 22.0 was used for analysis. P-value of <0.05 was statistically significant.

### RESULTS

The overall prevalence of chlamydial seropositivity was 28.0%, while the prevalence of positive chlamydia serology among women with tubal factor infertility was 33.6% as against 22.4% for non-tubal infertility. The anti-chlamydial antibodies were significantly associated with tubal factor infertility (p=0.036 OR=1.753 95%CI=1.037-2.961) and the women with tubal factor infertility were 2 times more likely to have anti-chlamydial antibodies than those with non-tubal factor infertility. Bilateral tubal occlusion was the commonest tubal pathology identified in the hysterosalpingogram.

### CONCLUSION

The anti-chlamydial antibodies was significantly associated with tubal factor infertility in Enugu. It is recommended that serum chlamydia antibody testing should be adopted as a screening test for tubal infertility.

## **OR59 Knowledge Of Assisted Reproductive Technology And Willingness To Partake In Gamete Donation Services Among Women In Ibadan South-west Nigeria**

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### **OBJECTIVES**

To determine the proportion of women who were aware of ART, egg and or sperm donation as possible partsof ART services. To determine the proportion of women who would willingly allow or support gamete donations by self, family, and friends, and to identify the barriers to the support for gamete donations among the studied women.

### **METHOD**

This was a cross-sectional study at the antenatal and gynaecological clinics of the University College Hospital and Adeoyo Maternity Teaching Hospital in Ibadan, Oyo state, which involved 425 consenting women. An interviewer-administered semi-structured questionnaire was used to obtain relevant information from these participants. Statistical Product and Service Solutions (SPSS) version 25 was used for data entry and analysis, and statistical significance was considered at  $p < 0.05$ .

### **RESULTS**

Of 425 pregnant and non-pregnant women, 53% had heard of assisted reproductive technology (ART) before, while 68.90% were aware of In-

vitro Fertilization (IVF). IVF was the most familiar ART technique, with 69% of the women aware of gamete donation. However, a lower percentage of women were willing to participate in gamete donation (35%), due to reasons such as child disputes, unexplained unwillingness, religious unacceptability, and cultural unacceptability. The Knowledge of IVF was significantly affected by education level, monthly income, and parity. However, educational level, religion, and income did not significantly affect willingness to participate in gamete donation.

### **CONCLUSION**

The study reveals that while the population's knowledge of assisted reproductive technology is average, it does not significantly increase their willingness to participate in gamete donation

## OR60 Sexual Activity Among Women With Genital Fistula In Southern Nigeria

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### OBJECTIVE

Genital fistula is a psychosexual problem characterised by disruption in sexual relationships due to urinary and/or faecal incontinence. We aimed to report sexual activity and associated factors among women with genital fistula in our environment.

### METHODOLOGY

It was a descriptive cross-sectional study carried out in a fistula hospital in Southern Nigeria among sixty women with genital fistula admitted for surgical repair. Informed consent was obtained. Information was obtained using interviewer-administered questionnaires and entered into an electronic database. Data was analysed using descriptive statistics. The mean and standard deviation of numerical variables were obtained. Associations between categorical variables were tested using the Chi square and Fisher Exact tests. The means of numerical variables were compared using the students' T-test. A p-value of less than 0.05 was considered statistically significant.

### RESULTS

The mean age of the women was 34.4±11.4 years. Of the 60 women studied, 30 (50.0%) were sexually active despite have genital fistula. The

reasons for not engaging in sexual activity were embarrassment of incontinence of urine or faeces (18; 60.0%), absence of a sexual partner (8; 26.7%), gynaetresia (3; 10.0%) and old age (1; 3.3%). Out of 8 women who did not have sexual partners, 4 (50%) were single, 3 (37.5%) were widowed and 1 (12.5%) was separated. Prolonged obstructed labour was the commonest aetiology of genital fistula (26; 43.3%). There was a significant association between sexual activity and being married ( $p=0.030963$ ,  $x^2 4.655$ ).

### CONCLUSION

Women with genital fistula are generally sexually active, especially when married. The commonest reason for not engaging in sexual activity is embarrassment from incontinence of urine or faeces. Their spouses should be encouraged to provide psychosocial support. Women with sexual dysfunction should be offered counselling and sex therapy.

**Keywords:** Genital Fistula; Obstetric fistula; Sexual Activity; Vesicovaginal Fistula

## OR61 Effects Of Sub-dermal Contraceptive Implants On Modifiable Cardiovascular Risk Factors In Women Attending Family Planning Clinic In Southern Nigeria

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### OBJECTIVE

The study aimed to assess the effect of sub-dermal contraceptive implants on modifiable cardiovascular risk factors among women attending a family planning clinic in Southern Nigeria.

### METHODOLOGY

The study employed a quasi-experimental design to assess the effect of sub-dermal contraceptive implants on cardiovascular risk factors among new clients seeking family planning services. Data were obtained using the WHO-STEPS Questionnaire and standardized tools at baseline and six months post-implantation. Cardiovascular risk was assessed using the Framingham Cardiovascular Risk Assessment tool. Statistical analysis was conducted using IBM SPSS version 25.0 software. Significance level was set at  $p < 0.05$ .

### RESULTS

A total of 161 participants were included, with a mean age of  $35.6 \pm 6.0$  years. Significant increases were observed 6 months post-implant in waist

circumference ( $p < 0.001$ ), BMI ( $p = 0.003$ ), and total cholesterol levels ( $p < 0.001$ ). However, there was no significant difference in their cardiovascular risk assessment at baseline and 6 months post-implant ( $p > 0.05$ ).

### CONCLUSION

While sub-dermal contraceptive implants led to some significant anthropometric changes, they did not adversely affect cardiovascular risk factors in this population. These findings contribute to the growing evidence supporting the safety profile of sub-dermal implants in terms of cardiovascular health.

**Keywords:** Contraceptive implants, cardiovascular risk factors, anthropometric measurements, family planning, reproductive health.



## OR62 Assessment Of Family Planning And Sexual And Reproductive Health Services In Nigeria: Gaps And Opportunities

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### BACKGROUND

Nigeria faces challenges in delivering comprehensive Sexual and Reproductive Health (SRH) services, including family planning. This assessment surveyed the SRH landscape in Basic Healthcare Provision Fund (BHCPF) funded facilities, identified service gaps, and explored opportunities to enhance service delivery and health outcomes.

**Objective:** This study assessed the availability and accessibility of Family Planning SRH services in PHC facilities.

### METHODOLOGY

A cross-sectional survey of 1,508 BHCPF-funded facilities across Nigeria's 37 states collected data on five SRH service categories (adolescent SRH, family planning, maternal health, gender-based violence (GBV), and post-abortion care), focusing on Long-Acting Reversible Contraception (LARCs). Data was collected via surveys, cleaned using Python, and analysed using Excel.

### RESULTS

While 97% of surveyed facilities offer family planning (LARCs), 17% face stockouts. Injectables are available in 96% of facilities, but

Intra-Uterine Device (IUD) services are minimal. Over 90% of facilities provided contraceptive counselling, yet rural areas faced lower coverage due to cultural misconceptions and lack of male involvement.

