

2nd International Conference on
GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE



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Scientific Program

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2nd International Conference on Gynecology & Obstetrics

Monday
November 14, 2022

Day-1 November 14, 2022

Meeting Hall - El Dhiyafa 2

09:00 - 09:40 Registrations

09:40 - 10:00 Introduction

Keynote Presentations

10:00 - 10:45 Clinical Anatomy for Modern Surgery in Gynecology
Liselotte Mettler, University Hospitals Schleswig-Holstein, Germany

10:45 - 11:30 Birth Defect-Better Prevention than Treatment
Louis Renyuan Luo, BGI International Project Center, China

Group Photo (11:30 - 11:45)

Networks & Refreshments @ Outside the Hall (11.45 - 12.00)

Oral Presentations

Session Chair: **Liselotte Mettler**, University Hospitals Schleswig-Holstein, Germany

Sessions: Female Fertility and Reproductive Health | Palliative Nursing Care | Gynecology and Obstetrics | Breast Cancer| Prenatal Health Screening and Diagnosis | Nursing Research | Nursing & Midwifery | Heart Health for Women | Child Birth and Obstetrics |

12:00 - 12:30 Dilemmas, Diagnosis and Decision Making in Early Pregnancy
Kuldeep Singh, Dr. Kuldeep Ultrasound and Color Doppler Clinic, India

12:30 - 13:00 The Menace of Unexpected Malignancy at Tissue Morcellation in Gynecological Laparoscopy
Liselotte Mettler, University Hospitals Schleswig-Holstein, Germany

Lunch (13:00 - 14:00)

14:00 - 14:30 Breast Cancer as the Public Health Issue
Magdalena Borkowska, The National Center for Prevention of Addictions, Poland

14:30 - 15:00 HPV-Associated Cervical Dysplasia, Science and Practice- Moving in the Same Direction
Vinogradova Olga Pavlovna, Penza State Medical University, Russia

15:00 - 15:30 Nomophobia Associated with Depression, Anxiety, and Stress in Nursing Students: A Cross-Sectional Study in College of Nursing, Saudi Arabia
Hawazen Rawas, King Saud Bin Abdulaziz University for Health Science, Saudi Arabia

15:30 - 16:00 Correlation of Serum TSH with Ovarian Reserve in Patient of Infertility. A Retrospective Analysis
Nilam Subedi, Grande International Hospital, Nepal

Scientific Program

2nd International Conference on Gynecology & Obstetrics

Monday
November 14, 2022

Networks & Refreshments @ Outside the Hall (16:00 - 16:30)

16:30 - 17:00 Relevance and Effectiveness of the eLearning Program's Institutional Management Framework in Nursing and Midwifery Colleges in Tanzania

Anna-Grace Anastazio Katembo, Amref Health Africa, Tanzania

17:00 - 17:30 Abnormal Uterine Bleeding in Perimenopausal Women - Correlation of Endometrial Thickness with Histopathology of Endometrium

Mangala Sonak, Government Medical College and Hospital, India

17:30 - 18:00 Heart Health for Women

Nissreen Hussain Anajreah, National Guard Hospital, Saudi Arabia

18:00 - 18:30 Consequences of Prenatal Alcohol Exposure (PAE)

Magdalena Borkowska, The National Center for Prevention of Addictions, Poland

Day 1 Concludes

Scientific Program

2nd International Conference on Gynecology & Obstetrics

Tuesday
November 15, 2022

Day-2 November 15, 2022

Meeting Hall - El Dhiyafa 2

Keynote Presentations

10:00 - 10:45 Personalized and Precision Medicine as a Unique Avenue to have the Healthcare Model Renewed to Secure the National Biosafety: To Get Cancer Treated or Cured

Sergey Victorovich Suchkov, Moscow State University of Medicine & Dentistry, Russia

10:45 - 11:30 Do we have anything to Offer if Menopausal Hormone Therapy is Not an Option?

Ineta Vasaraudze, I.Vasaraudzes Private Clinic, Latvia

Networks & Refreshments @ Outside the Hall (11:30 - 12:00)

Oral Presentations

Session Chair: **Liselotte Mettler**, University Hospitals Schleswig-Holstein, Germany

Sessions:

Gynecologic Oncology | Menopause | Nursing Research | Gynecology and Obstetrics | Cosmetic Gynecology | Palliative Nursing Care | Psychiatry and Mental Health Nursing | Female Fertility and Reproductive Health | Prenatal Health Screening and Diagnosis | Birth Defects | Gynecologic Oncology | Nutrition in Women |

12:00 - 12:30 Can Hysteroscopy Positively Affect Female Problems

Liselotte Mettler, University Hospitals Schleswig-Holstein, Germany

12:30 - 13:00 The Burden to be a Woman Affected by Fibromyalgia

Marika Lo Monaco, University of Palermo, Italy

Lunch (13:00 - 14:00)

14:00 - 14:30 Vulvodynia - A Mysterious Puzzle

Nidhi Gupta, Govt of Rajasthan, India

14:30 - 15:00 Linking Adolescent's Mental, Sexual And Reproductive Health - Reaping the Triple Dividend

Megha S Shastri, Maharashtra University of Health Sciences, India

15:00 - 15:30 Patient's Disclosure Preferences when Hypothetically Diagnosed with a Terminal Illness

Sharifah Alsayed, King Saud Bin Abdulaziz University for Health Science, Saudi Arabia

15:30 - 16:00 Depression and Anxiety and their Associated Factors Among Jordanian Adolescents and Syrian Adolescent Refugees

Nemeh Ahmad Al-Akour, Jordan University of Science and Technology, Jordan

Networks & Refreshments @ Outside the Hall (16:00 - 16:30)

16:30 - 17:00 Perinatal Outcome in High Risk Pregnancies

Amyna Ladak, Pakistan Medical and Dental Council, Pakistan

17:00 - 17:30 The Barriers to Sustainable Nutrition for Sustainable Health among Zayed University Students in the UAE

Sharifa AlBlooshi, Zayed University, UAE

Scientific Program

2nd International Conference on Gynecology & Obstetrics

Tuesday
November 15, 2022

Poster Presentations

17:30 - 17:45	Neural Tube Defects in the Czech Republic: Incidence, Prenatal Diagnostics and Sex Ratio Antonin Sipek , Thomayer University Hospital, Czech Republic
17:45 - 18:00	Prevalence of Uterine Cervical Cancer Progressive and Persistent Disease among Patients Treated with Chemo-Radiation at Ocean Road Cancer Institute Faraja Kiwanga , Ocean Road Cancer Institute, Tanzania

Panel Discussion - Awards & Closing Ceremony

Day-2 Concludes followed by Vote of Thanks

Scientific Program

2nd International Conference on Gynecology & Obstetrics

Monday
November 14, 2022

Virtual Presentations

14 November, 2022 (Time: GMT)

09:00 - 09:15 Introduction

Oral Presentations

09:15 - 09:40 Can Nurses Stop Unexpected Death in the Ward?

Adel Ekladios, University of Western Australia, Australia

09:40 - 10:05 A Case Report of Hyperemesis Gravidarum Combined with Liver Rupture

Yindi Wang & Rubin Li, First Affiliated Hospital of Baotou Medical College, Inner Mongolia University of Science and Technology, China

Poster Presentations

10:05 - 10:30 Toxic Shock Syndrome as a Result of Group A Streptococcus infection

Lara Strakian, Campbelltown Hospital, Australia

10:30 - 10:55 Impact of Vaccination of Pregnant Women with Immunoadjuvant Influenza Vaccine in the Antenatal and Early Postnatal Periods of Children' Development

Mikhail Kostinov, Mechnikov Research Institute for Vaccines and Sera, Russia

Keynote Presentations

10:55 - 11:25 Titanium Mesh-implants in laparoscopic Correction of Apical Prolapse

Ailar Assambayeva, I.M. Sechenov First Moscow State Medical, Russia

11:25 - 11:50 Placenta Accreta Spectrum: Diagnostic and Management Dilemmas in Low Resource Setting

Archana Kumari, Rajendra Institute of Medical Sciences, India

11:50 - 12:20 The Need for Disease

Atul Kumar Mehra, Jaagran Psychoanalysis and Wellness Centre, Canada

Oral Presentations

12:20 - 12:45 Correlations between Parameters of Glycaemic Variability and Foetal Growth, Neonatal Hypoglycaemia and Hyperbilirubinemia in Women with Gestational Diabetes

Immacolata Blasi, Azienda USL-IRCCS Di Reggio Emilia, Italy

12:45 - 13:10 A Snapshot of Emergency Caesarean Section at a District General Hospital

Bushra Zahid Saeed, The Princess Alexandra Hospital NHS Trust, United Kingdom

13:10 - 13:35 Sonographic Evaluation of Antenatal Umbilical Coiling Index in Association with Adverse Pregnancy Outcomes: A Prospective Cohort Study

Nabnita Patnaik, All India Institute of Medical Sciences, India

13:35 - 14:00 Integrating the Embodiment-Projection-Role Paradigm to Develop and Implement a two-hour-Workshop for Stress Management Among Nurses

Maria Velana, Leibniz Research Centre for Working Environment and Human Factors at the Technical University Dortmund, Germany

Day Concludes

Scientific Program

2nd International Conference on Gynecology & Obstetrics

Tuesday
November 15, 2022

15 November, 2022 (Time: GMT)

Keynote Presentation

10:00 - 10:30 Robot-Assisted surgery in the Treatment of Various forms of Gynecological Pathology Associated with Infertility in Patients of Reproductive Age
Ailar Assambayeva, I.M. Sechenov First Moscow State Medical, Russia

Oral Presentations

10:30 - 10:55 Wound Care after Caesarean Birth: A Regional Survey of Clinicians' Practice in East of England
Bushra Zahid Saeed, The Princess Alexandra Hospital NHS Trust, United Kingdom

10:55 - 11:20 Headache and Affecting Factors in Pregnant Women
Dilek Yilmaz, Aydin Adnan Menderes University, Turkey

11:20 - 11:45 Screening Strategies for the Detection of Breast Cancer: Knowledge and Practice of women in Eastern Saudi Arabia
Sahbanathul Missiriya Jalal, King Faisal University, Saudi Arabia

11:45 - 12:10 Trends and Evidence Based Practice in Pediatric Nursing, CMC Vellore
Mary Anbarasi Johnson, Christian Medical College Vellore, India

12:10 - 12:35 Phytochemicals: The Multi-targeted Approach to Gynecologic Oncology
Anita Handore, Phytoelixir Pvt.Ltd., India

12:35 - 13:00 The Strong Black Woman Stereotype and Poor Birth Outcomes among Black Women: Implications for Reproductive Health
Jennifer R Warren, George Mason University, USA

13:00 - 13:25 Effect of Early Initiation of Breastfeeding on the Uterine Consistency and the Amount of Vaginal Blood Loss during Early Postpartum Period
Ola Mousa, King Faisal University, Saudi Arabia

Keynote Presentation

13:25 - 13:50 The new American Society for Reproductive Medicine Müllerian Anomalies Classification 2021 Interactive Website
Steven R. Lindheim, Wright State University, Boonshoft School of Medicine, USA

Day Concludes followed by Vote of Thanks

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BGI Genomics is the world's leading provider of genomic sequencing services and proteomic services, now serving customers in more than 66 countries. We provide academic institutions, pharmaceutical companies, health care providers and other organizations with integrated genomic sequencing and proteomic services and solutions across a broad range of applications spanning:

- Basic research covering human, plant, animal and microbial species
- Clinical research in human health
- Drug discovery and development
- Agriculture and Biodiversity preservation and sustainability

Day-1
Keynote Presentations



CLINICAL ANATOMY FOR MODERN SURGERY IN GYNECOLOGY

Liselotte Mettler

University Hospitals Schleswig-Holstein, Germany

Abstract

Objective: The first hysterectomy was performed as a vaginal hysterectomy and dates back to ancient times. Apart from the transverse abdominal incision introduced by Johannes Pfannenstiel in the 1900s, there was little advance in hysterectomy techniques until the advent of endoscopic surgery and the performance of the first laparoscopic hysterectomy by Kurt Semm in Kiel in 1984 and Harry Reich in Kingston, Pennsylvania in 1988. Stimulated by technical advances, the first hysterectomy with a robotic surgical system was performed after FDA (Food and Drug Administration) approval in 2005.

Based on clinical anatomy from the trans peritoneal anterior abdominal approach through the intra-abdominal structures and retro peritoneal area within the different compartments of the pelvis a hysterectomy has to be considered today.

Methods and Results: In an evaluation of 610 laparoscopic conventional and robotic hysterectomies performed at the Department of Obstetrics and Gynecology, University of Kiel, during the last 5 years, we followed the 10 step procedure detailed below. Step 1 – 3 and 8 – 10 are valued for Total and Subtotal hysterectomy while step 4 – 7 requires different procedures.

1. Introduction of trocars, sight recognition, preparation of round ligaments/adnexae
2. Opening of the bladder peritoneum
3. Dissection of Broad ligament leafs
4. Coagulation and dissection of uterine vessels
5. Coagulation and dissection of ascending branches of uterine vessels
6. Dissection cervix from vagina on a ceramic cup
7. Dissection of cervix from uterine body with a cutting loop
8. Vaginal extraction of uterus – supported my morcellation
9. Morcellation and extraction of uterus
10. Closure of vaginal stump with sutures
11. Coagulation of cervical canal with bipolar forceps
12. Closure of the visceral peritoneum
13. Reconstruction of pelvic floor, if indicated
14. Closure of trocar entry points

Conclusion: Anatomy is the father and exposure the mother in any laparoscopic hysterectomy. In contrary to the vaginal hysterectomy without laparoscopic approach and augmentation this is given in all laparoscopic hysterectomies. Advantages of Subtotal hysterectomies are: easier and shorter procedures, no interference with bladder and bowel nerves and vessels, Disadvantages morcellation in a bag.

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Biography

Liselotte Mettler was born on 6.6.39 in Vienna, Austria. From 1959-1981 medical studies, doctorate, medical specialist training, habilitation and professorship in Tübingen, Vienna and Kiel. From 1981-2007 she was Deputy Director of the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Germany and director of Reproductive Medicine and Gynecological Endoscopic Surgery. Her main fields of activity are reproductive medicine, gynaecological endoscopic surgery and gynaecological endocrinology. Prof. Mettler is actively participating in many societies and organizations. She has written over 700 publications, 20 books and 8 textbooks, the last one in 2019. Since 1973 she attended nearly all major Endoscopic and Reproductive Medical conferences in the world and is teaching in the times of Covid19 in many WEBINARS and back at in presence meetings. Since 2008 she is Emeritus professor at the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Honorary Patron of the Kiel School of Gyne Endoscopy and Reproductive Medicine, director, lecturer and consultant at the German Medical Center, Dubai Healthcare City, Dubai, and UAE. And general manager of Gyne Consulting, Kiel, Germany. She is honorary member of the German Society of Obstetrics and Gynecology, of the German European and American Societies of G Endoscopic Surgery (SLS and AAGL) and of the German European and American Societies of Reproductive Medicine as well as Obstetrics and Gynecology. At present she is Deputy Director der Universitären Kinderwunschsprechstunde am Universitätsklinikum Schleswig-Holstein, Kiel and Honorary Patron of the Kiel School of Gynecological Endoscopy. She is the Executive Director of the International Academy of Human Reproduction (IAHR). In 2021 she received the Honor of Merit Award from the State "Schleswig Holstein" in Germany. In 2022 she received the Carl Kaufmann medal from the German Society of Obstetrics and Gynecology, which is given every 2 years to an outstanding Gynecologist. She is the first female Gynecologist to receive it. Life is but a dream. She has more than 1000 publications and wrote 14 textbooks.

Day-1
Oral Presentations

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BIRTH DEFECT-BETTER PREVENTION THAN TREATMENT

Louis Luo

Vice President of BGI International Project Center, China

Abstract

1. BGI introduction
2. Chromosomal Abnormality
3. Recessive Single Gene Disorder

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

THE MENACE OF UNEXPECTED MALIGNANCY AT TISSUE MORCELLATION IN GYNECOLOGICAL LAPAROSCOPY

Liselotte Mettler

University Hospitals Schleswig-Holstein, Germany

Abstract

Background: Many times we ask ourselves if complex laparoscopic procedures can be beneficial to our patients. Even with optimal preoperative imaging, unexpected uterine sarcoma can be detected in histopathology after uterine conventional and endoscopic fibroid surgery. In case of inadvertent morcellation of an unexpected uterine sarcoma the clinical outcomes, due to the rapid intraperitoneal dissemination of malignant tissue during the procedure can be negatively influenced. The purpose of this study was to determine the prevalence of uterine sarcoma in women undergoing hysterectomy or myomectomy for benign uterine fibroids.

Methods: We performed a retrospective study over 11 years. The total number of women operated for uterine fibroids was 2297. Of this, 938 (42.5%) women had myomectomies and 1269 (57.5%) women had hysterectomies. In myomectomies the most frequently used surgical method was laparoscopic myomectomy in 591(63%) cases, followed by hysteroscopy myomectomy in 306 (32.62%) cases, and laparotomic myomectomy only in 41 (4.37%) cases.

Results: In hysterectomies, laparoscopic approaches significantly dominated in 1163 (61.1%) cases, showing laparotomic approaches in 491(25.82%) cases and vaginal approaches in 247 (12.99) cases. Only one patient with endometrial stromal sarcoma (ESS) was not preoperatively diagnosed and treated as symptomatic uterine fibroid; this patient underwent laparoscopic supracervical hysterectomy. In the post-operative histopathological examination ESS was detected.

Conclusions: Thus, our incidence of sarcomas among women who underwent benign uterine fibroid surgery is 1/2297 (0.043%). Laparoscopic power morcellation should be performed only in cases with no suspicion of malignancy. Patients, who undergo laparoscopic surgery with power morcellation should be informed about the possible risks of morcellation in cases of rare not suspected malignant disease. In bag morcellation is advised as optimal method for tissue extraction today.

