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| **FETAL MORTALITY BY PARENT HOUSEHOLD DISTANCE TO THE HOSPITAL, SAO PAULO CITY (BRAZIL)** |
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| **Introduction** The distance between health services and residences of users is one of the measures that can be used to assess equity and access of health services. There are many studies on the effect of distance on neonatal mortality in rural communities or among municipalities, but few evaluated the effect of distance on fetal mortality in large cities. The objective is to verify the effect of the distance between maternal residence and hospitals network (public and private) where mothers gave birth on the fetal mortality in municipality of São Paulo (MSP).  **Material and Methods** We obtained data on fetal deaths (n=1486) and live births (LB) (n=173,247) who were born in hospitals in São Paulo (2010). The addresses of events and hospitals have been geo-referenced to calculate the distance between the mother's residence and the hospital. Hospitals were classified as SUS (public) and non-SUS (private) and by their reference to risk pregnancy. Such high-risk pregnancy care for reference classification took into account the size of the hospital and the presence of Neonatal and Adult ICU. The events (births + fetal deaths, a proxy of number of pregnancies) were distributed into quintiles of distance. Fetal mortality rate (FMR) was obtained for events in public and private hospitals by the quintiles. Kendall correlation was calculated between the rates and the quintiles of distance, using the R software. Funding source: FAPESP.  **Results** It was found that the average distance between home and hospital for births occurring in hospitals SUS (3.9 km) was lower than for non-SUS (8.6 km). It was observed that the SUS FMR (10.6 per 1000LB) was higher than in hospitals non-SUS (4.7 per 1000LB). Considering the reference network for gestational risk of SUS, the FMR was 11.2 per 1000LB and other SUS hospitals was 9.4 per 1000LB. There was a significant increase trend (p = 0.04) of the FMR with increasing distance in SUS hospitals (from 6.8 to 31.2 per 1000LB). This trend was also observed for private hospitals, 3.9 to 6.9 per 1000LB, but without statistical significance.  **Conclusions** There is an increased fetal mortality trend with increasing distances to the users of public hospitals while this effect is absent in users of private hospitals. Stillbirths in São Paulo are predominantly antepartum, so most FMR between public hospitals users are reflecting the greater social vulnerability (there are statistically significant differences between the education, age and number of prenatal consultations between public and private hospitals users). The shortest distance between maternal residence and hospital for pregnant women in public hospitals shows that the regionalization policy of delivery care in São Paulo city is consolidated, different from the private sector that has no account with this type of policy. |
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