

## Poor sanitation practices in pregnant women linked to adverse pregnancy outcomes in India

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Poor sanitation practices, such as open defecation, in pregnant women are linked to adverse pregnancy outcomes in two rural areas of Odisha state, India, according to a study published by Bijaya K Padhi from the Asian Institute of Public Health, Bhubaneswar, and colleagues in this week's *PLOS Medicine*.

The researchers enrolled 670 women during the first trimester of their pregnancy, recorded information about toilet access and sanitation practices for each woman at enrollment, and followed them through pregnancy until birth. They observed that nearly two-thirds of the women practiced open defecation, and a quarter experienced an adverse pregnancy outcome, most commonly a preterm birth and/or having a baby with low birth weight. After adjustment for potential confounding factors (factors that are related to poor sanitation and could themselves affect pregnancy outcomes, such as socio-demographic characteristics), they found that, compared with women who used a latrine, women who defecated in the open had a significantly greater risk of adverse pregnancy outcomes overall and preterm birth, but not low birth weight.

Although the researchers adjusted for numerous confounding factors in their analysis, including poverty, <u>social class</u>, and caste, the women who defecated in the open may have shared other unknown characteristics that were actually responsible for their increased risk of an adverse pregnancy outcome.



Pinaki Panigrahi, senior author of this paper at University of Nebraska, College of Public Health said: "This study indicates that, in the context of maternal and child health prevention research, sanitation is an important dimension of women's health and distinct from social class and caste."

**More information:** Padhi BK, Baker KK, Dutta A, Cumming O, Freeman MC, Satpathy R, et al. (2015) Risk of Adverse Pregnancy Outcomes among Women Practicing Poor Sanitation in Rural India: A Population-Based Prospective Cohort Study. *PLoS Med* 12(7): e1001851. DOI: 10.1371/journal.pmed.1001851

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