### CONCLUSION

There are key family planning gaps, including frequent stockouts and limited IUD availability. Although most facilities provide counselling, socio-cultural barriers, particularly in rural areas, hinder the uptake of family planning services. Many women remain hesitant to choose IUDs, despite their hormone-friendly benefits, noting concerns over insertion and perceived discomfort. Strengthening supply chains, expanding culturally sensitive counselling, addressing sociocultural barriers, and investing in infrastructure, workforce training, and advocacy are crucial to advancing FP2030 targets.

**Keywords:** Family Planning, SRH, Contraceptive Counselling

## OR63 Does Obstetric Mode Of Delivery Influence Postpartum Contraceptive Use Among Women In Nigeria?

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### BACKGROUND

Despite extensive research on the impact of obstetric mode of delivery (MOD) on postpartum women's behavior and well-being, relevant risk-estimates of its effect on postpartum contraceptive use are lacking. We investigated the association between MOD, specifically cesarean section (CS), and subsequent postpartum contraceptive use among women in Nigeria.

### METHODS

In this cross-sectional study we used data from a sample of nonpregnant women aged 15-49 years with a live birth in the 2 years preceding the 2021 Nigeria Multiple Indicator Cluster Survey (Unweighted N = 4277). We described the characteristics of women and their overall contraceptive use, overall (yes vs no) and by method effectiveness – most effective, moderately effective, least effective, or no method – stratified by reported MOD (vaginal vs cesarean). Survey-weighted multivariable logistic regression models were used to estimate the association between MOD and postpartum contraceptive use.

### RESULTS

Overall, 1074 (28.7%) of the sample were using a contraceptive method. Contraceptive use was lower among women who reported VD (27.7%) compared to those who reported CS (40.1%) ( $p = 0.0025$ ). Compared with women who had VD, those who reported CS had higher odds of using a contraceptive method (aOR = 1.52, 95% CI: 1.03-2.25). However, no significant difference was observed in the association between MOD and the effectiveness level of women's contraceptive method choice.

### CONCLUSION

While CS is associated with higher contraceptive uptake within 24 months postpartum, the MOD does not impact the choice of contraceptive effectiveness. There is need for targeted interventions to address barriers to effective contraceptive use across different delivery modes.

## **OR64 Assessment Of The Adequacy Of Knowledge Of Young Nurses On Provision Of Larc In Ogun State**

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### **INTRODUCTION**

Low prevalence of contraceptive uptake in Nigeria has been worrisome over the last 2 decades in spite of all the efforts made to address the gory situation. Several programmes have been instituted to achieve a target of modern CPR of 27% by 2030 and the question is, will this be a mirage or a realisable dream?

The aim of the study was to assess the level of exposure of newly employed nurses to the knowledge of FP, especially LARC in school and assess the impact of re-training on their readiness to serve as providers

### **METHODOLOGY**

This is a study of a cohort of all newly employed nurses posted to the 20 local governments in Ogun state, southwest Nigeria. A validated and pretested online Questionnaire designed on google form was administered to them a month after the training.

### **RESULT**

About 77% of the respondents received their training in Nigeria and implants were the most frequently provided to the clients (70.3%). For the

3-5 years of training in school, 56.7% of them had less than 3 months' exposure to family planning with the people who had BNSC having the least exposure. The knowledge obtained from school was described as been theoretical by 13.5% of the respondents while 56.8% described it as been average. About 97% advocated for an adjustment of the curriculum to incorporate more of FP. Level of training was significantly related to the level of service provision (p value 0.014).

### **CONCLUSION**

Nurses and midwives are uniquely positioned to play a critical role in expanding access to family planning services. By investing in their continuous professional development and reforming nursing education to emphasize practical training, Nigeria can make significant strides toward achieving the FP2030 goals.

## OR65 Preferred Family Planning Methods In Pregnant Women In Rural Communities In Southern Nigeria.

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### BACKGROUND

The population of developing countries has been on the increase in recent times. This is possibly due to the lack of access to modern methods of family planning (FP). This challenge mostly affected those in the rural areas who are left with traditional methods of FP options.

To determine the prevalence of preferred FP methods amongst antenatal clinic (ANC) attendees in some hospitals in rural communities in Southern Nigeria.

### METHOD

This was a cross-sectional study carried out amongst ANC attendees in 4 Local Government Areas in Rivers State, Southern Nigeria. Randomized sampling method was used. The study comprised of 128 consented ANC attendees. The information was analyzed using SPSS version 25.

### RESULTS

The mean age was 29.6 years, while the modal parity was 2. The mean gestational age was 24.9 weeks. The index pregnancies desired by the

respondents were 118 (92.2%). One hundred and twenty-one (94.5%) of the respondents were aware of FP methods of which 104 (83.3%) preferred traditional methods. The number of respondents that had used FP in the past were 101 (78.9%), though 3 (2.3%) used modern methods of FP. Twenty-four (18.8%) of the pregnancies were ill timed.

### CONCLUSION

The preferred family planning methods were traditional, with a prevalence of 83.3%. This is worrisome and efforts should be made by the government and non-governmental organizations to create awareness and improve accessibility of modern family planning methods.

Keywords: Prevalence, modern, family planning, rural, Nigeria

**OR66 The Prevalence And Pattern Of Contraceptive Implant Uptake Among Women Attending Family Planning Clinic Clients At Bingham University Teaching Hospital, Jos**

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**BACKGROUND**

Contraceptive Implants are small flexible rods that release progestogens to provide a long-term contraception for 3 – 5 years depending on the type. This study is aimed to evaluate the prevalence and pattern of uptake of implants among women of reproductive age in Bingham University Teaching Hospital (BHUTH), Jos.

**METHODS**

It was a retrospective analysis of BHUTH family planning unit records between January 2022 and July 2024.

**RESULTS**

Out of the 1498 women who subscribed to family planning services during the study period, 448 clients accessed implants, which accounted for

29.9% prevalence. Of this 29.9%, 33.0% used Jadelle, 43.3% utilized Levoplant and 31.9% took Implanon.

**CONCLUSION**

The study showed that the contraceptive prevalence of implant at Bingham University Teaching Hospital was approximately 30%, with levoplant having higher patronage followed by Jadelle.

**Keywords:** Implanon, Levplant, Jadelle, Contraception, Family planning.

## OR67 Postpartum Spontaneous Pneumothorax: Case Report And Literature Review

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### OBJECTIVES

To review and report the rare case of spontaneous pneumothorax in a postpartum patient managed in our facility. To review the available literature on spontaneous pneumothorax and make a case-based discussion

### BACKGROUND

Spontaneous pneumothorax is extremely rare in pregnancy and following delivery. Diagnosis may be challenging as symptoms may mimic other disease conditions including normal pregnancy. We report our experience of spontaneous postpartum pneumothorax with a view to improving care.

### CASE PRESENTATION

A 35-year-old multipara had caesarean section using regional anesthesia. Her presenting complaint was difficulty with breathing of one week duration which had progressively worsened. There was no other known comorbid condition. On physical examination, she was dyspnoec and tachypnoec with respiratory rate of 50 cycles per minute, and oxygen saturation of 93% (on

oxygen). Echocardiography showed left ventricular hypertrophy while electrocardiography was essentially normal. Chest x-ray showed features of left pneumothorax. She had emergency closed tube thoracostomy drainage (CTTD) following which symptoms improved remarkably. Subsequent chest x-ray showed resolution of pneumothorax and tube thoracostomy was discontinued. Chest physiotherapy was also performed to improve recovery. Dyspnoea resolved and she had no further complaint. She was subsequently discharged and has been followed up for 3 months without further concern.