Biography

Liselotte Mettler was born on 6.6.39 in Vienna, Austria. From 1959-1981 medical studies, doctorate, medical specialist training, habilitation and professorship in Tübingen, Vienna and Kiel. From 1981-2007 she was Deputy Director of the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Germany and director of Reproductive Medicine and Gynecological Endoscopic Surgery. Her main fields of activity are reproductive medicine, gynaecological endoscopic surgery and gynaecological endocrinology. Prof. Mettler is actively participating in many societies and organizations. She has written over 700 publications, 20 books and 8 textbooks, the last one in 2019. Since 1973 she attended nearly all major Endoscopic and Reproductive Medical conferences in the world and is teaching in the times of Covid19 in many WEBINARS and back at in presence meetings. Since 2008 she is Emeritus professor at the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Honorary Patron of the Kiel School of Gyne Endoscopy and Reproductive Medicine, director, lecturer and consultant at the German Medical Center, Dubai Healthcare City, Dubai, and U.A.E. And general manager of Gyne Consulting, Kiel, Germany. She is honorary member of the German Society of Obstetrics and Gynecology, of the German European and American Societies of GEndoscopic Surgery (SLS and AAGL) and of the German European and American Societies of Reproductive Medicine as well as Obstetrics and Gynecology. At present she is Deputy Director der Universitären Kinderwunschprechstunde am Universitätsklinikum Schleswig-Holstein, Kiel and Honorary Patron of the Kiel School of Gynecological Endoscopy. She is the Executive Director of the International Academy of Human Reproduction (IAHR). In 2021 she received the Honor of Merit Award from the State "Schleswig Holstein" in Germany. In 2022 she received the Carl Kaufmann medal from the German Society of Obstetrics and Gynecology, which is given every 2 years to an outstanding Gynecologist. She is the first female Gynecologist to receive it. Life is but a dream. She has more than 1000 publications and wrote 14 textbooks.

BREAST CANCER AS THE PUBLIC HEALTH ISSUE

Magdalena Borkowska

The National Center for Prevention of Addictions, Poland

Abstract

Background: Breast cancer is the most diagnosed cancer among women worldwide, accounting for 1 in 4 cancer cases. For women with a congenital mutation, the risk of breast cancer increases from 50% to 84%. In Poland, about 18 000 women a year suffer from breast cancer. It is notable that the incidence of female breast cancer has been steadily increasing over the past half-century. In 2019, breast cancer was the most commonly diagnosed malignant neoplasm among women.

Objective: The analysis of breast cancer cases in the population of Polish women and available medical care and prevention.

Methods: Overview of source materials on breast cancer. Breast cancer data were drawn from the most recent register of cancers - the Polish National Cancer Registry 2019.

Results: According to data from the Polish National Cancer Registry in 2019 the most common cancers among women was breast cancer (22,9% [95/100 000]) and standardised mortality rate in that case was (15,1% [33/100 000]). Cancer constitutes a growing health, social and economic problem in the Polish population.

Conclusion: The incidence of breast cancer will be increasing due to the multitude of factors such as lifestyle, genetic predisposition or the lack of awareness of its risk. An opportunity to improve the situation is to carry out and promote preventive measures on a national scale, strengthen the system of reimbursed health care and the awareness in the society that a quick diagnosis of the disease is a great chance for recovery.

Biography

Magdalena Borkowska has her expertise in the field of public education and prevention. She is a Head Specialist in charge of prevention and public education in The National Center for Prevention of Addictions. She is a PhD student at Maastricht University - Governor Kremers Centre. She is a Board Member of European FASD Alliance (EUFASD) and one of the authors of the Magazine Nurses and Midwives published by the Supreme Chamber of Nurses and Midwives in Poland.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

HPV-ASSOCIATED CERVICAL DYSPLASIA, SCIENCE AND PRACTICE-MOVING IN THE SAME DIRECTION

Vinogradova Olga Pavlovna

Penza State Medical University, Russia

Abstract

Summary: Human papillomavirus (HPV) is a key factor in the formation of cervical neoplasia (CIN), which uses specific masking mechanisms of immunosuppression at the lesion site. Therefore, appropriate diagnostic methods and timely comprehensive treatment are crucial for secondary prevention of cervical cancer.

Objective: Evaluation of medicinal product Alloferon effectiveness in HPV-associated CIN I, II, III based on the testing of apoptosis markers and immunological parameters.

Materials and Methods: 430 women of childbearing age were examined, including 50 healthy women without HPV or cervical pathology (control group) and study groups of HPV-positive patients with a histological diagnosis CIN I (n=131), CIN II (n= 131) or CIN III (n=118). The comprehensive examination included PAP test, colposcopy, viral load testing in real-time mode, and assessing local immune defense status by testing caspase 3, 6, 9, IFN- γ , IL-18, and CD 95 levels.

Results: The levels of caspases 3, 9 and cytokines (IFN- γ , IL-18) in cervical mucus were tested in comparison with these indicators in conditionally healthy women. An increase in all indicators was observed as CIN I and CIN II progressed ($p>0.05$), which is associated with the activation of apoptosis processes in HPV persistence. By contrast, in CIN III, the formation of an apoptosis-resistant phenotype was observed by determining the expression of caspase-3, -6 and -9 at the mRNA level and proteolytic activity, as well as an increase in the membrane expression of Fas receptor (CD95+) in PBMC fraction by more than 2 times. In 20 to 50% of cases of CIN III, a significant increase in the activity of effector caspases-3 and -6 was registered in relation to normal epithelium. Therefore, preinvasive cancer is a borderline condition, in which the mechanisms of cellular suicide are not yet disturbed and, being activated by accelerated proliferation, they are able to resist transforming signals. The study evaluated the effectiveness of the antiviral medicinal product Alloferon in CIN I, II, III. In CIN I, observational tactics for 12 months and the use of Alloferon were compared. The elimination of HPV and restoration of normal colposcopic characteristics in 21% of patients in the observation group and in 63% of the treatment group were observed. In CIN II, the effectiveness was 64% in the excision group and 93% in the excision group with use of Alloferon; in CIN III, these results amounted to 77% and 98%, respectively.

Conclusions: The study revealed new pathogenetic features in the course of dysplastic processes in the cervix, based on the assessment of immunological parameters, and suggested new approaches to the treatment of CIN I, II, and III.

Biography

Vinogradova Olga Pavlovna graduated from Saratov Medical Institute. Having worked in practical public health for 30 years and taught at the Institute for the Improvement of Medical practitioners, she channeled her vast experience into scientific research. In 2003, she passed her Ph.D. defense, and in 2014 she defended her doctoral thesis. Under her supervision, 3 Ph.D. theses were defended and 4 research works are currently ongoing. She has a large number of publications and papers at Russian and international level.

NOMOPHOBIA ASSOCIATED WITH DEPRESSION, ANXIETY, AND STRESS IN NURSING STUDENTS: A CROSS SECTIONAL STUDY IN COLLEGE OF NURSING, JEDDAH, SAUDI ARABIA

Hawazen Rawas

King Saud Bin Abdulaziz University for Health Science, Saudi Arabia

Abstract

Background: Nomophobia is described as the fear of losing contact with mobile phones. It is widely reported in nursing students who may also experience depression, anxiety, and stress. Little is known about the relationship of Nomophobia with depression, anxiety, and stress.

Objectives: This study was designed to (a) assess Nomophobia in nursing students and to (b) evaluate the impact of depression, anxiety, and stress on Nomophobia in nursing students.

Material and Methods: The study was carried out in College of Nursing, Jeddah, Saudi Arabia. Study sample (n=311) comprised students enrolled in all levels of Bachelor of Science in Nursing degree. A self administered survey was conducted using the Nomophobia Questionnaire tool for Nomophobia and DASS 21 for depression, anxiety, and stress.

Results: Undergraduate nursing students were presented with mild (12.9%), moderate (46.9%), and severe (40.2%) Nomophobia. The highest mean score yielded for Nomophobia Factor 1– not being able to communicate (4.74 ± 1.77), whereas the lowest score was noted for Nomophobia Factor 2 – losing connectedness (4.07 ± 1.96). A significant positive correlation was noted between depression and Factor 4 – giving up convenience of Nomophobia ($r=0.11$, $P < 0.05$). A high prevalence of Nomophobia was noted. Severity of depression contributed positively to severity of Nomophobia.

Conclusion: Findings indicate the coexistence of depression, anxiety, or stress in Nomophobia.

Biography

Hawazen Rawas completed her PhD in Cardiac disease prevention (Cardiac Rehabilitation) in 2015. She obtained her master and PhD from Queensland University of Technology, Australia. She obtained another master in Medical Education from King Saud bin Abdulaziz University for Health Sciences in 2019. She is the Chairperson of the Cardiac Diploma Exam Committee in the Saudi Commission for Health Specialties. She is an assistant professor at College of Nursing at King Saud bin Abdul-Aziz University for Health Sciences, Jeddah. She has published numerous articles in international and national journals. Her research niche areas include acute care nursing, simulation-based education, and internship.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

CORRELATION OF SERUM TSH WITH OVARIAN RESERVE IN PATIENT OF INFERTILITY. A RETROSPECTIVE ANALYSIS

Nilam Subedi

Grande International Hospital, Nepal

Abstract

Background: Thyroid dysfunction affects fertility as it hinders follicular growth, development of embryo, implantation and placental formation. Studies suggest that thyroid disorder affecting follicular process is associated with ovarian reserve. This study was conducted to see the association between thyroid dysfunction and serum Anti Mullerian Hormone (AMH) level.

Methods: All the female having infertility between age of 20 to 45 were included in the study. Those who did not undergo hormonal assay were excluded from study. All the data were taken from Opd record and their serum Thyroid Stimulating Hormone, AMH and Day 2 Follicle Stimulating Hormone, Luteinizing Hormone, Prolactin, Estradiol and Progesterone were evaluated.

Result: A total of 292 patients visited infertility clinic at our institution over a period of 1.5 years and of them only 80 had undergone all hormonal assay. Hypothyroidism was the most common thyroid dysfunction observed in this study. Mean age of patient in this study was 29.9 years and age did not seem to influence the prevalence of thyroid disease. The mean AMH level was 4.25 ng/ml with highest 16.22 and lowest 0.08 ng/ml. the mean TSH level was 3.8 mIU/L with highest 20 and lowest 0.5 mIU/L. Though it was observed that many hypothyroid female had low AMH level but it was not statistically significant.

Conclusion: There is no significant correlation between ovarian reserve and thyroid function in infertile women.

Biography

Nilam Subedi is a practicing consultant Obstetrician and Gynecologist at one of the prominent hospitals of Nepal (Grande International Hospital). She has more than eight years of experience which includes Research, Teaching and Training activities. Dr. Subedi is an active researcher in the field of Obstetrician and Gynecology, She has attended and presented in various international and national conferences. Her few recent publications are "comparison of misoprostol with oxytocin in the third stage of labour", "myometrial myxoidosis: A rare case seen in a pt of primary infertility", "Gossypiboma can remain asymptomatic for a long time" and "trends of laparoscopic gynecologic surgeries in a tertiary care center. A Five-year retrospective study". She has also edited a book titled "A Textbook on Gynecology" by Prof Padam raj pant.

RELEVANCE AND EFFECTIVENESS OF THE ELEARNING PROGRAM'S INSTITUTIONAL MANAGEMENT FRAMEWORK IN NURSING AND MIDWIFERY COLLEGES IN TANZANIA

Anna-Grace Anastazio Katembo

Amref Health Africa, Tanzania

Abstract

Background: The health professional is the worldwide problem especially in sub-Sahara Africa with only 3% of world's health workers. The dominant health professionals are nurses and midwives. In many African countries still the shortage persists including Tanzania. ELearning for nurses and midwives is alternative mechanism for reducing the scarcity. E-Learning program implementation often depends on institutional management framework structures. This study evaluated the suitability and level of implementation of Institutional Management Framework (IMF) in the eLearning program among nurses and midwives in Tanzania.

Methods: The study used a mixed design approach. Eight (8) IMF domains (Institutional, Management, Technical, Pedagogical, Resource support Evaluation, Interface design and Ethical) were evaluated. The data were collected through a structured questionnaire that included Likert scale items, which was self-administered to study participants. The total sample size was (n=25) principals and coordinators from 7 schools. The study findings were descriptively generated with the help of SPSS and STATA statistical tools for analysis. The findings evidenced that the current institutional management framework for eLearning is suitable because it comprises 8 domains as stated in Khan Framework mode.

Results: Five domains; Institutional, Management, Technical, Pedagogical and Resource support domains were adequately addressed with a degree of consensus of 70%. This was contributed by provision of adequate time for the face to face, orientation sessions and provision and maintenance of the Jibu application – which was used to access the eLearning contents through mobile phones. However, three domains namely Evaluation, Interface design and Ethical had degree of consensus of less than 70% contributed by inadequate materials circulation, ICT parameters, and inadequate communication on the other platform like the eCampus.

Conclusion: The level of implementation of framework is high to five domains except ethical, interface design and evaluation. Strengthening these domains would make eLearning for nursing and midwifery more effective especially in the adaptation of lessons from the evaluation domain.

Biography

Anna-Grace is a public health specialist and a registered Nurse, with over 10 years' experience in working with the Government of Tanzania focusing on health system strengthening. She has vast experience in public health and programing for nurses and midwives' development and recruitment, Human resources for Health programing. She works with Amref as project Manager for the COVID -19 urgent support project for Health systems strengthening under Africa CDC. She has been involved in a number of write ups of proposals, technical briefs, manuscripts, documenting project results as well in the development of various strategic plans. She has been capacity strengthening to HCWs across the country, her technical ability aided on development of various national guidelines including the Nursing and Midwifery National retention guidelines, Zanzibar IPC guidelines, m-health training curriculum for health in Zanzibar and other IPC SOPs, C-19 RCCE guidelines and Emergency Medical Services strategic plan for mainland.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

ABNORMAL UTERINE BLEEDING IN PERIMENOPAUSAL WOMEN -CORRELATION OF ENDOMETRIAL THICKNESS WITH HISTOPATHOLOGY OF ENDOMETRIUM

Mangala Sonak

Government Medical College and Hospital, India

Abstract

Background: According to the national health portal by MOHFW, In India the reported prevalence of AUB in perimenopausal age group is 17.9% .There is an increased risk of endometrial hyperplasia and carcinoma in perimenopausal women with AUB. Evaluation of endometrium by transvaginal ultrasound has become an integral component in the investigation of AUB. Endometrial sampling is important in eliminating the possibility of the presence of premalignant and malignant disease.

Objective: To correlate the endometrial thickness on transvaginal ultrasound with that of histopathological pattern of endometrium in patients with AUB in perimenopausal women.

Methods: It is a prospective cross-sectional study conducted at a tertiary care institute in central India over a period of 18 months. 232 cases of AUB in the perimenopausal age group (40-51 years) were included in the study. Dilatation & Curretage and HPE of the endometrium was scheduled after investigating the patient and after performing TVS as an OPD procedure. Diagnostic test evaluation was performed to evaluate validity measures of TVS (diagnostic test) against histopathology (Gold standard).

Results: In the present study the mean thickness of endometrium with endometrial hyperplasia (complex with atypia) on HPE was found to be 20 mm on TVS. Sensitivity of TVS in detecting endometrial hyperplasia with ET cut off of 10 mm is 80.46% and Specificity is 83.45% and diagnostic accuracy is 82.33%.

Conclusion: Present study shows that ET of 10 mm or less had minimal association with endometrial hyperplasia and hence D&C can be reserved in patients with ET above 10 mm.

Biography

Mangala Sonak MBBS MD is an obstetrician and Gynaecologist from India. She is working as an Associate professor at a Govt. Medical college in India She has expertise in evaluation and passion in improving the health of women. Her open and creative and focused approach creates new pathway for improving the health care of women. She has built this after 20 years of experience in research, evaluation, teaching and administration both in hospital and educational institutions. She is a post graduate student guide and has guided 13 PG students till now. She has been panelist in various conferences. She has various publications in national and international journals to her credit. She has done her research in prognostic factors in ovarian cancer.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

HEART HEALTH FOR WOMEN

Nissreen Hussain Anajreah

National Guard Hospital, Saudi Arabia

Abstract

Heart disease or cardiovascular diseases (CVD) as defined by the World health organization (WHO) are a group of disorders of the heart and blood vessels, they include but are not limited to: Coronary artery disease, & peripheral arterial disease To date, heart diseases remain the leading cause of morbidity and mortality worldwide. Recently in 2019 when the world was busy with the number of deaths from Coronavirus, an estimated number of 17.9 million people died from CVD, 85% of those deaths were due to heart attack and stroke. Generally, deaths from heart disease are greater in women than men. 1 in 3 women dies from heart diseases. Women in the Arab world, specifically the Gulf area, are more prone to developing heart diseases due to the sedentary lifestyle and sociocultural characteristics that contribute to heart diseases On the other hand, there is a misunderstanding that heart diseases are affecting men more than women. This misunderstanding is due to the fact that the symptoms of heart attack and other heart diseases in women are unrecognized by women and the physicians Major risk factors of heart diseases for women are primarily high blood cholesterol level, hypertension, obesity, being physically inactive, diabetes, smoking, and pregnancy associated conditions that increases the future risk of heart diseases. Some of those risk factors are usually modifiable, so by paying attention to healthy lifestyle, the risk factors will reduce significantly It's the responsibility of health care providers especially Nurses to educate, empower, encourage, & coach not only women but also men about heart diseases, importance of heart health for all women at all ages, & how to live a healthy live to reduces both the incidence of heart diseases & the number of deaths related to it.

Biography

Nissreen Hussain Anajreah is an electrophysiology clinical Nurse Specialist with over 15 years' of experience in nursing at the National Guard hospital, kingdom of Saudi Arabia, Jeddah city. She had her master degree for the Cardiovascular advanced nursing practice from the University of California San Francisco (UCSF), United States. She is also a certified integrative Nurse Coach. She has participated in multiple research studies and currently is the principle investigator for a research study titled: Nurses knowledge on atrial fibrillation, risk of stroke, & oral anticoagulation. Nissreen recently appointed as a program director for advanced cardiac nursing diploma program.

2nd International Conference on

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

DILEMMAS, DIAGNOSIS AND DECISION MAKING IN EARLY PREGNANCY

Kuldeep Singh

Dr. Kuldeep Ultrasound and Color Doppler Clinic, India

Abstract

Routine ultrasound examination is an essential part of antenatal care. With ongoing advancements, especially high-frequency transvaginal scanning has allowed ultrasound imaging resolution to enhance our recognition of normal and abnormal early pregnancy. This has played an important role in understanding human development and also has opened up unparalleled possibilities to study fetal anatomy. In first trimester of pregnancy, events occur, which define the most critical and important period of human development.

The indications of doing an early pregnancy scan could be to suspect miscarriage or fetal death, in vaginal bleeding, to date the pregnancy, as adjuncts to a procedure, suspecting molar pregnancy or ectopic pregnancy or multiple gestation and to localize IUD with pregnancy or to evaluate maternal pelvic masses. New nomenclature and newer management protocols can only be successful if the diagnosis is more accurate and specific.

Biography

Kuldeep Singh has been practicing ultrasound for over 28 years in Delhi, INDIA. He is known for his ultrasound skills in Anomaly Scanning, Color Doppler Scanning and High risk pregnancy evaluation. He has more than 550 lectures in various national and international conferences. He has more than 100 articles and chapters to his credit and has authored 16 books on Ultrasound in Obstetrics, Gynecology and Infertility. His books have been translated into Spanish, Chinese and Portugese. The IMAGING SCIENCE AWARD was honoured to him at the AICOG 2008. He has been appointed as associate director of Ian-Donald Inter University School of Medical ultrasound.

