

among Indonesian to 0.7% among aboriginal Taiwanese. Adjusted OR decreased among Mainland Chinese (preterm OR 0.77, LBW OR 0.64) but increased among aboriginal Taiwanese (preterm OR 1.69, LBW OR 2.69, stillbirth OR 2.28). HBW rate was significantly high (OR 1.77) among Mainland Chinese. Chinese-speaking immigrants showed significant difference in LBW (OR 0.64) and HBW (OR 1.88) compared with non-Chinese-speaking immigrants. Conclusion: Epidemiologic paradox and heterogeneity of birth outcomes were observed among immigrants in this study. However, aboriginal Taiwanese constituted the subgroup of the highest risk. Further research is needed to identify the determinants of birth outcomes.

OT10-2

Breastfeeding Practice and Associated Workplace Factors among Working Mothers in An Industrial Area in Malaysia

Mohd Zakiah Said¹, Rahmah Amin², Shamsul Azhar Shah², Azlan Darus³

1. *Public Health Specialist, Malaysia*
2. *National University of Malaysia, Malaysia*
3. *University of Malaya, Malaysia*

Women's involvement in work sector had been increasing trend in the past decades. The increase had invariably affect women's ability to practice breastfeeding. This study aims to determine the prevalence and factors at work that influence breastfeeding practice among working mothers in an industrial district in Malaysia. The study was a cross sectional study involving working mothers with a child aged 3 month to 1 year who visited all health clinics in the district. A face to face interview using a structured questionnaire was conducted from July to September 2006. There were 290 subjects recruited in the study with 48.6% of the working mothers were still breastfeeding at the time of the study. Forty one (41%) percent of the mother's who was not breastfeeding indicated work as a factor for stopping breastfeeding. The study also showed that race, type of employer such as government or private sector, maternity leave and breastfeeding facilities at the workplace were significantly associated with breastfeeding. After controlling for confounders, short maternity leave and breastfeeding facilities at workplace were found to be significantly associated with breastfeeding. Breastfeeding practice among working mothers can be improved with cooperation and support between the employer, the authority and the mother herself. Efforts by employers in supporting breastfeeding practice through a more mother friendly work place such as providing facilities for breastfeeding are important to encourage working mothers to continue breastfeeding once they returned to work.

OT10-3

Hepatitis B and Breastfeeding in Zhejiang Province, PR China

Liqian Qiu¹, Yun Zhao², Colin Binns²

1. *Zhejiang University, China*
2. *Curtin University, Australia*

Objective: To study infant feeding methods in hepatitis B positive mothers in Zhejiang Province.

Methodology: A cohort study was undertake in Hangzhou in Zhejiang Province. A sample of 638 mothers were recruited at birth from the city of Hangzhou and were followed up until their infants were six months of age.

Results: Chronic hepatitis B is a continuing public health issue in pregnant women. Breastfeeding is the foundation of infant nutrition and sets the scene for lifetime health and is important for all mothers. In the Hangzhou cohort of 638 mothers, 38 were identified as Hepatitis B positive, a rate of 6.0%. All of the infants of the hepatitis B positive mothers were fed on formula immediately after birth while their breastmilk was tested for virus transmission and their infants were vaccinated. At one month of age 61.8% of the hepatitis B mothers were breastfeeding compared to 92% of the remainder of the cohort. The rates at 3 months were 60.6% and 89% and 6 months 45.5% and 64% respectively. The Hazard Ratio for hepatitis B positive mothers discontinuing breastfeeding before six months was 3.69 (95% CI 2.28,5.98)

Conclusion: The WHO recommends that all mothers who are hepatitis positive breastfeed their infants and their infants are immunised at birth. In this study breastfeeding rates of hepatitis B positive mothers were substantially less than the other mothers.

OT10-4

Does Antenatal Care Influence Birthing Decision?

Ansariadi Ansariadi, Lenore Manderson

- Monash University, Australia*

Antenatal care is promoted to encourage women to have appropriate treatment when pregnancy complications occur, and in labor to be assisted by a skilled birth attendant, to reduce the number of maternal and neonatal deaths. However, antenatal care's contribution in preventing maternal death is controversial as the model that informs such care cannot predict the main causes of birth outcome. In this paper, we examine the association between antenatal care and women's birth decision. This study was conducted in Bantaeng, a district in South Sulawesi, Indonesia, with high maternal mortality ratio. A cross sectional survey was carried out among 485 women who had delivered babies from March – June 2008, which collected data on antenatal care, place and type of delivery assistance, reproductive and socio demographic characteristics. This study found that 46.2% of women were assisted by skilled birth attendants. The majority (90.7%) of deliveries were conducted at