**Conclusion:** Spontaneous pneumothorax in pregnancy or postpartum period is extremely rare. Early recognition and appropriate management are key to survival.

**Keywords:** pneumothorax, postpartum, thoracostomy

## OR67 Maternal Positions Adopted In Expulsive Second Stage Of Labour During Homebirth In Birnin Kudu, Northern Nigeria: Implication For Hospital Births

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### Background

The choice of the maternal position in second stage of labour is personal, however this decision could influence the birth experience and the outcome. This study sought to identify the common positions assumed in second stage of labour and the predictors among women who had homebirth.

### METHODS

This was a cross-sectional study among parturients attending a primary, secondary and tertiary health facility in Birnin Kudu, Jigawa. Using an interviewer administered pretested questionnaire, the positions assumed in the second stage and predictors were identified among 827 women who were attending the antenatal clinics of these health facilities. The data obtained was entered into and analysed using statistical package for social sciences version 25.

### RESULTS

Squatting position was adopted by majority (557; 67.4%) of the cases, 84 (10.2%) were on their knees and 81 (9.8%) sat on a stool, 105 (12.7%) of

the respondents laid on their back.

The factors associated with maternal positions adopted in second stage of labour during homebirth observed at the bivariate level were: the level of education, type of birth attendant and ethnicity ( $p < 0.05$ ); while level of education and birth attendant present in labour remained significant predictors after controlling for confounders {Adjusted Odds ratio (aOR) = 2.53 and 95% confidence interval (C.I) = 1.52 – 4.20; aOR= 23.33 95 % C.I 12.93 – 42.11; respectively}

### CONCLUSION

Squatting is the commonest position assumed by women during homebirth; having no formal education and being assisted during the birthing process by non-midwives are predictors of assuming upright position in second stage of labour. Effort should be made to assist women in their choice of position in second stage by midwives wherever the need arises.

# PS1 Spontaneous Rupture Of Sub-serous Uterine Vessel In Advanced Ivf Conceived Gestation: A Rare Cause Of Maternal Collapse- A Case Report.

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## BACKGROUND

Maternal collapse is a rare but potentially devastating event, and the obstetrics outcomes depend on prompt and effective resuscitation, rapid diagnosis, and institution of a targeted therapy. It may result from several causes, including amniotic fluid embolism, pre-eclampsia/eclampsia, hypoglycaemia, obstetrics haemorrhage etc. We report here-in a rare case of maternal collapse resulting from spontaneous rupture of an aberrant sub-serous uterine vessel.

## CASE REPORT

Mrs. W.L was a booked 41-year-old Gravida 1 Para 0+0 woman with IVF conceived pregnancy at gestational age of 36 weeks and 6 days with uneventful pregnancy period and no history of trauma or assault. She was admitted with two-hour history of abdominal pain, progressive body weakness but no bleeding per vaginam or drainage of liquor. Obstetric scan done two days earlier showed a live 2.7kg intrauterine fetus in longitudinal lie, cephalic presentation with posterior-fundal placenta. Examination showed a pale, sweaty woman with altered sensorium, pulse rate of 128 beats per minute, small volume and blood pressure of 80/50mmHg. The abdomen was tender, the fetal pole was difficult to palpate due to

tenderness and the fetal heart rate was 176 beats per minute. Vaginal examination showed she was not bleeding per vagina and not in labour. An assessment of concealed abruptio placenta with live baby keep in view uterine rupture and hypovolaemic shock was made. She was resuscitated, had some baseline tests done and had emergency caesarean section and ligation of bleeding aberrant uterine vessel under general anaesthesia. The operation findings include two liters of haemoperitoneum, intact uterine wall with ruptured subserous tortuous vessels on the uterine fundus. A live female neonate was delivered. She had 4 units of blood transfused. Her recovery from surgery was uneventful.

## CONCLUSION

Spontaneous rupture of pelvic vessel is rare, potentially life-threatening and an uncommon cause of maternal collapse. The presentation is non-specific, and as such, the pre-operative diagnosis is often missed and confused with uterine rupture or abruptio placenta. There is need for a high index of suspicion, prompt resuscitation and surgical intervention to avert the potential adverse obstetrics outcomes associated with it.



## **PS2 Prevalence Of Anaemia And Diabetics Mellitus In Surgical Obstetrics And Gynaecology Patients In A Tertiary Hospital In Rivers State.**

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### **BACKGROUND**

Anaemia and diabetic mellitus (DM) are two tragic medical conditions in surgical patients requiring multi-disciplinary management. These conditions are commoner in the developing countries of the world when compared with the developed countries. Optimizing these patients prior to surgery improves outcome

To determine the prevalence of anaemia and DM obstetrics and gynaecological/general Surgical patients in a tertiary hospital Rivers State University

### **METHODOLOGY**

This was a cross-sectional study carried from January 1st to December 31st, 2022. The information was obtained from the patients' case notes. This cut-off for anaemia was packed cell volume less than 33% and cut-off for DM was fasting glucose level  $\geq 7.0$  mmol/L The information was analysed using SPSS version 25.

### **RESULTS**

There were 250 subjects for the period under review. The age range was 22 years to 64 years. The mean age was 31 years. Two hundred (80%) were obstetric surgeries while 50 (20%) were gynaecological surgeries. One hundred and eighty (72%) of the subjects had caesarean section representing the commonest surgical procedure; One hundred and seventy-five (70%) had anaemia while 4 (1.6%) had DM.

### **CONCLUSION**

The study revealed the prevalence of anaemia and DM in obstetric and gynaecologic patients who had surgery were 70% and 1.6% respectively. The obstetrician and gynaecologist is at the forefront of the management along-side the endocrinologist, and the haematologist for a favourable outcome.

Keywords: prevalence anaemia, DM, obstetrics, gynaecological, surgery.

## **PS3** Incidental Findings Of Bicornuate Uterus At Repeat Caesarean Section In A Woman With Recurrent Abnormal Presentation: A Case Report

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### **BACKGROUND**

Bicornuate uterus is one of the most common uterine anomalies and is often associated with adverse pregnancy outcomes. It is asymptomatic in some cases but can result in abnormal lie and presentation in advanced pregnancy.

### **CASE REPORT**

The index patient was an unbooked 39-year-old G7P2+4(1A) woman with two previous caesarean sections and poor obstetric history. The previous surgeries were due to breech presentations. She presented at a gestational age of 33 weeks and 6 days with preterm pre-labour rupture of membranes and subsequently experienced labour pains with the baby in transverse lie for which she had an emergency caesarean section with incidental finding of a bicornuate uterus which

was not identified in her previous pregnancies and deliveries. She was delivered of a live male neonate with a birth weight of 2.3kg and APGAR scores of 6 in one minute and 9 at the fifth minute of life. Her post-operative state and that of her baby were satisfactory until discharge and at postnatal clinic review.

### **CONCLUSION**

Uterine anomalies are associated with various adverse obstetric outcomes as seen in the case presentation. Therefore, recurrent abnormal presentation calls for a high index of suspicion for uterine anomalies for which the uterus should be meticulously examined at and after delivery.