CONSEQUENCES OF PRENATAL ALCOHOL EXPOSURE (PAE)

Magdalena Borkowska

The National Center for Prevention of Addictions, Poland

Abstract

Background: Prenatal alcohol exposure (PAE) is a major cause of brain damage and developmental delay, known as fetal alcohol spectrum disorder (FASD). According to studies, even low levels of prenatal alcohol exposure can negatively affect the developing fetus - there is no safe amount of alcohol during pregnancy for a developing child.

Objective: The analysis of the phenomenon of prenatal alcohol exposure and available screening tests for alcohol consumption during pregnancy.

Methods: Overview of source materials on prenatal alcohol exposure (PAE) and use of screening test among pregnant women.

Results: According to the obtained results: globally, 9.8% of women drink alcohol while pregnant, and in relation to the European population, up to 25.2% of women do so. Data on the prevalence of alcohol consumption by pregnant women in Poland oscillate from 15% to 39%. The prevalence of FASD in the general population of children and adolescents worldwide has been estimated at 7.7 cases per 1000 (95% CI: 4.9–11), with the highest rates (19.8 / 1000 [95% CI: 14.1–28, 0]) in the European region. The prevalence of FASD in Poland has been estimated at ≥ 20 cases per 1000.

Conclusion: Despite the fact that representatives of the medical community in Poland have repeatedly discussed the topic of prenatal alcohol exposure and alcohol-free pregnancy - presenting recommendations and guidelines in this area – more effective prevention strategies targeting alcohol use during pregnancy, including use of screening tests, are still necessary.

Biography

Magdalena Borkowska has her expertise in the field of public education and prevention. She is a Head Specialist in charge of prevention and public education in The National Center for Prevention of Addictions. She is a PhD student at Maastricht University - Governor Kremers Centre. She is a Board Member of European FASD Alliance (EUFASD) and one of the authors of the Magazine Nurses and Midwives published by the Supreme Chamber of Nurses and Midwives in Poland.

Day-2
Keynote Presentations

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE



PERSONALIZED AND PRECISION MEDICINE AS A UNIQUE AVENUE TO HAVE THE HEALTHCARE MODEL RENEWED TO SECURE THE NATIONAL BIOSAFETY: TO GET CANCER TREATED OR CURED

Sergey Suchkov

Sergey Victorovich Suchkov, RosBioTech University-MGUPP & Moscow State University of Medicine & Dentistry, Russia

Abstract

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). Personalized & Precision Oncology (PPO) is an innovative approach to cancer management that ensures your treatment is specifically designed and targeted to your unique form of cancer. The latter are both the science of using each patient's individual genomic landscapes – the genes that are mutated, causing the cancer to grow – to create a biomarker-based targeted therapy protocol.

To achieve the implementation of PPM and PPO concept, it is necessary to create a fundamentally new strategy based upon the recognition of biomarkers long before the disease clinically manifests itself. And personalized tumor molecular profiles (uniting genomic and phenotypic ones), tumor disease site and other patient characteristics are then potentially used for determining optimum individualized (preventive, prophylactic, canonical and rehabilitative) therapy options to be tailored and applied for.

Each decision-maker values the impact of their decision to use PPM/PPO on their own budget and well-being, which may not necessarily be optimal for society as a whole. It would be extremely useful to compile and integrate available scientific knowledge on cancer-associated abnormal genes and gene products and their implications for cancer therapy, and thus data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients resulting in improved patient outcomes, reduced adverse events, and more cost effective use of the latest health care resources including diagnostic (companion ones), preventive and therapeutic (targeted molecular and cellular) etc. The latter requires the incorporation of information from multiple data sources, linking the functional effects of altered genes to potential therapy options into a central repository that can be easily accessed, interpreted, and utilized by physicians and patients.

This complex and unique process provides a thorough and fairly exhaustive resource for physicians and patients to use as a PPM-based cancer therapy option that is designed to be highly clinically applicable.

PPM/PPO are most likely to play a great role in cancer management and treatment. And we are entering an era of rapidly evolving transformation in cancer research as it relates to medical practice, and a shifting paradigm of standardized health care in which detailed genetic and molecular information regarding a patient's cancer is being used for PPM/PPM-based treatments.

Meanwhile, a lack of the medical guidelines has been identified by the majority of responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PPM/PPO! So, coordination of all health care stakeholders has become

2nd International Conference on

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

more important than ever to unite oncologists, pathologists, and payers to work with Big Pharma and Biotech to develop products, services, and coverage policies that would improve patient outcomes and lower overall health care costs for institutions that put personalized regimens in place. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM/PPO to elicit the content of the new branch and to stress the impact and benefits of the latter.

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004 - a Chair of the Dept. for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK.



DO WE HAVE ANYTHING TO OFFER IF MENOPAUSAL HORMONE THERAPY IS NOT AN OPTION?

Ineta Vasaraudze

I. Vasaraudzes Private Clinic, Latvia

Abstract

Menopause is a special time in every woman's life, which needs personalized attention to different women with different co-morbidities, beliefs and needs. It is also a challenging time for health care providers if they speak about non-hormonal pharmacological possibilities to solve this problem. Around 85% of menopausal women have at least one of these symptoms, most often - depressive disorders, vasomotor symptoms or sleep disorders. That is why they are often studied to determine the efficacy of various therapies.

Regardless of their ethnic origin, skin color, and socio-demographic factors, women from all the world suffer from menopausal symptoms. We as health care providers should try to provide customized treatment for every particular woman. Since the end of the last century, Menopausal Hormone Treatment has been the golden standard for treating menopausal symptoms. But the problem is that it must not be prescribed for all patients. Despite the fact that many women have no contraindications to MHT, they try to avoid it.

80% of MHT users reported that they had discontinued use. Falling estrogen levels impact central α -2 receptors, which lead to higher central norepinephrine levels. Activation of the noradrenergic and serotonin pathways narrows the upper threshold of the thermoregulatory zone, which leads to hot flashes. Relative decline in estrogen levels plays a role in these central changes in norepinephrine and serotonin.

The goal of this presentation, based on the pathophysiology mechanism, is to analyze the available pharmacological non-hormonal therapy methods. Selective serotonin reuptake inhibitors and serotonin norepinephrine reuptake inhibitors - In large trials, paroxetine, escitalopram, citalopram, desvenlafaxine and venlafaxine have been associated with statistically significant reductions in hot flush severity. At the moment, the FDA has approved paroxetine mesylate 7.5 mg as the only non-hormonal pharmacologic therapy for treating moderate to severe vasomotor symptoms in postmenopausal women.

Gabapentinoids- In 2000 gabapentin was first revealed as an option for the treatment of hot flashes and hypothermia through a series of case studies in both men and women. As a result, the use of gabapentin has since been studied for the treatment of menopausal hot flashes. Gabapentin should be considered an alternative for those who have contraindications to hormone use.

Oxybutynin - Oxybutynin is an anticholinergic agent that is FDA approved for the treatment of overactive bladder. A common side effect of oxybutynin is decreased sweating, which has led to its use among the treatment of primary hyperhidrosis. It may otherwise be an attractive option for younger, healthy women or those who have a history of breast cancer and are currently on endocrine therapy. But none of

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GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

these non-hormonal drugs have optimal efficacy. However, side effects or interactions with other medications, unfortunately, limit their use in clinical practice. That is why there is still a need for an effective and well-tolerated non-hormonal alternative.

Emerging therapies: during menopause declining estrogen levels lead to neurokinin B hypersecretion, and overstimulation of KNDy neurons. This triggers increased activity in the thermoregulatory center, which moves the thermoneutral zone increasing sensitivity to external factors. That triggers more frequent hot flashes. Oral NK3R antagonist that moderates KNDy neuronal activity is in clinical development for the treatment of moderate/severe VMS associated with menopause.

According to qualitative analysis of these trials, NK3Rs lead to significant reductions in HF frequency, severity and night-sweats. Results show good short-term tolerability, compared to SNRIs and placebo. It could bring big changes in our field in future. If confirmed, estrogen will no longer be prescribed to effectively and safely treat vasomotor symptoms.

Biography

Ineta Vasaraudze took the MD Degree in 2013. She is a lecturer at the Department of Obstetrics and Gynecology, Riga Stradin's University. She is Head and Senior Doctor of her own clinic Vasaraudze's Private clinic. She is President of Latvian Society of Gynecological Endocrinology. She is also a former board member of the Latvian Association of Gynecologists and Obstetricians. She is also a member of the editorial board of EGO: European Gynecology and Obstetrics, the official Open Access Journal of the European Society of Gynecology. She is active in clinic and scientific research in the area of gynecological endocrinology. Her reputation is well recognized nationally. She is author of several peer reviewed papers and chapters in national books. She has been and is principal investigator for several international studies. She is a member of several international scientific societies.

Day-2
Oral Presentations

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

CAN HYSTEROSCOPY POSITIVELY AFFECT FEMALE PROBLEMS

Liselotte Mettler

University Hospitals Schleswig-Holstein, Germany

Abstract

Introduction and Objectives: With modern imaging technologic advances by ultrasound, magnetic resonance imaging, computer tomogram and other radiological intervention also gynecological diagnostic features have tremendously improved. However, in combination with direct vision of the uterine cavity as in hysteroscopy a presumed diagnosis can be satisfactorily completed and in many cases a treatment can be performed at the same time.

Techniques and Patients: Today the uterine cavity can easily be explored and hardly any mysteries persist. We discuss the actual evaluation of 117 transvaginal ultrasound diagnoses and corresponding hysteroscopic findings and treatments at the German Medical Center in Dubai Health Care City, UAE.

Vaginal Ultrasound and Saline Infusion Ultrasonography: The Samsung Accuvix A30 sonographic machine with a 2D vaginal probe with enhanced Directional Power Doppler Imaging (DPDI) for detection of peripheral blood vessels was used. Unclear intracavitary images of polyps, fibroids or adhesions were further clarified by using transvaginal saline infusion sonography or HyFoSy (Hysterosalpingo-Foam Sonography).

Advantages and stand of Diagnostic/Office Hysteroscopy and Operative Hysteroscopy with practical examples are demonstrated, discussed and evaluated

Biography

Liselotte Mettler was born on 6.6.39 in Vienna, Austria. From 1959-1981 medical studies, doctorate, medical specialist training, habilitation and professorship in Tübingen, Vienna and Kiel. From 1981-2007 she was Deputy Director of the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Germany and director of Reproductive Medicine and Gynecological Endoscopic Surgery. Her main fields of activity are reproductive medicine, gynaecological endoscopic surgery and gynaecological endocrinology. Prof. Mettler is actively participating in many societies and organizations. She has written over 700 publications, 20 books and 8 textbooks, the last one in 2019. Since 1973 she attended nearly all major Endoscopic and Reproductive Medical conferences in the world and is teaching in the times of Covid19 in many WEBINARS and back at in presence meetings. Since 2008 she is Emeritus professor at the Department of Obstetrics and Gynaecology, University Hospitals Schleswig-Holstein, Honorary Patron of the Kiel School of Gyne Endoscopy and Reproductive Medicine, director, lecturer and consultant at the German Medical Center, Dubai Healthcare City, Dubai, and U.A.E. And general manager of Gyne Consulting, Kiel, Germany. She is honorary member of the German Society of Obstetrics and Gynecology, of the German European and American Societies of GEndoscopic Surgery (SLS and AAGL) and of the German European and American Societies of Reproductive Medicine as well as Obstetrics and Gynecology. At present she is Deputy Director der Universitären Kinderwunschprechstunde am Universitätsklinikum Schleswig-Holstein, Kiel and Honorary Patron of the Kiel School of Gynecological Endoscopy. She is the Executive Director of the International Academy of Human Reproduction (IAHR). In 2021 she received the Honor of Merit Award from the State "Schleswig Holstein" in Germany. In 2022 she received the Carl Kaufmann medal from the German Society of Obstetrics and Gynecology, which is given every 2 years to an outstanding Gynecologist. She is the first female Gynecologist to receive it. Life is but a dream. She has more than 1000 publications and wrote 14 textbooks

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

THE BURDEN TO BE A WOMAN AFFECTED BY FIBROMYALGIA

Marika Lo Monaco

University of Palermo, Italy

Abstract

Background: Living the daily life is challenging for women affected by fibromyalgia especially if they have a role as wives and mothers. Being affected by stiffness, widespread pain, fatigue, headache and cognitive problems affects women in their whole private and social life. Moreover, their physical and psychological burden can negatively impact on their family life. This phenomenon is unexplored in literature, but investigating their experience may be important for nurses and physicians to improve the quality of care for these patients and their loved ones.

Objective: This study aimed to explore the experience of living their daily lives in women diagnosed with fibromyalgia syndrome who play a role as wives and mothers with a phenomenological qualitative approach.

Methods: A significant sample of ten women affected by Fibromyalgia Syndrome who played a role as mothers was recruited at the rheumatology outpatient clinic of the ARNAS CIVICO in Palermo, Italy. Informants were interviewed in a face-to-face, in-depth interview using a semi-structured interview guide. Data were collected until saturation, and Colaizzi's method was used to analyze data.

Results: Qualitative analysis identified four themes: 1) a trauma behind the diagnosis, 2) feeling misunderstood, 3) be strong until you give up, 4) a challenging motherhood, 5) sexual discomfort.

Conclusion: This study highlights that the pain afflicting mothers with FMS negatively impacts their daily lives, especially managing the family and various commitments. Pain represents a burden, mainly because they have to live with it, and for the frustration that comes from being judged by others because of the invisibility of that pain.

Biography

Marika Lo Monaco is a nurse and a Researcher at the University of Palermo. She is a PhD and she attended three master's degree in nursing research. She works as a research nurse in the fields of internal medicine, dermatology and rheumatology at the internal medicine outpatient clinic at the ARNAS Civico Hospital in Palermo, Italy. She participated as a speaker at national and international nursing conferences and she is a member of the DeMoPhac study on the interprofessional pharmaceutical care across Europe. She is a researcher and a teacher at the degree course on Nursing at the University of Palermo.

VULVODYNIA - A MYSTERIOUS PUZZLE

Nidhi Gupta

Government of Rajasthan, India

Abstract

Vulvodynia is chronic intractable vulvar pain in the absence of any visible, physical finding or any objective abnormalities such as infections or dermatosis. Its duration is at least three months. It may be localized or generalized. Some co-morbidities are associated with vulvodynia but exact pathophysiology is unknown. Its incidence is around 3-15%.

Patients clinically presents with significant pain upon contact with vulvar vestibule. It's a neuropathic pain due to damage of pudendal nerve. Most cases are seen between 20-60 years of age. It's a diagnosis of exclusion. On physical examination women will have out of proportion pain to the pressure from touch of the cotton swab particularly in the area of 4 o'clock and 8 o'clock. Treatment modalities consist of behaviour modification, pelvic floor physical therapy, psychological intervention, medication, LASER therapy and surgery.

Laser therapy causes reduction in sexual pain and improved sexual satisfaction without excisional therapy. Laser promotes collagen remodeling without altering the macroscopic anatomy. Mechanism of pain slowly diminishes. Surgery is the last resort. Where modified vestibulectomy or local excision can be done.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

LINKING ADOLESCENT'S MENTAL, SEXUAL AND REPRODUCTIVE HEALTH – REAPING THE TRIPLE DIVIDEND

Megha Shandilya Shastri*Maharashtra University of Health Sciences, India*

Abstract

Adolescence is a phase of rapid growth and development during which physical, physiological and behavioural changes occur. They constitute more than 1.2 billion worldwide, and about 21% of Indian population. Morbidity and mortality occurring in this age group is mostly due to preventable causes. Young and growing children have poor knowledge and lack of awareness about physical and psychological changes that occurs during adolescence and the ill health affecting them. Existing Adolescent health programmes focus on rendering services like immunization, health education for sexual and reproductive health, nutritional education and supplementation, anemia control measures and counselling. Adolescent health programmes are fragmentary at present and there is no comprehensive programme addressing all the needs of adolescents. Access and availability of health care services are severely limited. Lack of accurate information, absence of proper guidance, parent's ignorance, lack of skills and insufficient services from health care delivery system are the major barriers. Interventions should focus on providing psychological and mental health services and behaviour change communication towards leading a healthy lifestyle, restricting advertisement related to junk food products, awareness creation about reproductive and sexual health, educating parents to prevent early marriage, teenage pregnancy and to counsel their children on nutrition and reproductive health. Universal coverage of Adolescent friendly clinics is highly recommended. To be cost effective, all health services addressing adolescent should come under single programme. This review is intended to create awareness among the stakeholders about the importance of strengthening adolescent health services in order to meet their felt needs.

Biography

Megha Shandilya Shastri has her expertise in evaluation and passion in improving the health and wellbeing of the patient with more than 14 years of experience in the field of OBGY. Presently she is working as a Sr. Consultant at WHC – Amar Jain Hospital, Vaishali, Jaipur, India. She is also a Sr. Consultant in 'SHE' Unit of Hope Hospital, Durgapura, Jaipur. Her open and contextual evaluation model, "SHE – SHE Heals Everything" is based on responsive constructivists creates new pathways for improving healthcare, especially for women. She has built this model after years of experience in research and evaluation. This model is based on providing all the best treatment modalities to a women by the women under the same roof. The basis of 'SHE' is to break the taboo for the women who does not seek for medical attention due to underlying social stigma. Along with this Dr. Megha is also a visiting consultant at Surya Hospitals and Cocoon Hospital, Jaipur. She is a Manyata and RAC (Respectful Abortion Care) Accessor and Trainer. She has also worked as Ex – Lecturer, Rajawadi Hospital, Mumbai. She also holds few important posts in National and State Chapter OBGY Member Societies and Conferences, namely - Member of JOGS (Jaipur of Obstetrics and Gynecology) in which she was a Joint Treasurer JOGS 2018 – 2019 , Treasurer of FOGSI National Conference Controversies in OBGY Jaipur , 2022 and Scientific Chairperson – West Zonal Yuva FOGSI Conference, Ranthambore , 2022. She is also a Life member ISAR (Indian Society Of Assisted Reproduction) and was a part Organizing Committee 8th Yuva ISAR Conference 2022, Jaipur. Also Life Member IMS (Indian Menopause Society) and a part of Organizing Committee – West Zone Conference Of Indian Menopause Society, Hosted By JMS, Jaipur 2022. Lastly a Life Member NARCHI (National Association For Reproductive And Child Health Of India. Presently holding a post of Joint Secretary NARCHI 2022 and onwards. She was also a part of Organizing Committee 8th Raj Endo Gynae Update, associated with NARCHI And AGESR Jaipur 2022. She has also been invited as a speaker in National & International Conferences. She also Won Best Paper On Vector Born Diseases In Pregnancy in WHCC, South Africa 2018.