**PS4 Title: Patterns And Predictors Of Genital Tract Injuries In Child Sexual Abuse In Ekiti State Nigeria**

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**OBJECTIVES**

To describe the pattern and assess the predictors for genital tract injuries following contact sexual abuse in children.

**METHODOLOGY**

This was a retrospective cross-sectional study involving survivors of child sexual abuse in Ekiti State, Nigeria. The medical records of 386 children who received medical care on account of contact sexual abuse at Ekiti Sexual Assault Referral Centre, Ado- Ekiti between June 2020 and August 2024 were reviewed and categorised according to Sommer's classification of genital injuries. Data was analysed with SPSS version 29. Logistic regression was used to assess the predictors. A p-value of <0.05 was taken as statistically significant. Ethical approval was

obtained from the Ethics and Research Committee.

**RESULTS**

All 386 participants were girls in the age range of 6 months and 17 years, and their mean age was 12.43± 4.45 years. Of the 386 participants, 184 (47.7%) had genital tract injuries. Predictors of genital tract injuries were prior sexual activity (OR 0.52, 95% CI 0.30-0.91, p = 0.002), use of force (OR 3.2, 95% CI 1.64-6.26, p<0.001), use of inducement (OR 0.55, 95% CI 0.29-0.89, p=0.04), other body injuries (OR 4.78, 95% CI 1.51-15.1, p=0.008), and injury to the perpetrator (OR 2.79, 95% CI 1.92-8.39, p=0.04).

**CONCLUSION**

Our findings suggest that the absence of genital tract injuries does not exclude contact sexual abuse in children. Various factors may preclude genital tract injuries in child sexual abuse.

## **PS5 An Audit Of The Quality Of Surgical Operation Notes In A Secondary Health Facility In Nigeria: Enhancing Patient Care And Quality Improvement.**

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### **OBJECTIVES**

This audit evaluated the quality of operation notes prepared by the surgeons at Oba Ademola II Maternity Hospital, Abeokuta South, Ogun State, to proffer practice-improving solutions.

### **METHODOLOGY**

This was a retrospective study of 136 operation notes of surgeries done between January 2022 and December 2022, at Oba Ademola II Maternity Hospital, Abeokuta South, Ogun State, using a proforma to assess for appropriateness, completeness, and legibility. A re-evaluation was conducted six months after the presentation of the findings of the audit to the surgical team.

### **RESULTS**

Most authors of the operation notes were the first assistant surgeons during the surgeries 83(61.0%). About half (47.1%) of the authors of the operation notes were medical officers. The operation notes were incomplete in about two-thirds of cases

(62.5%). However, most 92(67.6%) were legible. Six (6) months after the presentation and implementation of the recommended changes, most of the operation notes 59(59.0%) were still found to have been written by the first assistant surgeons. Most 35(35.0%) authors of the operation notes were also medical officers, although this was lower in frequency than the pre-audit. The operation notes were found to be largely complete (74.0%) and legible (88.0%).

### **CONCLUSION**

There was a significant improvement in the quality of the operation notes after implementing the recommendations on standard operation note practices among members of the surgical team of Oba Ademola II Maternity Hospital, Abeokuta South, Ogun State. The audit revealed wide variability in individual involvement and note quality. Regular audits and training for surgical teams.

## PS6 An Audit Of Gynecological Surgeries Performed At The University College Hospital, Ibadan, Southwest Nigeria

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### BACKGROUND

Audit in a clinical setting is the collection of data for the purpose of setting professional standards, assessing clinical performances and modifying the clinical practice, which is not routinely done in developing countries, including Nigeria.

### OBJECTIVES

To determine the total number of gynecologic surgeries performed at University College Hospital (UCH), Ibadan, the commonest surgeries performed, and the cadres of surgeons who performed the surgeries especially the lead surgeons.

### METHODOLOGY

This was a descriptive retrospective study of gynecologic surgeries at UCH, Ibadan, over a 5-year period. Data were analysed with Statistical Package for Social Sciences (SPSS) version 25.0 using descriptive statistics.

### RESULTS

There were 3,790 gynecologic surgeries, out of which outpatient gynecologic surgeries (surgical day or minor cases) accounted for the majority

(53%), while major gynecological surgeries accounted for 47%. Cervical biopsy was the commonest surgical day procedure (27%), while abdominal myomectomy (29%) was the most performed major gynecologic surgery. Resident doctors performed most of the minor procedures (73.7%), while the consultants led majority of the major procedures (73.2%).

### CONCLUSION

A high number of gynecological surgeries were performed at UCH, Ibadan, under the period of review. Cervical biopsy and abdominal myomectomy were the commonest performed minor and major cases, respectively. Most minor cases were performed by Resident doctors while Consultants performed most of the major cases. The high number of surgical cases performed could be an indication of the effectiveness of the healthcare delivery and training in the hospital.

Keywords: Audit of gynecologic procedure, gynecologic procedures, gynecologic surgery

## PS7 The Blame Cycle': A Narrative Analysis Of Experiences Of Adolescent Sexual Assault Survivors

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### OBJECTIVES

To assess the effect of a one-stop, survivor-centred comprehensive facility on the silence culture surrounding sexual assault in adolescent girls in Ekiti State, Nigeria.

### METHODOLOGY

This was a narrative inquiry qualitative study that involved sexual assault survivors who had received comprehensive care at Ekiti Sexual Assault Referral Centre, Ado-Ekiti, Nigeria. Data was collected through one-on-one, in-depth interviews with 16 adolescent girls in September 2022. Thematic narrative analysis was used to identify patterns through identifying, organizing, analysing, and describing the themes in the stories. The relationships and structure were identified and refined through an iterative process. Ethical approval was obtained for this study.

### RESULTS

The participants' ages ranged from 14 to 19 years; their mean age was 15.28±3.61. We identified three themes that occur in a continuous cycle

which should be broken at a point to reduce the culture of silence. We tagged this cycle, the blame cycle which comprises the blame, begging and rays of hope phases. The culture of silence was evident in the blame and begging phases.

### CONCLUSION

The one-stop centre had minimal effect on the culture of silence surrounding sexual assault in Ekiti State, as the silence culture continues when the survivor returns to society. Our findings unveil the need to intensify community-based interventions targeted at social norms and values to break this cycle of blame.

## **PS8 Hiv/aids Awareness Amongst Female Inmates In Correctional Facility: Rivers State Study**

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### **BACKGROUND**

The awareness of Human Immunodeficiency Virus/Acquired Immunodeficiency Virus (HIV/AIDS) infection amongst inmates in correctional facility is very important in health care delivery especially in the developing countries. This is because these persons are vulnerable and engage in high risk behaviors such as unprotected sexual intercourse and use of unsterilized sharp objects. The aim is to determine the awareness of HIV/AIDS amongst female inmates in correctional facility in Rivers State.

### **METHODOLOGY**

This was a cross-sectional study carried amongst female inmates in correctional center Port Harcourt, Rivers State. Permission for this was obtained from office of the Director Public Health department, Ministry of Health. The information was analyzed using SPSS version 25.

### **RESULTS**

The total number of inmates were 3871 of which 81 (2.04%) were female inmates, with a facility for 800 inmates. The median age was 25 years and a

modal parity of 0. Aware of HIV/AIDS infection was 46 (57,5%) amongst inmates. For the number of sexual partners 26 (32%) had one ,7 (8%) had multiple and 19 (24.1%) were not sexually active. Twenty-seven (34.2%) did not give any response. The media was the most common means of information represented by 32 (40.7%) of the respondents. For means of transmission, heterosexual was commonest represented by 29 (36.7%) of the respondents.

### **CONCLUSION**

The awareness of HIV/AIDS amongst female inmates was barely above 50%. This is worrisome. Enlightenment programme is recommended. This will help curtail the spread while incarcerated and upon their release.

**Keywords:** Awareness, HIV/AIDS, female, inmates, correctional, facility.

**PS9** **Abnormal Uterine Bleeding As First Symptom Of Acute Promyelocytic Leukaemia: A Case Report And Literature Review.**

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**BACKGROUND**

Abnormal uterine bleeding is common within gynaecology practice. It affects up to one-third of women during their lifetime. Hematological cancer is a rare form of coagulopathy leading to abnormal uterine bleeding. Uterine bleeding caused by coagulopathy as a complication of acute promyelocytic leukaemia can be fatal. The aim to document a rare case of acute severe abnormal uterine bleeding as first symptom of haematological cancer (Acute Promyelocytic Leukaemia).

**CASE REPORT**

A 45-year-old Para 2 woman presented at the emergency room with chief complaint of uterine bleeding of six days duration. She also developed a throbbing headache that suddenly intensified,

initially on the left side of her head, radiating to the periorbital area. Assessment of Acute promyelocytic Leukaemia complicated by Subarachnoid haemorrhage was made. She was referred to National Hospital Abuja for further management.

**CONCLUSION**

Uterine bleeding caused by coagulopathy as a complication of acute promyelocytic leukaemia can be life threatening, hence early diagnosis and treatment is imperative.

Keywords: uterine bleeding, haematological cancer, acute promyelocytic leukemia, subarachnoid haemorrhage.



**PS10 Serum Vitamin D Levels Of Women With Uterine Fibroids And Controls In Women Of Reproductive Age Group Attending Gynaecological Clinic At Lautech Teaching Hospital, Ogbomoso**

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**BACKGROUND**

Uterine fibroid remains a common gynaecological condition which affects women of reproductive age. Interests are mostly on identification of its risk factors for future development of novel non-surgical options for the prevention and or treatment with minimal or no side effects.

**OBJECTIVES**

This study investigated the serum vitamin D status in women with and without uterine fibroids among women of reproductive age group attending gynaecologic clinic in LAUTECH Teaching Hospital, Ogbomoso.

**METHODS**

This was a descriptive cross-sectional study. About 5 mls of venous blood samples of the eligible women were taken at the ante-cubital fossae. Samples were centrifuged and the serum were stored at -20 °C and subsequently analyzed for 25-hydroxyvitamin D.

**RESULTS**

Of 148 respondents were studied, 72 were cases while 76 were controls. There was significantly lower mean value of serum vitamin D in women with fibroids than in women without fibroids ( $21.3 \pm 4.8\text{ng/ml}$  versus  $26.2 \pm 7.4\text{ng/ml}$ , respectively). A low serum value of vitamin D statistically significantly correlated with the risk, number and size of uterine fibroids ( $p = 0.001, 0.001$  and  $0.003$  respectively).

**CONCLUSION**

This study established that lower serum vitamin D levels were found in women with fibroids compared to those women without fibroids.

**Keywords:** Reproductive Age Women, Fibroid, Vitamin D, Menorrhagia

## **PS11 Cervical Stump Carcinoma Following Subtotal Hysterectomy: A Tragedy That Deserves A Reminder**

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### **OBJECTIVE**

Cervical stump carcinoma is a rare but possible outcome of subtotal hysterectomy. Despite the postulated advantages of subtotal hysterectomy, the risk far outweighs its benefit. We report a case of cervical adenocarcinoma following subtotal hysterectomy for uterine fibroid with a view to remind gynaecologists of this rare but possible outcome following the procedure.

### **CASE REPORT**

A 58-year-old multipara who had subtotal hysterectomy for uterine fibroid with menorrhagia. She subsequently presented with

abnormal vaginal bleeding. Histopathological analysis of cervical biopsy specimen revealed adenocarcinoma. She was counseled for chemoradiation.

### **CONCLUSION**

Total hysterectomy should be the standard of care when hysterectomy is indicated so as to prevent the occurrence of cervical stump carcinoma.

## PS12 Management Challenges And Outcomes Of Vulva Buschke – Löwenstein Tumours In A Resource-poor Setting.

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### BACKGROUND

Vulva lesions described as B-L tumours are rare, slow-growing, HPV associated lesions, commoner in immunosuppressed young women from poor socioeconomic background. There is paucity of literature on B-L tumours and their management in our setting. We report a series of four cases of B-L tumours in women seen over a two-year period, with varying risk factors, clinical presentation and histopathology, who had similar multidisciplinary treatment methods with eventual good outcomes.

### METHODS

Over a two-year period, patients that presented with B-L tumours were reviewed for clinical presentation, size of the tumour, histopathology, treatment options and outcome.

### RESULTS

Four patients were seen. They all presented as a grade III or IV disease (vulva mass >12cm in size), with a mean age of 31.8 years (range of 32-37 years) and a mean duration of symptoms of 21 months. Two of them presented with ulcer, bleeding and malodorous discharge but they all had discomfort and burning. Three were HIV

positive and from a poor socio-economic background. One was diabetic, obese and had suspected myelodysplastic syndrome. All biopsies revealed condyloma acuminata with koilocytosis. Human Papillomavirus genotyping was not done due to unavailability in our institution. They were all treated with wide local excision and use of flaps for skin closure with one having a colostomy for faecal diversion. Two patients had previous failed laser treatment, topical podophyllin application and cryotherapy. No patient had chemotherapy or radiation treatment or topical immune response modifiers. The excision histology of one patient returned as well-differentiated squamous cell carcinoma. Wound breakdown, flap dehiscence and sepsis complicated two procedures. With a median 10-month follow up period, no recurrence was observed.

### CONCLUSION

Despite the limited treatment options and complications observed, the outcomes of managing vulva B-L tumours appear favourable in our environment.

**PS13 Low Grade Serous Ovarian And Mucinous Sigmoid Adenocarcinomas: Challenges Of Management Of Rare Synchronous Primaries**

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**BACKGROUND**

Synchronous primary ovarian and colorectal tumours are rare and mostly seen in the setting of genetic mutations. We describe the presentation, treatment and management challenges of such tumours in a young multipara.

**CASE REPORT**

She was a 24-year-old para 2+1 (2A), referred with a clinical diagnosis of intestinal obstruction. She had presented with a one-year history of lower abdominal pain, irregular menses, and weight loss and a two-week history of worsening constipation, vomiting, abdominal swelling, and easy satiety. No tenesmus, hematochezia, fever, cough, difficulty with breathing, night sweats or urinary symptoms. She was underweight and tachycardic with a tender markedly distended abdomen and a freely mobile 14/52 size pelvic mass with hyperactive bowel sounds. Fornices and pouch of Douglas were full. Digital rectal exam revealed the pelvic mass impressing on the anterior rectal wall with freely mobile rectal mucosa.