PATIENT'S DISCLOSURE PREFERENCES WHEN HYPOTHETICALLY DIAGNOSED WITH A TERMINAL ILLNESS

Sharifah Alsayed

King Saud Bin Abdulaziz University for Health Science, Saudi Arabia

Abstract

Background & Aims: Breaking bad news to patients is a challenge for physicians, nurses, and other healthcare professionals in various clinical settings. This study aims to explore patients' preferences when being told about an emerging life-threatening terminal illness, such as cancer, and to determine specific factors that can affect individuals' responses upon the disclosure of the disease and its prognosis.

Methods: We employed a quantitative-cross sectional design using a convenient sample. A total number of 814 participants responded to an online survey invitation from four major cities in Saudi Arabia. Descriptive analysis was used to represent the socio-demographic characteristics of the participants, and the Chi-square (χ^2) test was performed to analyse the differences in the disclosure preferences.

Results: Most participants preferred to be directly informed about an emerging diagnosis (85.7%), wished to be with their family upon the disclosure of the disease (98.3%), and preferred to be actively involved in the decision-making and treatment plan. Female participants noted to be keener for a diagnosis disclosure than males $\chi^2(2) = 18.7, p < 0.01$, and the same observation seen in singles compared to married participants, $\chi^2(4) = 10.91, p < 0.05$.

Conclusion: This study investigated public responses and preferences when being told about a terminal medical diagnosis. Healthcare providers are advised to plan ahead and make a strategy to report bad news to lessen the psychological burden on patients and their families. Patients' Disclosure Preferences when hypothetically diagnosed with a Terminal Illness 2.

Biography

Sharifah Alsayed Chairperson of Assessment and Evaluation Unit & Assistant Professor, Med/Surge Nursing King Saud bin Abdulaziz University for Health Sciences, College of Nursing, Jeddah. She pursued her PhD. Of Nursing from the University of Sydney, Australia, 2016 and Master of Medical Education, College of Medicine, KSAU-HS, Saudi Arabia, 2022. She has Three years of experience as a staff nurse in Emergency room in KFSHRC, Riyadh. And Seven years of experience as an assistant professor in College of Nursing, KSAU-HS, Jeddah from 2016 until present. One year of experience as teaching assistant in Faculty of Nursing in King Saud University of Health Science in Jeddah. One year of experience as teaching assistance in College of Nursing, KSAU-HS, Jeddah.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

DEPRESSION AND ANXIETY AND THEIR ASSOCIATED FACTORS AMONG JORDANIAN ADOLESCENTS AND SYRIAN ADOLESCENT REFUGEES

Nemeh Ahmad Al-Akour

Jordan University of Science and Technology, Jordan

Abstract

Background: Mental health problems among children and adolescents have significantly increased over the last years in many countries around the world. Depression and anxiety are the most commonly noticed mental health problem within children who experienced stressful life events such as violence and war.

Objective: to determine the prevalence of depression and anxiety among Jordanian adolescents and Syrian adolescent refugees and determine their associated factors.

Methods: This cross-sectional study was conducted among adolescents, 13 to 18 years old, attending 16 public schools in the eight educational directorates in north of Jordan. A total of 80 classes were selected from 16 public schools. Of the total number of 1240 adolescents, 1166 (94%) adolescents agreed to participate in the study. Center for Epidemiological Studies-Depression Scale for Children (CES-DC), the Patient Health Questionnaire-9-Modified (PHQ-9-Modified) and Generalized Anxiety Disorder-7 (GAD-7) were used to assess depression and anxiety disorders.

Results: This study included a total of 1878 Jordanian adolescents and 1773 Syrian refugee adolescents. About 27.2% of Jordanian adolescents and 28.3% of Syrian adolescents had depression among males, about 17.6% of Jordanian adolescents and 19% of Syrian adolescents had moderate to severe anxiety. Among females, about 28.1% of Jordanian adolescents and 27.3% of Syrian adolescents had moderate to severe anxiety. Jordanian and Syrian female adolescents had higher odds of having depression symptoms. Not feeling safe, having high emotional symptoms, having peer relation problems, and having generalized anxiety were significantly associated with depression symptoms among Jordanian and Syrian adolescents.

Conclusions: Jordanian and Syrian adolescents had high rates of depression and anxiety. Emotional and psychosocial problems were associated with depression and anxiety symptoms among both groups.

Biography

Nemeh Al-Akour, Professor, Faculty of Nursing, Jordan University of Science and Technology, Irbid, Jordan. Professor Nemeh Al-Akour has her expertise in teaching undergraduate courses. She involved in evaluation the Bachelor of Science in Nursing and Master of Science in nursing programs at Faculty of Nursing/ (JUST). She has more than thirty publications on women and children health. 2006- 2008; 2013-2015: Acting Chair / Departments of Maternal and Child Health Nursing and Midwifery. 2010-2013: Acting Chair/ Department of Community and Mental Health Nursing. She pursued her Bachelor of Science Nursing, University of Jordan, Amman, Jordan in 1987, Master of Science in Nursing Villanova University, Pennsylvania, USA in 1996 and her Doctorate of Nursing, Science in Nursing Widener University, Pennsylvania, USA, Degree in 2003.

PERINATAL OUTCOME IN HIGH RISK PREGNANCIES

Amyna Ladak

Pakistan Medical and Dental Council, Pakistan

Abstract

Background: Pakistan is a developing country which has limited resources and is extremely high maternal and perinatal. 1 Set at more than 7% of Pakistani women, mainly from rural areas; do not receive antenatal treatment, which contributes directly towards the adverse outcome of the perinatal disease. Perinatal mortality is a delicate standard measure of treatment given to and for pregnant women. Approximately 2/3 of new born death occurs in the first week of life and within 1st hour of delivery, these two thirds are registered.

Objective: To determine the perinatal outcome of high-risk pregnancies, in terms of perinatal mortality, still birth, early neonatal death, Apgar score and birth weight.

Methods: Data were drawn from the April 2019 to September 2019 at Jinnah Medical and Dental College, Karachi. Two hundred and eighty-seven patients with high-risk pregnancies were included. The demographic information like maternal age, gestational age, parity, and perinatal outcome were recorded. Perinatal outcome was assessed in terms perinatal mortality, still birth, early neonatal death. Following delivery Apgar score was noted at 5 min and birth weight was measured.

Results: The mean maternal age and mean gestational age were 32.56 ± 3.91 years and 34.78 ± 3.05 weeks respectively. The high-risk pregnancies were found to be perinatal mortality 30 (10.5%), still birth 33 (11.5%), early neonatal death 27 (9.4%), Apgar score.

Conclusion: The high perinatal mortality rate and associated with adverse outcome were found.

Biography

Amyna Ladak has been working at United Medical and Dental College as a Lecturer with special interest towards community care. She has been volunteering at different camps in rural areas of her province. She has keen interest in providing basic antenatal, healthcare facilities to the people of her country. She has worked on this research paper as a junior doctor and counselled many females to get the basic healthcare needs. She has worked within her communities Healthcare institution during COVID-19 and maximized the vaccination drive.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

THE BARRIERS TO SUSTAINABLE NUTRITION FOR SUSTAINABLE HEALTH AMONG ZAYED UNIVERSITY STUDENTS IN THE UAE

Sharifa AlBlooshi

Zayed University, UAE

Abstract

Background: The detrimental effect of our current diets on our health is becoming increasingly apparent as diet-related illnesses affect more people every day, worldwide and in the UAE. Although many education programs have been conducted, these illnesses remain prevalent. Addressing this will not only result in better utilization of healthcare resources, but it can also improve people's quality of life.

Objective: This study aims to identify the barriers between knowledge and practice of sustainable healthy diets to achieve long-term health, among students of Zayed University in the United Arab Emirates.

Methods: This study is a quantitative descriptive cross-sectional study. It used a questionnaire as the measurement instrument. The sampling method is snowball sampling. The study population is Zayed University students aged 18 and above.

Results: The participants achieved a mean score of 5.6 out of 11 in nutritional knowledge, and a mean score of 3.4 out of 6 in healthy habits. The only barrier that significantly affected dietary habits was not knowing how to plan a diet ($p=0.025$). Accordingly, having good nutritional knowledge was significantly related to improved dietary habits ($p<0.001$). In addition, school curriculums ($p=0.004$), doing one's research ($p<0.001$), and social media ($p<0.001$) were significantly related to improved nutritional knowledge. The most commonly reported motivators for a healthier diet were "to keep their body healthy for a long time" and "to maintain a healthy weight" (72.6% and 70.1%, respectively).

Conclusion: Overall, among ZU students the most significant barrier to achieving sustainable healthy nutrition was lack of knowledge. Education methods such as school curriculums, individual research, and social media were effective. Topics such as how to plan a diet, how to keep the body healthy, and how to maintain a healthy weight are of general interest.

Biography

Sharifa Alblooshi is an Assistant Professor of Public Health and Nutrition at Zayed University, UAE. She received her Ph.D. in Public Health from the UAE University, UAE in 2017. She has around 20 years of leadership and 4 years of academic experience in Public Health and Nutrition in the UAE. Her research areas are mainly in Public Health and Nutrition: Vitamin D, Physical Activity, Diabetes Mellitus, and Obesity. She is a member of the Emirates Society for Nutrition (ESN), the Emirates Public Health Association, the American Society for Nutrition (ASN), and the Royal Society for Public Health (RSPH) - UK.

Day-2
Poster Presentations

NEURAL TUBE DEFECTS IN THE CZECH REPUBLIC: INCIDENCE, PRENATAL DIAGNOSTICS AND SEX RATIO

Antonin Sipek

Thomayer University Hospital, Czech Republic

Abstract

Objectives: Neural tube defects (NTD) are an important group of congenital anomalies of the central nervous system. A lot of these structural anomalies are associated with important neurological impairment and generally, the NTDs are an important cause of neonatal mortality and morbidity. The analysis of incidences of NTDs is important for evaluating the effects of primary prevention (like folic acid usage) and ultrasound screenings. We present a retrospective long-term study of population incidences of the main group of NTDs with a focus on changes in prenatal diagnostics of these anomalies.

Methods: We have used the official data from the National Registry of Congenital Anomalies of the Czech Republic. This registry is a part of the National Registry of Reproductive health, which is run by the Institute for Health Information and Statistics of the Czech Republic. The registration process is population-wide and compulsory by national law. For our study, we have used the data for the 1961-2020 time period. The analysed diagnoses were: anencephaly, encephalocele and spina bifida. We analysed the absolute and relative incidences of these anomalies and the percentage of prenatally and postnatally diagnosed cases.

Results: During the study period, there were 2521 cases of anencephaly, 3391 cases of spina bifida, and 704 cases of encephalocele. For anencephaly, 1456 cases were diagnosed at birth and 1065 cases were diagnosed prenatally (and pregnancies were electively terminated). For spina bifida, 2451 cases were diagnosed in born children and 940 cases were prenatally diagnosed. For the encephalocele, there were 390 cases in born children and 314 in prenatal diagnostics. Prenatal diagnostics significantly lowered the number of cases in births in all three diagnoses. During the last three decades we can also observe the switch in the sex ratios. The originally observed (significantly) higher frequency of females disappeared during the 90ths of the last century and later the differences in the sex ratio are not significant anymore.

Discussion and Conclusion: NTDs are reported in our registry from its very beginning in the 60ties of the last century. Therefore, we were able to do long-term analysis of the incidences and their trends. The major factor which affected the incidences of NTDs diagnosed in born children was surely the implementation of ultrasound prenatal examination. Sadly, we cannot provide detailed information about folic acid usage (and its effect) as these data are not available on the population level in our medical registries. Supported by Ministry of Health, Czech Republic – conceptual development of research organization (Thomayer University Hospital - TUH, 00064190)

Biography

Antonín Šípek M.D. - works as a clinical geneticist and his area of interest, in addition of his clinical work, is the epidemiology of birth defects. He is the head of the National Registry of Birth Defects in the Czech Republic. He has been working on this issue for more than 35 years. He worked on a number of research projects on the incidence of birth defects, prenatal diagnosis and other associated bio-social factors. The results of his work became an important factor for evaluating the quality of health care in the Czech Republic.

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PREVALENCE OF UTERINE CERVICAL CANCER PROGRESSIVE AND PERSISTENT DISEASE AMONG PATIENTS TREATED WITH CHEMO-RADIATION AT OCEAN ROAD CANCER INSTITUTE

Faraja Kiwanga

Ocean Road Cancer Institute, Tanzania

Abstract

Background: Uterine cervical cancer is the second most commonly diagnosed cancer and third leading cause of cancer death among women in less developed countries. It remains the most common cancer of public health concern in women in Eastern and Middle Africa, Tanzania inclusive. At Ocean Road Cancer Institute (ORCI), it is the leading diagnosis for all malignancies. Though progressive and persistent cancer of cervix post treatment is a major problem at the Institute, exact data on the trends is desperately needed.

Objective: To determine prevalence of progressive and persistent cervical cancer disease among patients treated with chemo-radiation at Ocean Road Cancer Institute (ORCI).

Materials and Methods: A descriptive cross-sectional study was conducted in January through December 2014 at OCRI based in Dar es Salaam. Two-hundred thirty-nine women with uterine cervical cancer disease meeting the predetermined inclusion criteria were included in the study. Retrospective secondary data obtained from the patients' medical files were filled into a well-structured data collection form, and were compiled and analysed using statistical package for social sciences (SPSS) software version 21. A p-value of < 0.05 was considered significant.

Results: About half of the 239 patients studied were 45-67 years old. Approximately, 43.9% patients were referred to ORCI with International Federation of Gynecologist and Obstetric (FIGO) disease stage IIB. Progressive disease was seen in 43(18%) patients while persistent disease was observed in 111(46.4%) patients. Progressive disease rate was significantly associated with hemoglobin (Hb) level before therapy and time taken from the diagnosis of the patient to initiation of therapy. Moreover, persistent disease rate was significantly associated with tumor volume, mid-therapy Hb level, overall treatment time, the use of weekly concurrent chemo-radiation and radiotherapy waiting time post diagnosis.

Conclusion and Recommendations: This study found that uterine cervical cancer progressive disease had significant association with increased waiting time from the diagnosis of the patient to initiation of therapy and advanced disease stage. Moreover, Uterine cervical cancer persistent disease had significant association with increased waiting time from the diagnosis of the patient to initiation of therapy, lower level of mid-therapy hemoglobin and use of concurrent chemo radiation. Due to high rate of progressive disease found, this can be addressed by early referral to consultant hospital, as well as improving infrastructure and equipments used for cancer treatment. However the prevalence of persistent disease can be intervened by correction of anemia during the course of the therapy, use of concurrent chemo radiation, and giving adequate doses in a proper time.

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November 14-15, 2022 | City Seasons Suites, Dubai, UAE

Biography

Faraja Kiwanga, MD is a Consultant Clinical Oncologist providing professional oncology services at the National Cancer Institute - Ocean Road Cancer Institute (ORCI) in Tanzania, United Republic. She has extensive experience in Oncology where she attend new cancer patients visiting ORCI clinic, conduct major ward rounds, disseminate cancer knowledge by teaching post graduate students through clinical rotations and bedside teachings, attend cervical cancer patients receiving Intracavitary Brachytherapy, conduct CT simulation to new cancer patient receiving radiotherapy, conduct contouring to new cancer patients receiving radiotherapy at 3 DCRT, participate in continuous medical education (CME) and NPPC, participate in quality assurance meetings and grand rounds. She has received her Master of Medicine (MMed -2019) in Clinical Oncology and her bachelor of Doctor of Medicine (MD -2008) from Muhimbili University of Health and Allied Sciences (MUHAS). She has participated in the High dose rate brachytherapy 3D training conducted by IEAE, participated and completed the Regional (AFRA) Training Course on Optimizing 3D conformal Radiotherapy for English speaking countries conducted by IAEA. She participated in the training course of Paediatric palliative care conducted by Diana Princess of Wales Memorial Fund. Her research interests are on Gynaecological malignancies, head and neck malignancies, cancer prevention and palliative care. She has authored and co-authored and involved in developing palliative care curriculum. She has participated in different international conferences such as the European Society of Medical Oncology congress in Paris, France September 2022, 17th World research Congress of the European Association of Palliative Care held in Bern, Switzerland, 15th World Congress of the European Association of Palliative care in Madrid, Spain, the 5th International African Palliative Care Conference held in Kampala, Uganda, 12th International Conference of the Asian Clinical Oncology Society (ACOS) in New Delhi- India, symposium on Cervical Cancer in sub-Saharan Africa, held in Mbeya-Tanzania. She is a member of European Association of Medical oncology (ESMO), Tanzania oncology Society(TOS), International association of Hospice and Palliative care (IAHPC), involved in developing the Tanzania National Cancer Treatment Guideline. Currently, she is the acting Manager at Health Insurance clinic of Ocean road cancer institute. Faraja is the recipient of the 2021 quarter three Ocean Road Cancer Institute award as the best employee. She is married and her husband is Global and Public health Specialist. They have three children aged 9 to 13 years.

Virtual Day-1
Keynote Presentations

TITANIUM MESH-IMPLANTS IN LAPAROSCOPIC CORRECTION OF APICAL PROLAPSE

Ailar Assambayeva

I.M. Sechenov First Moscow State Medical, Russia

Abstract

Apical prolapse is one of the most significant issues of modern gynecology. The main cause of apical prolapse is weakening and/or defect, injury of the ligaments of the uterus. Surgery is the most effective method for correction of this pathology. The use of synthetic materials (polypropylene, mersilene, etc.) contributed to an increase in the efficiency of operations, but at the same time led to the emergence of another problem - mesh-associated complications, which dictates the need to use more inert endoprostheses compatible with human tissues.

After 1,3,6,12,24 months in 38 patients aged from 29 to 76 years with apical prolapse of the internal genitalia of III-IV degree we have conducted a comprehensive clinical examination, surgical treatment and outpatient follow-up

In order to correct apical prolapse, a three-stage organ-preserving surgical program by laparo-vaginal approach was developed and implemented. The first stage was bilateral subperitoneal hysterossuspension (n=17), cervicosuspension (n=13), colposuspension (n=8) using tape-shaped titanium mesh implants. The second stage is the reposition of the uterus, cervical stump or vaginal dome with fixation of the peripheral ends of the tape-shaped titanium implants over the aponeurosis. The third stage is the strengthening of the pelvic floor (colpoperineolevathoroplasty).

During 1 month after surgery, 18 (47,3%) patients had irregular pulling pains in the lower abdomen and perineum, 6 (15,7%) - increased urge to urinate.

Questioning-survey of patients showed satisfaction with the results of surgical treatment, which had a positive effect on the quality of life, mood, and contributed to an increase in the social and sexual activity of women. In the late postoperative period, gynecological examination at rest and during Valsalva maneuver, transperineal and transvaginal echography no displacement of the pelvic organs was detected, and there were no mesh-associated complications.