Abdominopelvic ultrasound showed moderate ascites, and an adnexal mass (13cmx10cm). Plain abdominal X-ray showed features of intestinal obstruction. Could not afford tumour markers and

CT scan. Mild hypokalemia was corrected and she had surgery three days after presentation. Intraoperative findings included a huge left ovarian mass and a separate sigmoid tumour with ileal and appendiceal adhesions, huge dilated large bowel loops, 1.5L of ascites. She had exploratory laparotomy, left salpingo-oophorectomy, sigmoidectomy with end-end anastomosis, appendicectomy, ileal resection and ileo-ileal anastomosis. She had surgical site infection and hypoalbuminemia post operatively but was discharged after one week. Pathology revealed low grade serous ovarian and mucinous sigmoid adenocarcinoma. Immunohistochemistry was not done. Following a multi-disciplinary team discussion, she was commenced on cyclical chemotherapy using IROX regimen – IV Oxaliplatin D1, IV Irinotecan D1 3 weekly x 6 courses which she is tolerating.

**CONCLUSION**

Challenges of patient navigation, logistics, pathology, finances, non-availability of genetic testing to rule out Lynch syndrome all contributed to the management challenges

## PS14 Cervical Haemangioma: A Rare Cause Of Postcoital Bleeding

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### BACKGROUND

Synchronous primary ovarian and colorectal tumours are rare and mostly seen in the setting of genetic mutations. We describe the presentation, treatment and management challenges of such tumours in a young multipara.

### CASE REPORT

She was a 24-year-old para 2+1 (2A), referred with a clinical diagnosis of intestinal obstruction. She had presented with a one-year history of lower abdominal pain, irregular menses, and weight loss and a two-week history of worsening constipation, vomiting, abdominal swelling, and easy satiety. No tenesmus, hematochezia, fever, cough, difficulty with breathing, night sweats or urinary symptoms. She was underweight and tachycardic with a tender markedly distended abdomen and a freely mobile 14/52 size pelvic mass with hyperactive bowel sounds. Fornices and pouch of Douglas were full. Digital rectal exam revealed the pelvic mass impressing on the anterior rectal wall with freely mobile rectal mucosa.

Abdominopelvic ultrasound showed moderate ascites, and an adnexal mass (13cmx10cm). Plain abdominal X-ray showed features of intestinal obstruction. Could not afford tumour markers and

CT scan. Mild hypokalemia was corrected and she had surgery three days after presentation. Intraoperative findings included a huge left ovarian mass and a separate sigmoid tumour with ileal and appendiceal adhesions, huge dilated large bowel loops, 1.5L of ascites. She had exploratory laparotomy, left salpingo-oophorectomy, sigmoidectomy with end-end anastomosis, appendicectomy, ileal resection and ileo-ileal anastomosis. She had surgical site infection and hypoalbuminemia post operatively but was discharged after one week. Pathology revealed low grade serous ovarian and mucinous sigmoid adenocarcinoma. Immunohistochemistry was not done. Following a multi-disciplinary team discussion, she was commenced on cyclical chemotherapy using IROX regimen – IV Oxaliplatin D1, IV Irinotecan D1 3 weekly x 6 courses which she is tolerating.

### CONCLUSION

Challenges of patient navigation, logistics, pathology, finances, non-availability of genetic testing to rule out Lynch syndrome all contributed to the management challenges

## **PS15 Endometrial Cancer: Pattern Of Presentation, Diagnosis And Treatment At The Federal Teaching Hospital Owerri Imo State Nigeria.**

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### **BACKGROUND**

Endometrial cancer originates from abnormal cell growth in the uterine lining, affecting 4.8% of women and posing a 1% risk by age 75. It's the 6th most common cancer worldwide and 14th leading cause of cancer deaths in women. Approximately 75% of cases occur in postmenopausal women, with postmenopausal bleeding being the most common symptom.

### **OBJECTIVE**

The Objective of the study was to evaluate the pattern of presentation, diagnosis and treatment of endometrial cancer cases at Federal Teaching Hospital Owerri, Imo State Nigeria.

### **METHOD**

The study was a retrospective cross-sectional study. The case files of all the patients who were diagnosed and managed for endometrial cancer from January 2023 to October 2024 were retrieved and data extracted, cleaned and analysed descriptively using SPSS version 25.0.

### **RESULTS**

Between January 2023 and October 2024, 19 patients were diagnosed with endometrial cancer. The patients' mean age was 62.3±9.9 years, with a

mean BMI of 27.3±3.5kg/m<sup>2</sup>. Majority, 16 (84.2%) were postmenopausal, and all were Christians, with 18 (94.7%) being Igbo. The most common symptom was postmenopausal vaginal bleeding 11 (57.9%), followed by abdominal swelling, 3 (15.8%) and abdominal/pelvic pain, 2(0.5%). Histological diagnosis revealed 18(94.7%) had endometrioid adenocarcinoma while 1(5.3%) had serous type. Eighteen patients (94.7%) received treatment, with majority, 9 (47.4%) treated with surgery and chemotherapy. The outcome showed 7 (36.8%) were alive and on follow up, 8(42.1%) deceased, and 4(21.1%) lost to follow-up.

### **CONCLUSION**

The study has clearly shown the pattern of presentation, diagnosis and treatment of endometrial cancer in the study setting and further underscores the significance of early detection and intervention in endometrial cancer, particularly among postmenopausal women, to improve treatment outcomes and reduce mortality.

## **PS16 Agnatia-otocephaly Complex In A Low-resource Setting And Its Implication For Maternal And Child Health: A Case Report**

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### **INTRODUCTION**

Agnatia-Otocephaly Complex is an extremely rare congenital fatal anomaly. This case is being reported to raise awareness of this condition and the need for sonographers to deliberately evaluate for this anomaly in patients with severe polyhydramnios in pregnancy. This allows for more effective management of this congenital anomaly.

### **CASE REPORT**

We report a 31-year-old Gravida 3 Para 2 who presented with complaints of difficulty with breathing and ultrasound scan findings of live fetus with severe polyhydramnios at about 34weeks gestation. About 2days on admission, she spontaneously ruptured membranes and had assisted vaginal breech delivery of a live male 1.9kg neonate who suffered early neonatal death after 20mins of active resuscitation with Agnatia-Otocephaly Complex anomaly noticed. She was counselled on the neonatal outcome and the need for autopsy but parents declined.

### **DISCUSSION**

Otocephaly should be suspected in cases of fetal anomaly with polyhydramnios. In this patient, severe polyhydramnios was a presenting feature, deliberate effort could have been made to identify this congenital anomaly. It highlights the need for better training and provision of advanced tools to aid diagnosis. In this case, the neonatal outcome was fatal and the mother suffered from respiratory distress from polyhydramnios which could have been avoided by accurate prenatal diagnosis.

### **CONCLUSION**

Otocephaly poses a significant challenge for patients and clinicians globally especially in low income countries due to its rarity, high fatality rate and complexity. This case is being reported to raise clinician awareness for proper sonographic evaluation and better management of this rare anomaly.

## PS17 Twin Reverse Arterial Perfusion (TRAP) Sequence, A Diagnostic Dilemma In A Low Resource Setting: Case Report

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### INTRODUCTION

Twin reverse arterial perfusion (TRAP) sequence is a unique but rare complication of monochorionic twin gestation characterized by absence of complete cardiac structure (“acardia”) of one twin while the second and normal twin (“pump twin”) appears normal and supplies both circulations. Diagnosis requires skill and a high index of suspicion.

### CASE REPORT

We report a 37-year-old Gravida 3 Para 2 lady who presented with an initial obstetric scan finding of twin gestation with severe polyhydramnios and single twin demise at 18weeks gestation. Subsequent fetomaternal specialist ultrasound review at 23 weeks gestation revealed structurally normal live twin but structurally abnormal dead twin with indistinct features with possible twin-twin transfusion syndrome. Despite attempts at medical amnioreduction, she developed respiratory distress and preterm contractions following worsening polyhydramnios. She subsequently had preterm delivery at 26 weeks

gestation of a live twin that suffered early neonatal death and an acardiac dead twin.

### DISCUSSION

This report highlights an unnecessarily missed diagnosis of a rare complication of twin gestation. It buttresses the need for training and ultrasound competence. This TRAP sequence was missed antenatally despite serial scans. Where feasible, multiple gestation requires ultrasound evaluation by subspecialty teams in fetomaternal medicine for early diagnosis to plan for adequate management.

### CONCLUSION

This report further highlights the need for sonographers and obstetric sonologists to deliberately evaluate for abnormalities including TRAP sequence especially in monochorionic twin pregnancies. Such evaluation will obviously lead to early diagnosis and institution of needed management.



## PS18 Previale Premature Rupture Of Membranes In Dichorionic Diamniotic Twin Gestation, Loss Of Leading Twin, Emergency Cervical Cerclage And Ceaserean Delivery At Term

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### BACKGROUND

Multiple pregnancies have a higher risk of premature delivery and a weakened cervix has been associated with it. In most cases, emergency cerclage has proved to be beneficial as the birth of the first twin is usually followed by the unavoidable delivery of the second twin and most fetus dies shortly after delivery. Studies have noted that delayed delivery of the second fetus in a twin pregnancy is an effective management choice and the use of cervical cerclage after the first delivery is associated with a longer inter-delivery interval. We present a case of previale premature rupture of membrane of a dichorionic diamniotic twin gestation leading to the loss of the leading twin and subsequently having emergency cervical cerclage for the second twin and caesarean delivery at term.

### CASE REPORT

She was a case of 29 years old, G<sub>6</sub><sup>P1</sup><sub>+4</sub> with 1 living child at a gestational age of 17 weeks plus 5 days. There was a previous history of complete abortions at 25 weeks, 23 weeks, 20 weeks and 19 weeks respectively in the last 5 years. She was initially diagnosed with dichorionic diamniotic twin gestation following an early ultrasound but presented with a history of bleeding and passage of liquor per vaginam. Ultrasound done on

admission showed cervical funneling and a stable state of the second twin. She subsequently had successful McDonalds Cerclage insertion 3 days later while on admission. She was placed on antibiotics for 4 weeks (intravenous augmentin 1.2 g twice daily for 1 week, then orally for 3 weeks; intravenous metronidazole 500 mg thrice daily for 1 week, then orally for 3 weeks), tablet Drotaverine 80 mg tds for 1 week, tablet Duphaston 10 mg bd for 4 weeks and bed rest in the hospital for 3 days before discharge. A repeat ultrasound done prior to discharge showed closed cervical os and a good state of the fetus. She continued antenatal care which was uneventful and then had elective caesarean delivery at term with a good fetomaternal outcome.

### CONCLUSION

Emergency cervical cerclage should be part of the options of management after stabilization in cases of previale premature rupture of membrane in a dichorionic or multichorionic gestation so as to save the viable once.

**Keywords:** Previale, Premature Rupture of Membrane, Cervical Cerclage, Interval Delivery

**PS19 Abdominal Pregnancy With A Life Baby At Term; An Incidental Finding At Emergency Cesarean Section For Type II Placenta Praevia At St. Patrics Hospital Mile 4 Abakaliki, Ebonyi State Nigeria.**

**Darlington-Peter Chibuzor UGOJI<sup>1\*</sup>, Kelvin Emeka ORTUANYA<sup>2</sup>, Emmanuel Chijioke UWAKWE<sup>3</sup>, Udu Chijioke UDU<sup>4</sup>, Idika Mba IDIKA<sup>5</sup>, Grace Amarachi ANTIA<sup>6</sup>, Hannah Damilola SAMUEL<sup>6</sup>**

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## **BACKGROUND**

Abdominal pregnancy is a rare subset of ectopic pregnancy. It usually carries a grave prognosis and can account for significant morbidity and mortality especially when advanced. There is a wide clinical spectrum of presentation that makes abdominal pregnancy a diagnostic dilemma especially in low resource and this is associated with substantially high rate of missed diagnosis of abdominal pregnancy (AP) before surgery. Hence, this report.

## **CASE PRESENTATION**

We presented a case of an unbooked 33yr old G4P2+1, 2A with abdominal pregnancy and a life baby at term. This was an incidental finding at emergency cesarean section for type II placenta praevia in a secondary facility. She had a previous history of left tubal ectopic pregnancy with salpingectomy. She presented with complaints of continuous abdominal pain, ultrasound diagnosis of type II placenta praevia and previous history of centennial bleeding. On examination, the vital signs were unremarkable. The lie and presentation were not appreciable. Fetal heart rate was not heard. An assessment of type II placenta praevia at

term was made and she was worked up for emergency cesarean section. Intraoperatively, a highly vascularized placenta with anastomotic branches to the peritoneum was seen. Placenta was firmly attached to the left uterine cornus but was adherent to the left broad ligament, transverse and sigmoid colon. A normal right fallopian tube and ovary was seen. A live female fetus was extracted with birth weight of 2.7kg and Apgar Score 7<sup>1</sup>10<sup>5</sup>. The placenta and membranes were gradually separated and haemostasis achieved. She received total of 7 units of blood before discharge and was offered intra uterine contraceptive device at six weeks with a healthy baby with no noticed deformity to a health mother.

## **CONCLUSION**

A high index of suspicion is need for any case that is not presenting straight with adequate preparation made to circumvent any inevitable.

**Keywords:** abdominal pregnancy, life ectopic baby, term ectopic gestation

## **PS20 Selenium And Glutathione Levels In Pregnant Women With And Without Preeclampsia, A Cross-sectional Comparative Study In Ibadan Nigeria.**

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### **OBJECTIVE**

To determine serum levels of Selenium and glutathione in pregnant women with and without pre-eclampsia and then compare them.

### **METHODOLOGY**

This was a cross-sectional analytical study and comprised three groups of women with antepartum preeclampsia, normotensive pregnancy, and normotensive non-pregnant but fertile women. The preeclamptic women were 80, and there were 77 normotensive pregnant and 94 non-pregnant women. A proforma was used to obtain relevant information from the consenting women, and then; venous blood was collected for laboratory assay of selenium using atomic absorption spectrophotometry and glutathione peroxidase levels by Owen's method (Owen and Belcher 1965) as modified by Owen and Butterfield (2010). The information obtained with the proforma and the data generated from laboratory analysis were imputed into the worksheet of Statistical Products and Service

Solutions (SPSS) version 23. Descriptive statistics like mean and standard deviation were performed. F-test (Analysis of Variance –ANOVA) was used to compare the variables in the three groups. Outcome measures were serum selenium level and glutathione peroxidase level.