Laparoscopic bilateral subperitoneal hystero-, cervico-, colposuspension to aponeurosis using titanium mesh tape-like implants contributes to an increase in the effectiveness of surgical treatment of various forms and degrees of severity of apical prolapse.

Biography

Ailar Assambayeva is currently working as a senior laboratory assistant in the department of Obstetrics and Gynecology #1 of I.M. Sechenov First Moscow State Medical University (Sechenov University). In 2021 she graduated with honor faculty of "Future Medicine" in Sechenov University. She is an intrapreneur in the sphere of professional communication Diploma (2020). She is a winner at the IV All-Russian Conference of Young Scientists with International Participation "Women's Health in the 21st Century" (2020) and winner of the Science4health conference at People's Friendship University of Russia (2021). Participation in international programs: • Internship in France, Angers, Vascular medicine in 2018; • Internship in Malaysia, Penang, Department of Endocrinology in 2018 and 2019; • Internship in Malaysia, Penang, Department of Obstetrics and Gynecology 2018 and 2019; • Internship in China, Harbin, Department of Cardiology in 2019. By area from Sechenov University. Currently Assambayeva Ailar is resident and PhD student in the department of Obstetrics and Gynecology #1 of I.M. Sechenov First Moscow State Medical University at the Clinical Center of Motherhood and Childhood in Moscow.

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PLACENTA ACCRETA SPECTRUM: DIAGNOSTIC AND MANAGEMENT DILEMMAS IN LOW RESOURCE SETTING

Archana Kumari

Rajendra Institute of Medical Sciences, India

Abstract

The term 'placenta accreta' has been used to describe a single pathological entity, as well as a generic term for the disease spectrum. Risk factors for placenta accreta spectrum (PAS) include advanced maternal age, multiparity, Cesarean section, Placenta previa, prior history of uterine curettage. With increase in caesarean rates, placenta accreta spectrum disorders have also increased and have become important cause of maternal and fetal morbidity and mortality. Women in developing countries are more likely to die from PAS because of the lack of access to prenatal diagnosis and intensive care facilities.

Ultrasound with color Doppler is the diagnostic tool for PAS. However, pregnant women in low resource settings may not have access to screening USGs and the placental location is not always assessed by qualified and experienced radiologists. Due to these factors, PAS are often diagnosed only during intrapartum period.

Clinical and surgical risk factors remain crucial to risk stratification in low resource settings. PAS should always be anticipated in women with multiple cesareans or previous cesarean with previa. Women with clinical risk factors should have ultrasound by experienced provider and should be counselled for delivery at tertiary centres with multidisciplinary team for management and facilities for massive blood transfusion. After vaginal delivery, inability to remove placenta manually or increased bleeding should raise the suspicion of undiagnosed placenta accreta. Diagnosis during cesarean is easier in that invasion is visualized easily and directly. Regardless of intraoperative diagnosis, emergency cesarean hysterectomy without attempt to remove placenta by an experienced obstetrician with multidisciplinary approach involving activation of blood bank and anesthesia team helps in reducing morbidity and mortality. Time-ly referral to tertiary centre is equally important in reducing morbidity and mortality.

Biography

Archana Kumari is a passionate teacher with a teaching experience of 17 years who believes in imparting not only knowledge and skills but more importantly inculcating attitude, ethics and communication skills to medical students and resident doctors. She has special interest in obstetrics, quality improvement and medical education technologies. She has contributed substantially in improving the quality of services in medical colleges, public and private hospitals by imparting training and capacity building. Being the master trainer, has the credit of training more than 100 doctors working in remote areas in providing comprehensive emergency obstetric and newborn care & saving maternal lives. As a Member of Covid Task force in RIMS -worked relentlessly and selflessly to continue to provide respectful maternity care and emergency obstetric services to women of Jharkhand. She has been awarded FICOG and has many other accolades.

GYNECOLOGY & OBSTETRICS

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THE NEED FOR DISEASE

Atul Kumar Mehra

Jaagran Psychoanalysis and Wellness Centre, Canada

Abstract

Behave yourself, or I will give you, my cancer. How crazy and funny this sentence would sound if it were spoken even once in everyday life. We want to live a healthy life. What exactly is health? You might say being free from illness, injury, or pain. Was the person healthy, who never smoked nor drank, had healthy eating habits, and cared for his health in all possible ways, but died at age 40 of a heart attack? The word health originates from the old English word "Hal," meaning wholeness or total and not divided. We cannot love ourselves in parts. It is ridiculous to say that I love my right arm more than my left or that my right leg is better than my left eye. I was born with all my body parts, organs, cells, thoughts, sentiments, and emotions. Everything that happens within me can be considered my "Self or Being." If I lack something in me, I have a deficit; this opens an opportunity for something else to take its place. Life cannot be planned rationally in terms of a disease. For instance, no one consciously sets out to acquire diabetes at age 15, multiple sclerosis at age 25, cancer at age 30, and then death at age 32, yet we know of loved ones or friends who have been affected by these illnesses resulting in death at an early age. Who is responsible? Recognizing that we create our disease and knowing the origin is on a deeper level can give us hope that there is a way to restore our health and wellbeing if we choose to accept this. Whether it is cancer, diabetes, dealing anxiety or any physical or mental disorder, the person creates it, by himself, on an unconscious level. The presence of disease in somebody's life is always considered harmful, no matter what. Today I would like to share something out of the box. I have been exhausted listening to the different conditional health definitions. The disease is unkind, and I completely support this idea; in other words, when you are sick, it is essential to go to the doctor for medical treatment because it may be necessary. As the symptoms are being relieved, I recommend taking this opportunity to recognize the work has just started and begin to be curious on a deeper level about the disease process.

Biography

A World-renowned writer, lecturer, and Registered Psychotherapist, Atul Kumar Mehra, originated the topic "The Need for Disease." He examines our relationship with illness and how we are more responsible for it than we think. Atul is the Director of the Jaagran Psychoanalysis and Wellness Center. He has worked with thousands of clients with mental health issues from simple anxiety to psychosis and everything in between for over 20 years. He has appeared as a guest speaker on hundreds of TV and radio shows in different languages; among his significant achievements are his studies in Analytical Hypnotherapy (Integrative therapy of in-depth psychology) from Meersburg, Germany.

Virtual Day-1
Oral Presentations

CAN NURSES STOP UNEXPECTED DEATH IN THE WARD?

Adel Ekladious

University of Western Australia, Australia

Abstract

In this session I will present one of my patients who changed my practice because of his sudden unexpected death because of my unfamiliarity with the sudden unexpected death in epilepsy. After I reviewed the literature, I found that the American academy of neurology had stated that every family of epilepsy patient should be counselled about the expectation of unexpected death in epilepsy. Just some thoughts about the topic before presenting the case: Sudden Death in the hospital settings Sudden death in the hospital is not uncommon and should be expected any time and prepared. Therefore, each patient must have advanced future care plan in case his health deteriorated, in addition to ceiling of management. The majority of the patients with comorbidity usually chooses conservative management. This could help the medical workforce including nursing staff, and usually medical emergency team call unlimited, and the patients perhaps pass away in dignity and comfortable. The patient also will be surrounded by his family and loved ones. It's also saving cost of resources and time. In regard to the most common causes of sudden expected death are arrhythmia, cardiogenic shock, massive pulmonary embolism, massive haemorrhagic, ischaemic stroke, severe sepsis and disseminated malignancy. Sudden unexpected death in the hospital is a form of a disaster to the patient, the family and the medical team. Family has to live in sadness for a long time. These kind of complain against the medical team including nursing staff and the medical team will have determined low moral for some time. The investigation will take time and exhausting efforts to reach a root cause analysis for the unexpected death and the health service might end compensating the family for the sudden unexpected death. After I reviewed the literature, I found that the American academy of neurology had stated that every family of epilepsy patient should be counselled about the expectation of unexpected death in epilepsy.

Biography

Adel Ekladious is clinical associate of medicine University of Western Australia, and a senior staff specialist at Royal Hobart Hospital, Tasmania, Australia. He is a fellow of Australasian College of physician, Royal college of Physician of London, Royal college of Physician of Glasgo, Royal college of physician Ireland, and American college of physician. He serviced as a director and head department of medicine two times in his career in addition to director of liver services in Gray Base hospital in New Zealand. He also serviced as a director me medical education and physician training. Professor Ekladious had been trained in New Zealand and London. Professor Ekladious has published 100 papers in peer reviewed journals, he is an editor in chief in fuel journal. He's main research in pulmonary hypertension, stoke, chronic hepatitis, acute liver failure, rare diseases, and quality assurance and chronic heart failure.

A CASE REPORT OF HYPEREMESIS GRAVIDARUM COMBINED WITH LIVER RUPTURE

Yindi Wang and Rubin Li

First Affiliated Hospital of Baotou Medical College, Inner Mongolia University of Science and Technology, Baotou, China

Abstract

Background: Spontaneous hepatic rupture in pregnancy is a very serious and rare complication of hypertension in pregnancy. It often occurs suddenly after HELLP syndrome triggered by preeclampsia and is associated with low morbidity and high mortality. The pathophysiology involves vasospasm due to increased concentration and sensitivity of circulating vasopressin during pregnancy. This report summarizes a case of severe hypertension in which liver rupture was discovered during cesarean section. The patient was discharged after multidisciplinary surgical treatment. This case demonstrates that clinicians should be vigilant for suspected clinical disorders.

Case: We searched all past literature on hypertensive disorders of pregnancy combined with liver rupture to collect information about maternal characteristics, clinical presentation, diagnostic studies, treatment modalities, and maternal and infant outcomes.

Discussion: Hepatic rupture is a very aggressive category of complications in combined pre-eclampsia and HELLP syndrome of pregnancy. There is no clear diagnostic principle or diagnostic basis for this condition. We summarized all the past literature related to hepatic rupture in combined hypertension in pregnancy and found that surgery was the only option that improved the survival rate in such patients, and aggressive laparotomy and surgical intervention were very effective treatments.

Conclusion: Spontaneous hepatic rupture in pregnancy is a disease that poses a significant challenge to clinicians both in terms of diagnosis and treatment. Surgical intervention is necessary in mothers who have had hepatic rupture, and the choice of surgical approach must be further explored.

Biography

Yindi Wang is a postgraduate student pursuing a master's degree. She specializes in surgery. During her postgraduate studies, she was led by her supervisor to see many types of surgical emergencies and collaborated with her supervisor to perform various surgical procedures. She is good at finding and summarizing all kinds of difficult cases and exploring their causes. She also emphasizes the connection and cooperation between surgery and other disciplines. At the same time, she pays attention to the training and cultivation of clinical operation skills. During the nearly one year of internship, she has developed solid and proficient professional skills and gained a lot of clinical experience; her theoretical knowledge and practice have been deepened and understood.

CORRELATIONS BETWEEN PARAMETERS OF GLYCAEMIC VARIABILITY AND FOETAL GROWTH, NEONATAL HYPOGLYCAEMIA AND HYPERBILIRUBINEMIA IN WOMEN WITH GESTATIONAL DIABETES

Immacolata Blasi

Azienda USL-IRCCS di Reggio Emilia, Italy

Abstract

Background: Gestational diabetes mellitus (GDM) increases the risk of maternal and neonatal complications. Its diagnosis is important to help health care providers to manage the health of mothers and newborns.

Objective: To investigate the feasibility of parameters of glycaemic variability to predict neonatal complications in women with GDM.

Methods: A retrospective study was conducted on pregnant women tested positive at the oral glucose tolerance test (OGTT) during 16-18 or 24-28 weeks of gestation. Glycaemic measures were extracted from patients' glucometers and expanded to obtain parameters of glycaemic variability. Data on pregnancy outcomes were obtained from clinical folders. Descriptive group-level analysis was used to assess trends in glycaemic measures and foetal outcomes.

Results: Twelve patients were included and analyzed, accounting for 111 weeks of observations. The analysis of trends in parameters of glycaemic variability showed spikes of glycaemic mean, high blood glucose index and J-index at 30-31 weeks of gestation for cases with foetal macrosomia, defined as foetal growth >90^o percentile, neonatal hypoglycaemia and hyperbilirubinemia.

Conclusion: Specific trends in parameters of glycaemic variability observed at third trimester correlate with foetal outcomes. Further research is awaited to provide evidence that monitoring of glycaemic variability trends could be more clinically informative and useful than standard glycaemic checks to manage women with GDM at delivery.

Biography

Immacolata Blasi is a more than fifteen-years experienced clinician specialized in Obstetrics and Gynecology, working at the Department of Obstetrics and Gynecology at Azienda USL-IRCCS in Reggio Emilia, Italy. During residence, Dr. Blasi attended the Department of Obstetrics at Virchow Klinikum in Berlin, in Germany, and the Department of Obstetrics and Gynecology at the University Western Ontario, London, Ontario, Canada. Her clinical expertise involves monitoring women with pregnancies at risk of complications, and fetal growth. She authored several publications and is a member of the main representative national societies of sector. Her main research interest includes gestational diabetes, neonatal malformations, obesity in pregnant women, and parameters of glycaemic variability.

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A SNAPSHOT OF EMERGENCY CAESAREAN SECTION AT A DISTRICT GENERAL HOSPITAL

Bushra Zahid Saeed*The Princess Alexandra Hospital NHS Trust, United Kingdom*

Abstract

Introduction: According to WHO, caesarean section rate continues to rise globally. Currently it is more than 1 in 5 (21%) of all childbirths. It will continue to increase over the coming decades, with a third (29%) of all births likely to take place by caesarean section by 2030. Our aim was to assess the local trend of indications of emergency caesarean section (EMCS). Method It was a retrospective study. A total of 70 women had EMCS in October 2021. 58 case notes were randomly selected to review. Data was collected from maternity database. We looked into EMCS Category and indications, spontaneous labour versus Induction of labour (IOL), use of oxytocin infusion and intravenous antibiotics, CTG sticker during labour and at decision of EMCS, and neonatal admission. Results Majority of the women underwent category 2 caesarean section (57%), followed by category 3 (22%) and category 1 (21%). Most common reason was suboptimal progress in labour (19%), and then foetal distress on CTG (15%), prolonged deceleration not recovering (13%), undiagnosed breech in labour (11%), unsuccessful IOL (9%), booked elective Caesarean presented in established labour (9%), growth concerns/unprovoked decelerations (7%), chorioamnionitis (7%), tokophobia (4%), placental abruption, cord prolapse, severe PET 2% each. CTG stickers during labour were used in 48% cases and only 31% had them prior to decision for delivery. 44% patients presented in spontaneous labour and 46% were induced. 32% patients needed oxytocin infusion and 10% had intravenous antibiotics. Full dilatation EMCS were performed in 10% cases and 9% required neonatal admission. EMCS were performed under spinal/epidural in majority of the patients and only 10% had general anaesthesia. Conclusion Our study showed that total number of births in October 2021 were 367; out of which 19% underwent EMCS, mainly due to suboptimal progress and foetal distress. EMCS rate was 46% for IOL and 44% for spontaneous labour indicating that induction did not increase caesarean section rate. Recommendations for proper documentation of EMCS indication and CTG analysis, regular CTG training sessions to improve CTG interpretation, and educational workshops that engages women in childbirth preparations and psychosocial support were made.

Biography

Bushra Zahid Saeed is British trainee at the East of England Deanery, Cambridge, United Kingdom and is working as a year 7 speciality training (ST 7) in the department of Gynaecology and obstetrics at Princess Alexandra Hospital Harlow Essex. She has previously worked at the world renowned Addenbrookes University Hospital in Cambridge which is associated teaching hospital of university of Cambridge. Bushra was awarded the membership of Royal College of Obstetrics and Gynaecology (RCOG) after successfully passing her MRCOG Examination. She is member of British Society for Gynaecological Endoscopy (BSGE), London, United Kingdom. Bushra has extensively presented her scientific work in national and international conferences and has published her scientific work in the peer review journals. She has a passion for teaching and has acted as the mentor to the junior speciality trainees from East of England deanery training program in Cambridge. Bushra speaks as a faculty member at national meetings in the UK. She has delivered lectures at numerous MRCOG preparation courses in the United Kingdom. She is faculty member at Basic Surgical Skills Course at Royal College of Obstetrics and Gynaecology (RCOG) and the British Society for Gynaecological Endoscopy (BSGE) and Registrars in Gynaecological Surgery (RIGs) Hub National Training programme. Bushra's specialist interest is open and laparoscopic benign gynaecological surgery, and advance Labour ward Practices. She believes in providing world class care to her patients, the care, which is effective, safe and tailored to patient's individual needs. Bushra is passionate about Health for all, patient safety, her family and travelling.

GYNECOLOGY & OBSTETRICS

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SONOGRAPHIC EVALUATION OF ANTENATAL UMBILICAL COILING INDEX IN ASSOCIATION WITH ADVERSE PREGNANCY OUTCOMES: A PROSPECTIVE COHORT STUDY

Nabnita Patnaik

All India Institute of Medical Sciences, India

Abstract

Background: Abnormal umbilical cord coiling has been associated with adverse neonatal outcomes such as preterm births, interventional deliveries, low birth weight etc. but the etiology of these findings remains poorly characterized with lesser evidence in Asian population.

Objective: To explore associations of antenatal umbilical coiling index (aUCI) with perinatal and fetal outcomes and provide the magnitude of risk.

Methods: Women with singleton pregnancies were recruited at their second-trimester scan at Apollo Hospitals, Hyderabad. Images of the umbilical cord were used to calculate the aUCI. Pregnancy and birth outcomes were recorded and statistical associations between aUCI and the outcomes were recorded (n=1200).

Results: A total of 1242 were recruited from November 2019 to August 2020 of which 1200 participants could be followed up post-delivery of the baby. Within the entire study population, hypocoiling was associated with preterm births (OR=2.87(1.85–4.45)) and intra-uterine growth retardation (IUGR) (OR=1.66(1.31–5.41)) while hypercoiling was significantly associated with abnormal FHR (OR=1.88(1.21 – 2.94)), meconium stained liquor (OR=1.71(1.11 – 2.61)), LSCS (OR=2.05(1.40 – 2.99)) as well as with adverse fetal outcomes such as LBW (2.28(1.47 – 3.55)), IUGR (14.31(9.33 – 21.94)) and admission to NICU (OR=3.26(2.20 – 4.82)).

Conclusion: aUCI as a factor can prove as an important diagnostic tool to predict adverse perinatal and fetal outcomes which would decrease the incidences of the perinatal morbidity. However, further research is essential with increased sample size, adjusting for other confounders and diverse population group to implement the same in clinical practice.

Biography

Nabnita Patnaik has done her MBBS from MKCG Medical college Berhampur, Odisha, followed by M.D in Obstetrics and Gynaecology from S.C.B Medical College and Hospital, Cuttack, Odisha. She has 18 years of teaching and research experience. She has got many papers and publications to her credit and has presented them in National and Regional conferences. Her special interests are high risk pregnancies, infertility and clinical research. She is presently working as Additional Professor & Head in Department of OBG in All India Institute of Medical Sciences, Bibinagar, Hyderabad.

INTEGRATING THE EMBODIMENT-PROJECTION-ROLE PARADIGM TO DEVELOP AND IMPLEMENT A TWO-HOUR-WORKSHOP FOR STRESS MANAGEMENT AMONG NURSES

Maria Velana

Leibniz Research Centre for Working Environment and Human Factors at the Technical University Dortmund, Germany

Abstract

Background: Nowadays, nurses experience unprecedented amounts of pressure due to the ongoing global health challenges. Enhancing nurses' coping resources is a key issue facing many healthcare institutions, especially, during the COVID-19 era. Creative modalities, such as techniques deriving from mindfulness-based cognitive therapy and yoga, have been long recognized to improve nurses' mental health. However, less is known about the use of a therapeutic framework that helps the unconscious to become known and may serve as an effective coping process to deal with job-related stress.

Objective: The present study therefore employed the Embodiment-Projection-Role (EPR) Paradigm to develop and deliver a theory-driven workshop that aims at encouraging nurses to perceive stress and coping resources through dramatic play.

Methods: According to EPR, the workshop was divided in sensory movement activities (embodiment), painting and modeling (projection), and storytelling and role play (role). Furthermore, the session included warm-up activities, relaxation exercises, such as breathing and imaginary meditation, and closing activities. Nurses who work at the German University Hospital of Oldenburg, were invited to take part in a single-session workshop. The nurses had the opportunity to express themselves in a value-free environment and explore relaxation techniques founded on core therapeutic principles. The effects of the above-mentioned workshop were evaluated via self-report questionnaires.

Conclusion: The integration of EPR paradigm into health prevention programs may be an effective method to teach relaxation techniques and stimulate participants' inner resources through shared stories and experiences. Hence, future studies could motivate fruitful research directions by embracing EPR in long-term interventions for stress management.

Biography

Maria Velana is psychologist with two master's degrees, namely MSc (Hons) in Applied Public Health and, MA (Hons) in Physical Activity and Health. In July 2019, she completed her doctoral degree in human biology (Hons) at the Medical Faculty of Ulm University, Ulm (Germany). During the PhD program she investigated the influence of emotions on pain experience and physiological responses under experimental pain induction and how these findings can be employed in clinical settings so as to advance treatments for acute pain. Since November 2019, she works as Postdoctoral researcher in the Department of Ergonomics at IfADo. In the frame of project "Digital Angel" Dr. Velana is responsible for the development, implementation and evaluation of preventive interventions that aim to enhance mental healthcare among nurses in German clinics and reduce their job-related stress by increasing psychological well-being, and creating supportive working conditions.

***Virtual Day-1
Poster Presentations***

TOXIC SHOCK SYNDROME AS A RESULT OF GROUP A STREPTOCOCCUS INFECTION

Lara Strakian

Campbelltown Hospital, Australia

Abstract

Background: A 37-year-old woman, mother of 3, presented to our emergency department in septic shock developing over a few hours. She required 2 laparotomies within a 24-hour period, culminating in a subtotal hysterectomy with bilateral salpingectomy due to a necrotic uterus. The blood culture revealed Group A Streptococcus pyogenes (GAS). She further deteriorated with multiorgan involvement including kidney failure requiring dialysis, necrotizing fasciitis, disseminated intravascular coagulation, ischemic limb (related to high dose of vasopressors) requiring amputation and critical illness poly myopathy.

Objective: To raise the awareness about GAS related toxic shock syndrome (TSS) as a high index of suspicion is required to diagnose this rare, but potentially fatal infection.

Methods: This was obtained from studying and analyzing a single case that was under the care of multidisciplinary team in our hospital involving obstetrics & gynecology, medical, surgical, renal, urology, intensive care unit, infectious diseases, orthopedic and vascular teams.

Results: GAS infection can occur in the absence of significant medical, surgical and gynecological history and in otherwise healthy young individual as in this case. Although the incidence of GAS is highest in adults more than 50 years of age, there has been a reported increase in the incidence of invasive GAS infection among 20-35 years of age which has been attributed to either pregnancy associated GAS or deep infection at the site of blunt trauma or muscle injury without a clear portal of entry.

Conclusion: GAS infection can result in fulminant complications with high rate of mortality and morbidity. Its incidence is 20% higher in pregnant than nonpregnant or postpartum women. Thus, prompt intervention with aggressive resuscitation in a multi-disciplinary team approach is mandatory.

Biography

Lara Strakian is Obstetrics and Gynaecology registrar working at Campbelltown Hospital in Sydney/ Australia for the last two and half years. Lara is a graduate of Basrah Medical College in Iraq (2011) and she has been practicing medicine since then. Lara also has a Graduate Diploma Degree in International Public Health from UNSW (2018). Her ultimate goal is to become a fellow of RANZCOG. Lara has a special career interest in high-risk pregnancies and publishing about the related cases.

IMPACT OF VACCINATION OF PREGNANT WOMEN WITH IMMUNOADJUVANT INFLUENZA VACCINE IN THE ANTENATAL AND EARLY POSTNATAL PERIODS OF CHILDREN' DEVELOPMENT

Kostinov M.P.

Sechenov University, Russia

Abstract

Background: Assessment of vaccination safety is one of the priorities for practical health care, and especially for vaccines developed with the use of new technologies.

Objective: To study the parameters of physical and functional development of fetus and neuropsychic development (NPD) of children in the first 6 months of life born to mothers vaccinated against influenza during pregnancy.

Methods: Fetometric (ultrasound) examinations, indicators of embryogenesis (AFP, hCG, TBG), functional and morphological maturity of newborns (Apgar scale) were assessed, neurosonography and ultrasound of heart were performed. At 6 months in children main indicators of physical development were determined. Vaccination was carried out in the II and III trimesters of pregnancy using the vaccine "Grippol plus" (LLC FC "Petrovax") (I group, n=50) based on the technology of complexing antigens of influenza virus with a polymeric water-soluble high-molecular immunoadjuvant (Polyoxidonium). This allows to reduce the content of hemagglutinin (HA) of each strain in the vaccine by 3 times (up to 5 µg) compared with the subunit non-adjuvanted analogue Agrippal S1 (II group, n=48), placebo group (III group, n=41).

Results: It has been shown that immunization of pregnant women has not caused changes in the fetometric parameters of intrauterine development, fetoplacental system, functioning of trophoblast. Fetus development hasn't differed from those in placebo group. The number of children with Apgar scores of 8-9 points met with a similar frequency in groups I(87.5%), II(80.9%) and III(94.3%). Indicators of NPD in children of the first 6 months from vaccinated mothers did not differ significantly from those obtained in placebo-controlled infants and amounted to 83.3%(I gr.), 78.6%(II gr.) and 77.1%(III gr.) (p>0.05).

Conclusion: Administration of the immunoadjuvant vaccine to pregnant women does not cause disturbances in their metabolic homeostasis, hormonal profile, as in physical and neuropsychic development in children during the first 6 months of life.

Biography

Mikhail Kostinov on the basis of large-scale researches devoted to the creation of highly effective vaccination technologies against infectious diseases of people from various risk groups, developed a system for managing the practical skills of medical personnel, that was presented at scientific and practical conferences and various information media resources, and made it possible to solve the tasks of vaccine prophylaxis in the framework of the National Immunization Schedule. He created and developed an innovative approach to the use of vaccination in obstetrics, substantiating in detail and demonstrating the safety of immunization of pregnant women against influenza, which was reflected in the National Immunization Schedule approved in 2014. He was the first to reveal molecular and cellular mechanisms of action of the immunoadjuvant influenza vaccine, that was later reflected in the International Guidelines for the Assessment of the Safety and Immunogenicity of Influenza Vaccines (2019). He tested and proved the effectiveness of the vaccine mock-up as the basis for future "anti-pandemic" influenza vaccines. Scientifically substantiated and developed a program of sequential vaccination against pneumococcal infection to provide prolonged protection and improve the quality of life of patients with comorbid diseases using conjugate and polysaccharide vaccines (international study). For the first time, he raised the issue of the need to reorganize the adult vaccination system in Russia and developed a new immunization tactic to support the health of the nation. During the SARS-COV-2 pandemic, conducted research to find modern approaches to non-specific prevention and rehabilitation of patients who have undergone COVID-19.

Virtual Day-2
Keynote Presentations

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

ROBOT-ASSISTED SURGERY IN THE TREATMENT OF VARIOUS FORMS OF GYNECOLOGICAL PATHOLOGY ASSOCIATED WITH INFERTILITY IN PATIENTS OF REPRODUCTIVE AGE

Ailar Assambayeva

I.M. Sechenov First Moscow State Medical, Russia

Abstract

Infertility is an extremely urgent medical and social problem. The causes of infertility are manifold. In some cases, only surgical treatment and a personalized approach contribute to leveling this pathology.

Modern high-tech medical care includes the use of new, complex, resource-intensive methods of treatment, which include robotic surgical techniques that optimize access and reliability when working in such a limited space as the small pelvis in patients with various forms of gynecological pathology and infertility. A comprehensive clinical examination, surgical treatment using the daVinci Si robotic system and innovative high-tech EndoWrist instruments was performed on 68 patients of reproductive age (26–40 years), 36 (52.9%) which suffered from infertility (primary 15, secondary 21). According to the survey data, in 12 patients, infertility was due to isthmocele after caesarean section, in 19 - uterine myoma, in 5 - external genital endometriosis (ovarian endometrioma). Diagnosis was based on the data of complaints, anamnesis, clinical examination, which included echography of the pelvic organs, office hysteroscopy and MRI in all patients. Dynamic outpatient monitoring in the postoperative period was carried out after 1,3,6,12,24,36 months. Surgical correction of isthmocele was performed in 12 patients according to the developed three-stage program (stage 1-dilatation of the cervical canal, stage 2-excision of the incompetent scar with subsequent restoration of the uterine wall with a double-row suture, stage 3-introduction of anti-adhesion gel into the uterine cavity). Myomectomy (n=19) was performed after a longitudinal incision of the peri- and myometrium over the nodes, followed by suturing of the myoma with separate Z-shaped synthetic, long-term absorbable ligatures. A sterile absorbable anti-adhesion membrane (Interceed) was used locally to prevent adhesion formation. Five patients with external genital endometriosis underwent resection of the ovaries within healthy tissues. Dynamic outpatient follow-up in the postoperative period indicated satisfaction with the results of surgical treatment. Pregnancy occurred after 9-22 months after reconstructive plastic surgery on the uterus and ovaries and ended with timely operative delivery in 21 (58.3%) patients. An integrated approach to diagnostics (sonography, MRI and office hysteroscopy) of various forms of pathology of the internal genital organs improves its quality and allows predicting reproductive potential in the future. The use of robotic technology provides increased image clarity, improved visualization of anatomical structures (uterine scar, blood vessels, nerves, ureters, bladder, etc.) in the small pelvis and, in this regard, minimal trauma to tissues and adjacent organs, reduced operation time and risk of intraoperative complications, acceleration of postoperative rehabilitation of patients.

2nd International Conference on

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

Biography

Ailar Assambayeva is currently working as a senior laboratory assistant in the department of Obstetrics and Gynecology #1 of I.M. Sechenov First Moscow State Medical University (Sechenov University). In 2021 she graduated with honor faculty of "Future Medicine" in Sechenov University. She is an intrapreneur in the sphere of professional communication Diploma (2020). She is a winner at the IV All-Russian Conference of Young Scientists with International Participation "Women's Health in the 21st Century" (2020) and winner of the Science4health conference at People's Friendship University of Russia (2021). Participation in international programs: Internship in France, Angers, Vascular medicine in 2018; Internship in Malaysia, Penang, Department of Endocrinology in 2018 and 2019; Internship in Malaysia, Penang, Department of Obstetrics and Gynecology 2018 and 2019; Internship in China, Harbin, Department of Cardiology in 2019. By area from Sechenov University. Currently Assambayeva Ailar is resident and PhD student in the department of Obstetrics and Gynecology #1 of I.M. Sechenov First Moscow State Medical University at the Clinical Center of Motherhood and Childhood in Moscow.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

THE NEW AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE MÜLLERIAN ANOMALIES CLASSIFICATION 2021 INTERACTIVE WEBSITE

Steven R. Lindheim

Wright State University, USA

Abstract

The new 2021 Müllerian Anomalies Classification (MAC 2021), formally the 1988 AFS Müllerian Anomaly Classification, is published and ready for prime time. The ultimate goals of MAC 2021 are to simplify communication and recognizability, facilitate accurate and complete literature searches, and better educate across medical disciplines. Most importantly, the underlying impetus for this updated classification is to facilitate and optimize patient care, as some with a müllerian anomaly suffer a significant delay in diagnosis or definitive treatment and many patients wish for better education and advocacy regarding their condition.

Müllerian anomalies are rare reproductive developmental anomalies occurring in 3-6% of females. These anomalies arise due to alterations in the process of müllerian duct formation, fusion and/or canalization that typically occurs during the first 20 weeks of gestation. However, there is often a significant delay in diagnosis or definitive treatment due to a variability in presentation, imaging, and exam findings.

While there are many proposed classifications, the American Fertility Society (AFS, since renamed as the American Society for Reproductive Medicine (ASRM)) originally published in 1988, its müllerian anomaly classification (MAC) system. While this classification system has been praised for its simplicity, understandability, and recognizability, it has been criticized for its focus on uterine anomalies, with exclusion of those involving the vagina and cervix; its lack of clear diagnostic criteria; and its inability to classify complex anomalies. Recognizing these limitations, ASRM created a MAC Task Force that consisted of members of the ASRM, the Society for Reproductive Surgeons, representatives from the North American Society of Pediatric and Adolescent Gynecology, radiologists with expertise in body imaging and diagnosis of müllerian anomalies, and ASRM staff with expertise in education and curriculum design.

The Task Force was tasked with creating a new classification system after reviewing all existing classifications and assessing each for its advantages and disadvantages. It was ultimately determined that an ideal classification should improve identification of Müllerian anomalies, enhance communication between providers and researchers, and ultimately improve clinical care. Given the 1988 AFS Müllerian Anomaly Classification is already universally recognized, it was decided to rebrand and update this classification instead of starting over. The Task Force placed emphasis on keeping the system simple (line drawings); understandable (grouping of anomalies); and recognizable. This updated classification was recently published in *Fertility and Sterility* and is called the ASRM Müllerian Anomalies Classification 2021 (MAC 2021).

MAC 2021 no longer defines anomalies as numbers (i.e. 1a, IVb) but simply names each category by the described anomaly (i.e. Müllerian agenesis, bicornuate uterus). In addition, three new categories were developed including longitudinal vaginal septum, transverse vaginal septum, and complex anomalies. Furthermore, MAC 2021 has been expanded from a static reference into an educational tool and made

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

into an accessible interactive format that details each of the nine anomaly classifications (<https://connect.asrm.org/education/asrm-mac-2021/asrm-mac-2021?ssopc=1>). This interactive website details for each anomaly category the known variants including their description, depiction, and alternatively used names; anomalies with a similar presentation or appearance; expected presentation; imaging including magnetic resonance imaging, hysterosalpingogram, and ultrasound findings with pictures; and medical and surgical treatment options. As the preferred Müllerian anomaly classification, MAC 2021 simplifies communication and recognizability, facilitates literature searches, better educates across medical disciplines, and most importantly as a result, is ideal for patient care. Best yet, the interactive feature will allow the ASRM MAC 2021 classification to be updated to reflect new anomalies and information moving forward without having to wait another 33 years to update and/or rebrand. We encourage all providers who see and treat those with müllerian anomalies to go online, interact with this tool, and “read all about it” to better communicate and optimize clinical outcomes!.

Biography

Lindheim is Professor of Obstetrics and Gynecology at both Wright State University, Boonshoft School of Medicine in Dayton, Ohio and the University of Central Florida in Orlando, Florida, as well as Visiting Professor of Shanghai Jiao Tong University School of Medicine in Shanghai, China. He graduated from Temple School of Medicine and was a resident at Pennsylvania Hospital in Philadelphia. Dr. Lindheim completed a fellowship in Reproductive Endocrinology and Infertility at the University of Southern California, his Masters in Medical Management from Tulane University, School of Public Health and Tropical Medicine, and is currently Board Certified in both Ob/Gyn and Reproductive Endocrinology and Infertility. He previously served on as the Board of Directors for ASRM and is Past President for the Society of Reproductive Surgeons. Dr. Lindheim has a major interest in In vitro fertilization, oocyte donation, embryo donation and surrogacy. He is a well-recognized expert in the field of minimally invasive reproductive surgery and has over 250 scientific publications, and book chapters and is Associate Editor for Fertility Sterility. His research focuses upon embryo implantation, minimally invasive reproductive surgery, and Polycystic Ovarian Syndrome (PCOS).

Virtual Day-2
Oral Presentations

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

WOUND CARE AFTER CAESAREAN BIRTH: A REGIONAL SURVEY OF CLINICIANS' PRACTICE IN EAST OF ENGLAND

Bushra Zahid Saeed

The Princess Alexandra Hospital NHS Trust, United Kingdom

Abstract

Objective: Caesarean section rates have increased globally during the last three decades. Surgical site infections following caesarean section is a common cause of morbidity with reported rates of 3 to 15%. Effective interventions, including patient education and adopting a uniform benchmarked approach for incision closure and wound care, could reduce surgical site infection. This study aimed to analyse the current practice adopted by clinicians and hospitals in the East of England for caesarean section wound closure and postnatal wound care.

Design: A cross-sectional questionnaire survey

Method: A six-item online questionnaire was developed using Google Form and sent to a group of O&G junior doctors based in hospitals in the East of England deanery during January 2022. The information was collected and analysed using Microsoft Excel. Results from this survey were benchmarked to NICE guidelines 192 – Caesarean Birth and 125 – Surgical Site infections: prevention and treatment.

Results: 40 doctors from 15 hospitals in the East of England region responded. 33 out of 40 (82.5%) participants reported routinely using Monocryl 3-0 for skin closure, 6 out of 40 (15.0%) routinely used Vicryl 3-0, and one participant (2.5%) used both. Clinicians from 6 out of 15 (42.8%) hospitals reported having surgeons who routinely use staples for caesarean skin closure in their units. NICE has endorsed negative pressure wound therapy (e.g. PICO dressing) to use after caesareans among women with a BMI of 35 kg/m² or more to reduce the risk of wound infections which, however, clinicians from 4 units out of 15 (26.7%) reported not available in their units. A total of 33 responses were received for the BMI cut-off while using PICO dressing, with 9 (27.3%) using BMI 40 as a cut-off, 7 used BMI 35, and notably, 7 (21.2%) respondents were not sure or aware of the cut-off BMI in their units. Regarding the timing of removing standard dressings, only 7 (46.7%) units were removing them at 24 hours following NICE recommendation.