### **RESULTS**

Preeclamptic women, aged  $31.68 \pm 5.79$  years, showed significantly higher blood selenium and glutathione levels compared to normotensive pregnant and non-pregnant women. This paradoxical rise in selenium and glutathione levels could be a transient adaptive response to oxidative stress, highlighting the importance of maintaining healthy blood levels of antioxidants.

### **CONCLUSION**

The study suggests that biological systems may temporarily increase selenium and glutathione levels due to pre-eclampsia-induced oxidative stress, despite the known decline in these levels.

## PS21 Analysis Of The Factors Affecting Male- Female Sex Ratio Of Babies Born Through Assisted Reproductive Technology

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### BACKGROUND

It is generally believed that the sex ratio is relatively stable with no male/female preponderance. However, here is increasing evidence to suggest that assisted conception may significantly impact on SR. Several factors have been suggested to affect SR, such as parental variables (paternal race, maternal age and body mass index-(BMI), methods of fertilisation (in-vitro fertilization: IVF/intracytoplasmic sperm injection), stage of embryo transfer (cleavage/blastocyst), type of IVF cycle (fresh/cryopreserved), medications used for controlled ovarian stimulation, poor sperm motility, and even culture media.

### OBJECTIVES

This study aims to investigate the potential impact of the different ART procedures on SR. It will also explore the relationship between paternal race, maternal age and body mass index BMI on SR.

### METHODS

A retrospective cohort study was performed from January 2017 to December 2023. Participants were women who had successful ART and delivery at Ninewells Assisted Conception Unit

(NACU) Scotland and ART center of Lagos University Teaching hospital (LUTH), Nigeria.

### RESULTS

Overall, 294 (66.2%) of the case records and 150 (33.8%) were evaluated from NACU and LUTH respectively. More male infants 244 (66.8%) were delivered following pregnancies conceived with blastocyst embryo stage transfer when compared with female infants 121 (33.2%). Concerning cleavage embryo stage transfer, 56 (70.9%) was in favour of female newborns while males accounted for 23 (29.1%).

### CONCLUSION

The study revealed that there is an increase in proportion of male babies born following certain assisted conception techniques such as blastocyst stage embryo transfer and conventional IVF. More female babies were born when cleavage stage embryos were transferred or when ICSI was used as a method of fertilisation. Maternal BMI and paternal race had no influence on sex ratio.

**Keywords-** Sex Ratio, ICSI, IVF, Blastocyst, Cleavage, Race, BMI, frozen/fresh embryo.

## **PS22 Evaluating The Correlation Between Intimate Partner Violence And Family Planning: A Mixed-methods Study In Benin City, Nigeria**

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### **OBJECTIVE**

This study aimed to determine the prevalence, types, and correlates of intimate partner violence (IPV) among women on family planning.

### **METHOD**

A descriptive cross-sectional study using mixed-methods of data collection was conducted among 421 women, spouses, and their healthcare providers at the family planning clinic, University of Benin Teaching Hospital, Benin City, Nigeria. Quantitative data were analysed using SPSS 25.0 and P-values of less than 0.05 were considered statistically significant. Qualitative data were analysed using themes.

### **RESULTS**

The mean age group was  $35.9 \pm 7.23$  and the prevalence of IPV was 7.1%. About 40.0% endured psychological violence, 30.0% experienced physical violence, 13.3% faced sexual violence, and 16.7% experienced economic

violence. About 46.7% with previous IPV felt that family planning made their partner more violent. Recent family planning users (<6 months) were 12times more likely to experience IPV (OR: 11.670,  $p = 0.005$ , CI: 2.141–63.605), while women whose partners accepted family had a significantly lower risk of IPV (OR: 0.020,  $p < 0.001$ , CI: 0.006–0.069). The focused group discussion and key informants' interviews highlighted the burden of IPV on family planning.

### **CONCLUSION**

This study is the first mixed-method study involving clients, spouses, and healthcare providers to study the relationship between IPV and family planning. Although the occurrence of IPV was low among the study population, it showed that IPV among family planning clients exists. The suggested strategies include couple counselling, public enlightenment, women empowerment, legal protection, and integration of IPV prevention in family planning services.

**PS23 Knowledge And Uptake Of Modern Contraceptives Among Women Attending Antenatal Clinic In University College Hospital (uch), Ibadan.**

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**BACKGROUND**

The rate of population growth especially in developing countries including Nigeria has been of great concern to both the government and individuals. This rapid growth of the population has a lot of adverse effect on both the economic and the standard of living.

Family planning is a cost-effective way of reducing population growth thereby preventing maternal and child mortality. This study was therefore to assess the knowledge and uptake of modern contraceptives among women attending antenatal clinic (ANC) in University College Hospital (UCH), Ibadan.

**METHODS**

The study was a cross-sectional, descriptive study involving consenting registered antenatal patients seeking care at the UCH, Ibadan. The data obtained was imputed on the data page of the statistical package for social sciences version 24.

The variables were summarized using frequencies, proportions, means and standard deviation.

**RESULTS**

There were 273 participants in the study with a mean age of 31.41±4.73 years. Majority of the respondents (82.4%) had good knowledge of modern contraceptives with contraceptive uptake of 43.8%. The major determinant of contraceptive uptake in this study was partner's approval.

Barrier contraceptives were the commonest contraceptives used by the participants (48.1%) while intrauterine contraceptive device (IUCD) was the least method used (4.6%).

**CONCLUSION**

The knowledge of contraceptives is important but may not amount to uptake as could be seen in this study that despite good knowledge of contraceptives, the women still preferred the natural/withdrawal method for contraception.

**PS24 ACCEPTABILITY OF BILATERAL TUBAL LIGATION AMONG WOMEN ATTENDING ANTENATAL CLINIC IN UNIVERSITY COLLEGE HOSPITAL (UCH), IBADAN.**

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**BACKGROUND**

Sterilization is the most popular method of contraception worldwide and globally, an estimated 220 million couples rely on tubal ligation for contraception(1–3). Though female sterilization is one of the safest contraceptive methods with complications <1%, and most commonly used method of family planning worldwide, the acceptability of this method of family planning is still very low in Nigeria with uptake rate of 1.00%–3.15%(4–8).

There are different factors militating against acceptability of BTL in different parts of Nigeria, and these factors include poor awareness, lack of access, cultural factors, religious factors, lack of partner or family members approval, and so on (5,8,9). This study, therefore, was to identify uptake and the factors affecting the acceptability of BTL among patients receiving antenatal care in UCH, Ibadan and proffers solution to the age long problem of the country.

**OBJECTIVES**

The study assessed the level of knowledge of modern contraceptives among the women attending antenatal clinic in UCH, Ibadan, and their readiness to uptake bilateral tubal ligation after completion of family size.

**METHODS**

The study was a descriptive cross-sectional study involving consenting registered antenatal patients at UCH, Ibadan.

**RESULTS**

Majority of the respondents (75.0%) were not aware of bilateral tubal ligation but only 17.3% of the participants were willing to consider this method of contraceptive after completing their family size.

**CONCLUSION**

This study demonstrates there is poor uptake of bilateral contraceptive which may be as a result of poor knowledge of this method of contraception.



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