Conclusion: In the East of England area, the practice adopted by clinicians and hospitals varies greatly for wound closure and wound care post caesarean birth. Also, it quite commonly deviates from the current NICE guidance. Therefore, there is a need to adopt a uniform evidence-based approach in line with the NICE guidelines, which could be a precursor for reducing morbidity and mortality associated with wound infection in women who had a caesarean section in this area.

2nd International Conference on

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

Biography

Bushra Zahid Saeed is British trainee at the East of England Deanery, Cambridge, United Kingdom and is working as a year 7 speciality training (ST 7) in the department of Gynaecology and obstetrics at Princess Alexandra Hospital Harlow Essex. She has previously worked at the world renowned Addenbrookes University Hospital in Cambridge which is associated teaching hospital of university of Cambridge. Bushra was awarded the membership of Royal College of Obstetrics and Gynaecology (RCOG) after successfully passing her MRCOG Examination. She is member of British Society for Gynaecological Endoscopy (BSGE), London, United Kingdom. Bushra has extensively presented her scientific work in national and international conferences and has published her scientific work in the peer review journals. She has a passion for teaching and has acted as the mentor to the junior speciality trainees from East of England deanery training program in Cambridge. Bushra speaks as a faculty member at national meetings in the UK. She has delivered lectures at numerous MRCOG preparation courses in the United Kingdom. She is faculty member at Basic Surgical Skills Course at Royal College of Obstetrics and Gynaecology (RCOG) and the British Society for Gynaecological Endoscopy (BSGE) and Registrars in Gynaecological Surgery (RIGs) Hub National Training programme. Bushra's specialist interest is open and laparoscopic benign gynaecological surgery, and advance Labour ward Practices. She believes in providing world class care to her patients, the care, which is effective, safe and tailored to patient's individual needs. Bushra is passionate about Health for all, patient safety, her family and travelling.

HEADACHE AND AFFECTING FACTORS IN PREGNANT WOMEN

Dilek Yilmaz

Aydin Adnan Menderes University, Turkey

Abstract

Aim: This study was conducted to determine headache and affecting factors in pregnant women.

Material and Methods: The study was carried out analytically and cross-sectionally with 250 pregnant women who applied to Denizli State Hospital Obstetrics and Gynecology Outpatient Clinic and NST Unit between June 2021 and June 2022. Descriptive Information Form and Visual Analogue Scale (VAS) were used to collect data. Descriptive statistics, Shapiro-Wilk test, Mann-Whitney U, Pearson chi-square test, Fisher's exact test, Fisher Freeman-Halton exact test, Kruskal Wallis-H, Backward Logistic Regression analysis were used to analyze the data.

Results: Family type, spouse's education level, spouse's employment status, spouse's occupation, gestational weeks, trimester, history of headache in the family, blood pressure diastolic values, heart rate measurements, fetal heart rate measurements and hemoglobin values, the variables that were thought to may have an effect on headache were analyzed with Backwards logistic regression test. At the end of nine steps, it was determined that trimester and heart rate measurements were included in the model significantly. The general explanatory coefficient of the model was 68.2%, the sensitivity was 53.5% and the specificity was 80.2%. When the variables thought to have an effect on headache were evaluated with Backward (Conditional) logistic regression analysis, the model was found to be significant ($F=18.048$; $p=0.001$; $p<0.01$).

The effect of trimester (Beta coefficient=0.961; $p=0.011$; $p=0.011$; $p<0.05$) and the pulse (Beta coefficient=0.0481; $p=0.011$; $p=0.011$; $p<0.05$) variables on headache were found to be statistically significant.

Conclusion: It was concluded that the first-degree relatives of pregnant women had headaches and the rate of headache was higher in pregnant women with a family history of headache. In headache in pregnant women, it was determined that trimester and heart rate were among affecting factors; distress, sadness and stress were among facilitating or triggering factors.

Biography

Dilek Yilmaz's profession is midwifery. Dilek Yilmaz, who has been working in the field for four years, completed her master's degree in midwifery. Dilek Yilmaz, who started to work in the community health center after working in a private hospital for a while, continues to work.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

SCREENING STRATEGIES FOR THE DETECTION OF BREAST CANCER: KNOWLEDGE AND PRACTICE OF WOMEN IN EASTERN SAUDI ARABIA

Sahbanthul Missiriya Jalal

King Faisal University, Saudi Arabia

Abstract

Background: Breast cancer is the most common cancer among women in both the developed and developing countries globally. According to the Cancer Incidence Report of the Kingdom of Saudi Arabia (2015), breast cancer is the most common among women representing 30.1% of all diagnosed female cancers. The Eastern Province has the highest incidence of breast cancer in Saudi Arabia. Breast self-examination and Mammography ensure to detect breast cancer at the earliest.

Objective: To determine the knowledge and practices about the breast cancer screening among women in eastern Saudi Arabia.

Methods: A cross-sectional study was conducted to assess the knowledge and practices of women attending primary healthcare centers in eastern Saudi Arabia regarding breast cancer screening through breast self-examination and mammography. Data were collected from women aged 20 years onwards through direct interviews using a validated questionnaire and it was analyzed using SPSS. Frequency distributions were used to describe the demographic data. Chi-square test was used to associate the variables, and $p < 0.05$ was considered indicative of statistical significance.

Results: Out of the 428 women, 62% were in the age group of 40-60 years and most of them (84%) were married. Regarding the source of breast cancer information, most of the women received through social media. Around 29% were unaware of breast cancer screening. 72% of women reported that they never did breast self-examination in the past year, and 86% reported that they never did mammogram. There was significant association found between knowledge and the educational level ($p < 0.05$).

Conclusion: Although there is accessible free health services in Saudi, most women's practice on breast cancer screening was unsatisfactory. This alarm the need for continued awareness campaigns. The importance of early detection of breast cancer continually emphasized in every of primary health centres.

Biography

Sahbanathul Missiriya Jalal obtained PhD in Nursing from Saveetha University. She has 25 years of teaching excellence in healthcare profession Nationally and Internationally. Currently, she is an Assistant Professor at King Faisal University, Saudi Arabia. Organized many conferences, participated as resource speaker. Presented research articles in many national and international conferences and published more than 60 research articles in reputed journals including web of science and Scopus indexed. Served as editorial board. She is thesis advisor, external examiner, and research guide for PhD. Received many cash awards and grants for research. Recently received distinguished faculty award from Governor in Saudi Arabia.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

TRENDS AND EVIDENCE BASED PRACTICE IN PEDIATRIC NURSING, CMC VELLORE

Mary Anbarasi Johnson

Christian Medical College Vellore, India

Abstract

Evidence based practice is necessary to provide quality care to the children. Parents need to be involved in the child care at all levels of growth and development. We have come to a stage where the parents keenly enquire about the evidences in child care. Nurses need to show in interest in carrying out both small and major projects so that the results can be incorporated in to child care practice. CMC, TN India is a 4500 bedded tertiary care center which is a model in the country. Faculty, staff and students are encouraged to perform research work in order to promote evidence based nursing practice in the hospital. Faculty involved in education, clinical, research and administrative roles in the institution thoroughly enjoy the model of integration where research findings can be translated in to patient care. We do get both internal fund and external funds which support our research activities. Our faculty staff and students show lot of enthusiasm in research activities as they are mentored by the research experts, the teachers in the college of nursing. The evidence based practices certainly has improved the patient and parent satisfaction which is evident through the nursing audits and parental satisfaction surveys done on every patient who visits the hospital. The faculty, staff and students are evaluated for their performance partly by the research activities that they undertake including publications and presentations. Our college conducts local, national and international conferences periodically and we have a separate department for research work and our own college journal where the publications are encouraged. This lecture will cover some of the projects done in the hospital and how these project results were incorporated to improve nursing care in the pediatric department of the hospital.

Biography

I am Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department, CMC Vellore. I worked as Clinical Nurse Specialist in PICU for a year and as Assistant Professor in USA for two years. I also worked in administration in nursing, in Saudi Arabia Defence Sector. CMC gave me opportunity to be Master trainer for International Projects like GFATM, IMNCI at national level as well national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university as well Diabetic Educators programme etc. It also gave me opportunity to be examiner or paper setter for various levels of nursing students for 6 universities and inspector for Dr. MGR Medical University. I am very much interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and is working on publishing a book soon. I have served in CMC Vellore as addl. Deputy Nursing Superintendent for staff training and quality assurance as well in CMC Institutional research board as a member for a term of 4 years. I am reviewer or editorial member or advisory member in more than 50 international journals. I am also a recipient of President's Gold medal for standing first in the university for Bsc.N programme. I give all thanks to Lord Jesus Christ who is the reason for my living. I am indebted to my family, teachers and friends for their encouragement and support and particularly to CMC Vellore which has mentored me.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

PHYTOCHEMICALS: THE MULTI-TARGETED APPROACH TO GYNECOLOGIC ONCOLOGY

Anita Handore

Phytoelixir Pvt Ltd, India

Abstract

According to GLOBOCAN 2020, the global cancer burden is expected to 28.4 million cases in 2040. Worldwide Gynecological cancers are the leading cause of women mortality. Globally, high-risk Human Papilloma Viruses, HPV-16 and HPV-18 are considered as main etiologic factors of female genital tract malignancies and its associated cervical cancer remain the second leading cause of female deaths. Even if, the oncology treatments has made remarkable development, the outcomes are still unsatisfactory due to multiple cellular factors. Besides, the current therapeutic options for gynecological cancer are still insufficient. In Gynecologic Oncology, the cell cycle regulation and its modulation by plant derived natural and safe chemo preventive agents like phytochemicals are gaining widespread attention. As these clinically proved bioactive phytochemicals shows promising potential to regulate cellular signal transduction pathways by affecting the cancer cell behaviors like proliferation, apoptosis, invasion etc. These bioactive molecules could efficiently exert complex range of multitargeted actions on various molecular targets through variety of cell signaling pathways including membrane receptors, kinases, downstream tumor-activator/suppressor proteins, transcriptional factors, microRNAs, cyclins, and caspases etc. at transcriptional or post-transcriptional regulation, protein activation and intercellular messaging etc. To improve the efficacy of Gynecologic Oncology treatments and women's quality of life, regular intake of various chemo preventive phytochemicals and personalized adjuvant treatments should be accelerated at different stages. Therefore, approach towards the natural product chemistry for harvesting the full potential of promising chemo- preventive phytochemicals to increase the long term survival rate, efficacy and cost-effectiveness of treatments and reducing the side effect is need of hours. In this context, rationally designed therapeutics should be tailored for specific Gynecologic Oncology treatments with few additional investments for accelerating the hit to lead the successful process and subsequent clinical trials.

Biography

Anita V. Handore, Founder and Director, Phytoelixir Pvt.Ltd., Nashik is Ph.D. in Microbiology, SPPU, Pune. She has masterliness in Research & Technology Development, including well versed working experience in diverse sectors with multitasking abilities. With her profound vision, she has greatly contributed pioneering research in Microbiology, Biotechnology, Wine, Agriculture, Health care and Nutraceutical Sectors. She has credit of one Patent Granted in Biotechnology-Microbiology field. Her next three patents in Biotechnology, Agriculture and Healthcare sectors have been successfully filed. More than 53 research publications and presentations at reputed International and National research Journals and platforms are at her credit. Till date, she has 12 book chapters/books published with world leading publishers. Internationally, she has been effectively working as, Editorial Board Member for prestigious Journals. She has been actively involved in guiding the students of reputed Indian Universities for their research projects. She has been appreciated and honored with several National, International and state level awards for her outstanding innovative research contribution towards different fields by various forums working in scientific and social sectors

THE STRONG BLACK WOMAN STEREOTYPE AND POOR BIRTH OUTCOMES AMONG BLACK WOMEN: IMPLICATIONS FOR REPRODUCTIVE HEALTH

Jennifer R Warren

George Mason University, USA

Abstract

Maternal depression, anxiety, and stress are well-known risk factors for preterm and low birthweight infant outcomes among non-Hispanic Black women (BW). Research investigating everyday discrimination and structural racism reports the significant influence of these factors on birth outcomes. Despite the well-known negative association between internalized racism and health outcomes among U.S. minority racial groups there are limited studies on how these are linked to maternal and infant health outcomes. Internalized racism can manifest in the personal endorsement of stigmatizing stereotypes and attitudes about one's self and racialized group. The SBW is a stereotype or controlling image assigned to BW that emerged during the chattel slavery. The SBW is endorsed by many BW women across generations and is associated with strained interpersonal relationships, stress-related health behaviors, and embodied stress. Endorsing SBW is reported to erode resilience and foster chronic, high-effort coping with adverse health implications. As a result, this presentation will discuss findings from national survey research investigating endorsement of the SBW stereotype among Black American and its correlation to perceived stress, anxiety, depression, prenatal care, and self-reported birth outcomes. The presentation also discusses the use of biomarkers in measuring maternal stress related to internalized racism. This research is preliminary but can aid gynecologists and obstetricians in identifying SBW behaviors and cognition that can jeopardize healthy deliveries and a joyous pregnancy experience. This work can have implications across women who exhibit SBW endorsement.

Biography

Jennifer R. Warren is an Assistant Professor at George Mason University (GMU). She is jointly appointed in the Department of Communication, Women and Gender Studies, and African/African American Studies. Dr. Warren is a health communication expert and the Director of the Communicating Equity and Healing Justice Research Lab at GMU where she collaborates with faculty and mentors students across disciplines and institutions to identify contributory factors to and mechanisms of racism that undermine reproductive health and resilience among African American women. She has been honored and received several awards as a research scholar and leader in health disparities research. After completing a postdoctoral fellowship in the Program of Health Disparities Research at the University of Minnesota's Medical School and serving as an in-residence health disparities scholar for preventive medicine residents at Anschutz Medical School in Denver, CO, Dr. Warren served as faculty for ten years at Rutgers University in New Jersey where she received the highest university award for community-based health equity research. Before joining GMU, Dr. Warren founded and directed the nonprofit, Center for African American Health Disparities Education and Research (CAAHDER), Inc, which was internationally honored for its research in infectious diseases.

GYNECOLOGY & OBSTETRICS

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EFFECT OF EARLY INITIATION OF BREASTFEEDING ON THE UTERINE CONSISTENCY AND THE AMOUNT OF VAGINAL BLOOD LOSS DURING EARLY POSTPARTUM PERIOD

Ola Mousa

King Faisal University, Saudi Arabia

Abstract

Introduction: In growing countries, women's death is contributed to a wide array of complications in pregnancy, childbirth or the postpartum period. These complications existed because of their pregnancy status and some because pregnancy severed their existing diseases. Among developing countries, postpartum hemorrhage is the most common cause of maternal morbidity and mortality. As recommended by the Baby Friendly Hospital Initiative (BFHI), infants must be in skin to skin contact with their mother immediately after birth, and mothers must be assisted for initiating breastfeeding within the first half hour of initiating birth. There are lesser studies on breastfeeding advantages for mothers compare to those of infants, but satisfactory evidences show that women who breastfeed have improved health in the short term and has lower risk for developing future diseases.

Aim of the Study: This study aims to examine the effect of early initiation and frequency of breast-feeding on the uterine consistency and the amount of vaginal blood loss during early post partum period.

Methods: A quasi experimental research design was carried out. Study was conducted in delivery room and postpartum units at King Fahd Hospital of the university in Al-Khobar, and Qatif Central Hospital in Qatif and Maternity and Children Hospital in Dammam. Convenient sample was used over a period of three months. The sample size was (100 women) whom divided into two groups. The researchers assessed the uterine consistency, fundal level and the amount of vaginal blood loss for women in both groups immediately following placenta separation and every 30 minutes for the first 2 hours in relation to breastfeeding.

Results: In relation to uterine consistency after placental delivery the experimental and control groups showed no statistically significant differences between them. As regards to the amount of vaginal blood loss in the experimental and control groups, it was observed that the mean of vaginal blood loss among the control group was higher compared with the experimental group, this difference was statistically significant.

Conclusion: Early initiation and frequency of breastfeeding immediately following labor decrease the amount of vaginal blood loss and improve uterine involution.

Biography

Ola Mousa is an associate professor at King Faisal University's College of Applied Medical Sciences- Nursing Department. Her career began in Minia, Egypt, where she taught for 13 years. With a specialization in Obstetrics and Gynecology Nursing, she completed both her master's and doctoral degrees at Minia University.

***Accepted
Abstracts***

NOVAPREP-MIR-CERVIX: NEW APPROACH FOR EVALUATION OF CERVICAL DYSPLASIA BY ASSESSMENT OF MIRNA IN CERVICAL SMEAR MATERIAL.

Anastasia Malek

Petrov's NMRC of Oncology, Russia

Abstract

Background: Cervical cancer (CC) is one of the most common types of cancer and the fourth leading cause of cancer-related deaths in women. Dysplasia of cervical epithelium is obligate precancerous condition. Diagnostic and effective therapy of cervical dysplasia presents an obvious approach to prevent CC. MicroRNAs in cervical epithelium cells are considered as promising diagnostic and prognostic markers of cervical dysplasia. NOVAprep-miR-CERVIX, a test-system for analysis of six marker miRNAs, was developed and evaluated in clinical trial.

Objective: To estimate diagnostic values of NOVAprep-miR-CERVIX.

Methods: Cervical epithelium samples were obtained from 216 women: 114 samples of normal epithelium and 112 samples of cervical epithelium with high-grad intraepithelial lesion (HSIL) or carcinoma in situ (CIS). Expression of miR-21-5p; miR-29b-3p; miR-145-5p; miR-451a-5p; miR-1246-5p and miR-1290-3p was assayed using two-tailed RT and PCR. An integral parameter miR-CERVIX was calculated based on six Ct values. Parameter miR-CERVIX ranged from 0 to 1 reflecting the severity of cervical dysplasia.

Results: Primary diagnostic of cervical dysplasia can be performed with specificity 80,5% and sensitivity 79,2% (cut off value of miR-CERVIX = 0,49) High grade squamous dysplasia can be confirmed with specificity 97,2% and sensitivity 70,8% (cut off value of miR-CERVIX = 0,77).

Conclusion: Analysis of six marker miRNA with NOVAprep-miR-CERVIX is a new promising approach for cervical dysplasia evaluation. Additional clinical studies are required to evaluate utility of NOVAprep-miR-CERVIX for the cervical dysplasia monitoring during therapy and follow up.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

IMPACT OF RELIGIOSITY ON BREAST CANCER SURVIVAL IN ISRAEL

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Abstract

Background: Some lifestyle behaviors which have been proven to be Breast Cancer (BC) risk factors are culture-related, and strongly linked to religious adherence. In spite of the comprehensive data suggesting that religiosity plays a role in different health conditions, little is known regarding its implications on BC survival.

Objective: To assess the relationship between levels of religiosity and BC mortality.

Methods: The study population included all Jewish women who were diagnosed with primary incident BC during 2006-2007 in 4 Medical Centers in Israel. Information was collected through personal interviews and clinical data was abstracted from medical files. Level of religious commitment (i.e. Ultra-Orthodox UO, National-Religious, tradition-keeping and secular) was self-reported by the patients. Vital status and date of death was obtained through linkage of the study file with the National Population Registry, updated to December 2020. Time-to-event was defined as the time-period from diagnosis until death or last date of follow-up. Kaplan-Meier method, Log-Rank test and Cox proportional hazard models were used for the association between religiosity and mortality.

Results: Of the 1,542 participating women, 5.8% (n=90) were UO, 10.8% (n=167) were National-Religious, 28.2% (n=435) were Tradition-keeping and 55.1% (n=850) were Secular. Mean follow-up was 12 years. Statistically significant differences in the distribution of educational level, income, number of children, stage of diagnosis, and ER/PR /HER2 status were observed between the study groups. In total, 417 women died by the end of follow-up. Ten-year mortality rates varied significantly by levels of religiosity from 75.0% to 63.3% for secular and UO, respectively. Religiosity associated significantly with mortality (adjusted hazard ratios of 1.49, 95%CI 1.01, 2.18 for UO compared to secular), controlling for age at diagnosis, stage of the disease, BMI and ER/PR /HER2 status.

THE FIRST EXPERIENCE OF USING ND:YAG LASER (NEODYMIUM LASER) IN THE TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN

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Abstract

Relevance: The main causes of stress urinary incontinence are considered to be vaginal birth, the natural aging process, congenital factors and surgical interventions, all of which are created by changes in collagen and elastin fiber. This leads to a loss of elasticity and non-activity of the pelvic floor muscles. As a result, women may experience a lack of sensitivity and stress urinary incontinence, a condition of non-voluntary loss of urine associated with activities that cause an increase of intra-abdominal pressure (such as sneezing, coughing, and lifting heavy objects).

Both vaginal relaxation and urinary incontinence significantly affect the quality of patients' lives. Obviously, direct stimulation of the formation of collagen fibers is a promising treatment method for SUI. Nowadays, non-invasive methods are getting more popular in the treatment of SUI, particularly the laser technologies that have a direct impact on the collagen fibers of the vulva and vagina. One of these methods is the neodymium laser treatment, which is successfully used in cosmetology and gynecology. The mechanism of action of a neodymium laser is based photothermal effect. The photothermal effect causes changes in the tissues, leading to the accumulation of microdamages in the protein structures of the vaginal wall (elastin and collagen). The resulting damage is a powerful stimulation of neocollagenesis and neoangiogenesis. Also, an active reaction of the microcirculatory bed develops with its partial destruction, and, as a result, the opening of reserve capillaries and a significant improvement in microcirculation in the treated area.

This results in the reconstruction of the walls of the vagina, the restoration of the collagen framework, as well as the improvement of blood supply and the restoration of the receptors of the genital organs.

Objective: to evaluate the effectiveness and safety of a non-invasive neodymium laser in the treatment of stress urinary incontinence due to its photothermal effect that stimulates collagen and elastin fibers.

Materials and Methods: a prospective open-label clinical trial in 2021 includes 65 patients with mild SUI. The average age of the patients was 48 ± 4.2 . After a comprehensive examination, all patients were given 3 sessions of neodymium laser exposure. The interval between procedures was 30-40 days.

The evaluation of the effectiveness of the treatment was based on the data of gynecological examination – cough test and Valsalva test, assessment of the degree of omission by the POP-Q system, uroflowmetry. In addition, all patients were surveyed before and 3 months after the course of treatment on the basis of validated questionnaires-ICIQ-SF, SF-36, FSFI, PISQ-12, visual analog scale of overall satisfaction with the aesthetic appearance of the vulva (VAS).

Results: when analyzing the results of the study, a statistically significant reduction of the symptoms of SUI was revealed after 3 months - 84.5% of patients noted the effectiveness in the treatment of mild SUI. 61% - the improvement of the aesthetic appearance of the vulva and perineum for visual analog scale from 5.8 to 8.2; 70% noted the improvement in the quality of sexual life (moisture in the vagina, lack of air getting in the vagina during intercourse, increasing the frequency and brightness of orgasms).

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November 14-15, 2022 | City Seasons Suites, Dubai, UAE

According to the PISQ-12 questionnaire, the dynamics ranged from 71 (before treatment) to 26 points (after the end of treatment).

According to the survey, the increase in the index of female sexual function (FSFI) for the following indicators: lubrication by 32%, satisfaction by 38%, attraction by 15% and orgasmic by 27%.

Conclusion: all 3 neodymium laser treatment procedures were well tolerated by the patients, and no side effects or adverse events were registered during and after treatment. There was a rapid relief of symptoms of mild SUI and a decrease in episodes of loss of urine and sexual discomfort. Also, according to the images below it was observed a pronounced aesthetic effect in the form of lifting the tissues of the perineum. The achieved clinical results have preserved patients for 6 months after the beginning of the treatment. Further dynamic monitoring of this group of patients is carried out.

PREVALENCE OF PREGNANCY-INDUCED HYPERTENSION AND ITS ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE AT ASELLA TOWN PUBLIC HEALTH FACILITIES, SOUTH-EAST ETHIOPIA, 2021

Daniel Gebretsadik

Arsi University, Ethiopia

Abstract

Background: Pregnancy Induced Hypertension is a significant public health threat both in developed and developing countries contributing to high perinatal deaths. World Health Organization estimates that at least one woman dies every seven minutes from complications of this disease. It represents the most common medical complications of pregnancy with a reported incidence between 5 and 10%. However, the situation in Asella and the area is not known. Therefore, this study aimed to assess the Pregnancy of Induced Hypertension and its associated factors in the study area.

Methods: A health facility-based cross-sectional study design was carried out from November 20 to December 21, 2021, among a total of 834 pregnant women from Asella Hospital and two health centers. The study participants were consecutively selected from each health facility. Data were entered and checked using Epi-info and exported into SPSS version 21. Descriptive statistics were computed to determine the proportions of pregnancy-induced hypertension. Both bivariate and Multivariable logistic regression was done to determine the association between the explanatory and outcome variables. A variable with a P-value < 0.25 were considered for multiple logistic regressions. Finally, a significant association was determined based on a p-value less than 0.05 with a 95% confidence level.

Result: Prevalence of pregnancy induced hypertension was 5.2% (95% CI: 3.7%, 7.0%). No formal education (AOR: 5.44, 95% CI (1.47-20.19)), multiple pregnancy (AOR=3.69 at 95% CI= (1.07, 12.7) family history of chronic hypertension (AOR: 4.04 at 95% CI= (1.51 10.8), presence of oedema (AOR=3.84 at 95% CI= (1.37, 10.7), drink alcohol in the past 12 months (AOR=6.19,95% CI= (1.11,34.4), and nutritional advice during pregnancy (AOR:0.27 at 95% CI= (0.09,0.79) showed a significantly associated with Pregnancy Induced Hypertension.

Conclusion and Recommendations: the findings of this research were similar to the pooled prevalence in Ethiopia, 6.8%. Educational status, multiple pregnancies, family history of chronic hypertension, presence of edema, drinking alcohol in the past 12 months, and nutritional advice during pregnancy were contributing factors to PIH. The town health office and health institutions should focus on the early detection and prevention of PIH focusing on these contributing factors of PIH.

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FACTORS ASSOCIATED WITH THE IMPLEMENTATION OF AN IMPROVED COMMUNITY HEALTH FUND IN THE UBUNGO MUNICIPALITY AREA, DAR ES SALAAM REGION, TANZANIA

Good luck Mselle

Local Government Authority (Ubungo Municipal Council), Tanzania

Abstract

Background: Community-based health insurance schemes help households to afford healthcare services. Objective: This paper describes healthcare facilities and community factors that are associated with the Improved Community Health Fund (iCHF) scheme in the Ubungo district of Tanzania Methods: A cross-sectional descriptive study was conducted using online questionnaires that were completed by healthcare providers and community members in public-owned healthcare facilities in the Ubungo Municipal Council district of Dar es Salaam, Tanzania, between October and November 2021. The data were analyzed using descriptive statistics and the chi-squared test of association. Results: We found a statistically significant relationship between income level and satisfaction with the iCHF scheme. For community-related factors, income level was statistically significant in the level of involvement in iCHF implementation among local leaders. Further, income level was statistically significant in relation to community behavior/culture toward the iCHF. Occupation was statistically significant in iCHF implementation, iCHF premiums, and iCHF membership size. A statistically significant relationship was also found between income, iCHF membership size, and iCHF premiums. Moreover, people would be willing to pay the required premiums if the quality of the healthcare services under the iCHF scheme improves. Conclusion: Government of Tanzania should allocate resources to reduce the challenges that are facing iCHF implementation, such as the preference for a user fee scheme over the iCHF, the issues that are faced by enrollment officers, and inadequate iCHF premiums and membership size

HEALTHY EATING AND PHYSICAL ACTIVITY AMONG ARAB MUSLIM MOTHERS OF YOUNG CHILDREN LIVING IN THE US: BARRIERS AND INFLUENCES OF CULTURE, ACCULTURATION AND RELIGION

Heba Eldoumi

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Abstract

Immigrants to western societies often experience changes in physical activity (PA) levels and diet because of adopting habits, beliefs and values of the new society. This study explored behavioral changes of Arab Muslim mothers of young children living in the United States as a result of acculturation and socio-cultural and religious barriers that may potentially affect diet and engagement in PA. This study allowed a better understanding of the factors that affect the women's ability to eat healthy and perform PA. Mothers participated in focus group discussions and in an online questionnaire to explore the socio-cultural and religious barriers to eating healthy and engaging in PA. Family size, priorities and responsibilities, income, family food preference, changes in meal times, portion sizing, low self-efficacy, lack of family support, and cultural customs influenced healthy eating. Low self-efficacy, absence of women only facilities, lack of motivation, gender discrimination, cultural perception of women who exercise, and modest dress influenced the women's ability to be active. Integration to the western society significantly influenced the women's food patterns and increased their PA. Overall, adoption of these behaviors was halted by intrapersonal and socio-cultural but not religious barriers. This is the first study to investigate barriers to healthy eating and performing PA in this community. Thus, more research is needed to further understand specific obstacles. Understanding the challenges that face Arab Muslim mothers from engaging in PA and to eating healthy will help health educators develop culturally appropriate strategies to accommodate the needs of this community.

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

THE IMPACT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) ON ACADEMIC FUNCTIONING IN HIGHER EDUCATION IN THE UK: A QUALITATIVE INVESTIGATION OF FEMALE UNIVERSITY STUDENTS WITH ADHD

Jane Sedgwick-Müller

Government of Jersey, UK

Abstract

Background: In the UK, female university students with Attention Deficit Hyperactivity Disorder (ADHD) face significant challenges and/or obstacles during their programme of studies. Little research has examined the burden, or impact of ADHD on academic functioning at university. This study addresses this gap in research.

Objective: To examine the impact of ADHD on the educational (or academic) outcomes of female university students in the UK and the usefulness of disability support in promoting positive learning experiences.

Method: A phenomenological approach with semi-structured interviews was used to collect data. Owing to the COVID-19 pandemic, the interviews had to be conducted online. The interviews were recorded, transcribed verbatim, and analysed using thematic content analysis.

Results: Three core themes (*academic self-regulation, management strategies and student voice*) defined by 10 sub-themes constitute the main findings of this study.

Conclusion: Deficits in executive function, spontaneous mind wandering, negative emotional states and behaviours associated with ADHD impaired the students' academic functioning at university. Strategies like cramming, hyper-focusing or mind mapping; positive emotional states like a love of learning and reward orientated behaviour helped the students mitigate challenges and/or obstacles they faced during their programme of studies. Timely access to a diagnostic assessment for ADHD, individualised management strategies, including medical treatment and educational support, is likely to have a positive impact on the academic functioning of female university students with ADHD.

MASSIVE OBSTETRIC HAEMORRHAGE ON POST CAESAREAN SUBTOTAL HYSTERECTOMY DUE TO LATE DETECTION OF OCCULT PLACENTA PERCRETA: A CASE REPORT

Jeffri Januar Wijaya

Faculty of Medicine Padjajaran University, Indonesia

Abstract

Introduction: Placenta accreta syndrome is a significant cause of maternal mortality and morbidity. Therefore, a multidiscipline approach is essential to overcome this life-threatening disorder for the mother and fetus.

Presentation of Case: A 36-year-old women gravida 4 parity 3, 34 weeks Gestation comes due to recurrent antepartum haemorrhage. She had twice prior caesarean section. Ultrasound assessment suggests total placenta previa and elevating suspicion to placenta accreta. However, intraoperatively its sign is unavailable. Although we have done subtotal hysterectomy, massive bleeding still occurring. Therefore, we present management of unexpected placenta percreta.

Discussion: Management of unexpected placenta percreta involves prenatal diagnosis, haemoglobin optimization, surgical management anticipating haemorrhage, dedicated maternal ICU, blood bank providing massive transfusion and blood component.

Conclusion: Close monitoring is important in catastrophe management of Placenta Accreta Syndrome.

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MATERNAL HEALTH CARE SERVICE UTILIZATION AMIDST COVID-19 PANDEMIC IN WEST SHOA ZONE, ETHIOPIA, 2020

Kababa Temesgen

Ambo University, Ethiopia

Abstract

Background: The World Health Organization (WHO) on March 11, 2020, has declared the novel (COVID-19) outbreak as a global pandemic. Therefore, this study assessed maternal health care service utilization amidst COVID-19 pandemic in West Shoa Zone, Ethiopia, 2020.

Methods: a Community-based cross-sectional study was conducted from July 1 to July 30, 2020 among 844 pregnant women and those who gave birth in the last 6 months in West Shoa Zone, Ethiopia. Simple random sampling method was used to select the study participants. The data were collected through face-to-face interview using a semi-structured questionnaire. Logistic regressions were performed to identify the presence of significant associations, and adjusted odds ratio with 95%CI was employed with a P-value of <0.05 was used to declare statistical significance.

Result: All 844 study subjects were participated in the survey. The prevalence of mothers who utilized maternal health care service amidst COVID 19 was 64.8%. The odds of maternal health service utilization was higher among mothers who had primary (AOR=2.16, 95% CI: 1.29-3.60), secondary (AOR=1.97, 95% CI: 1.13-3.44), and college and above education (AOR=2.89, 95% CI: 1.34-6.22) than those who could not read and write. Mothers who earn 1000-2000 (AOR= 3.10, 95% CI: 1.73-5.55) and > 2000 birr (AOR=2.66 95% CI: 1.52-4.64) had higher odds of maternal health service utilization than those who earn <500 birr. Similarly, the odds of utilizing maternal health service were higher among mothers who did not fear COVID-19 infection (AOR= 2.79, 95% CI: 1.85-4.20), who had not had to request permission from husband to visit the health facility (AOR= 7.24, 95% CI: 2.65-19.75), who had practice of COVID-19 prevention measure (AOR=5.82, 95% CI: 3.87-8.75), and used face mask (AOR= 2.06, 95% CI: 1.28-3.31) than those of counterparts.

Conclusion: In this study, maternal health service utilization during the COVID-19 pandemic was found low compared to the national. Empowering mothers and creating awareness on COVID-19 prevention is recommended to improve maternal health service utilization during the COVID-19 pandemic.

WHOLE GENOME SEQUENCING AS A PROSPECTIVE TOOL IN OFFSPRING PLANNING

Kuznetsova Ekaterina

LLL Evogen, Russia

Abstract

Background: Over 6,000 genetic disorders are known. Nowadays, Next generation sequencing (NGS) is the most effective technique of identifying genetic variants that are likely to cause genetic diseases, including orphan ones. NGS allows to determine inherited genetic disorders carriers among conditionally healthy people and help planning offspring couples to minimize risks of affected baby birth.

Objective: To detect by NGS a risk-group (genetic diseases pathogenic variants carriers) among reproductive age conditionally healthy individuals.

Method: 8376 conditionally healthy individuals were examined (3544 women up to 45 y.o. and 4832 men up to 76 y.o.). Whole genome sequencing (WGS) was performed using DNBSEQ-G400 and DNBSEQ-T7 according to manufacturer protocol. ACMG criteria were used for variant's pathogenicity assessment.

Results: 4974 (59,4%) (2093 women and 2881 men) conditionally healthy individuals were carriers of genetic diseases pathogenic variants. In 2281 (22,8%) case there were carriers of 2 and more inherited diseases. The most frequent pathogenic variants were detected for following genetic diseases: nonsyndromic hearing loss and deafness in 477 (9,6%) cases, hemochromatosis in 313 (6,3%) cases, cystic fibrosis in 149 (3,0%) cases and phenylketonuria in 129 (2,6%) cases.

Conclusion: NGS is an effective tool for inherited diseases risk and carrier status assessment. According to our results, approximately 60% of conditionally healthy reproductive age individuals are carriers of genetic diseases pathogenic variants. When planning pregnancy their partners should perform genetic testing to asses if they have the same mutation or other mutations in the same or related genes to minimize risks of affected baby birth.

GYNECOLOGY & OBSTETRICS

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NURSING STUDENTS ENGAGING WITH THE COMMUNITY THROUGH SERVICE-LEARNING PROGRAMS

Peter Averkiou

Charles E. Schmidt College of Medicine, USA

Abstract

Introduction: Service-learning (SL) programs in nursing schools illustrate one of the adult learning principles and practices now used in today's accredited curriculum that better prepares nursing students for working with a variety of patients.

Aim: The research aim was to assess nursing students' learning experiences while participating with non-profit organizations during an SL curricula-designed program.

Method: Analysis of 90 reflective essays over a four-year period from 248 nursing students placed in teams of 2-4. A case study research design was employed. This iterative approach allowed the identification of themes and interprets meaning.

Results: Four major themes and one overarching theme emerged that illuminated adult learning theories including: (1) transferring learning of one's skills and knowledge to community and practice; (2) articulating a variety of ways to communicate with multiple, diverse community audiences; (3) employing creative process for quality improvement strategies; (4) creating positive, trusting, and rewarding relationships; and an overarching theme: collaboration emerging almost without forethought. This is a multi-prong process that brings reward to students and the community. Reflection provides for meaningfulness from SL programs and helps students identify how experiential learning affects their professional development.

Conclusion: Implementing an SL program into any nursing school curriculum strengthens the adult learning theoretical delivery approach. Disseminating projects and lessons learned from the community also showcases experiential learning opportunities for nursing students. Many aspects of awareness from the nursing students during the SL program emerged. They learned about specific aspects of community engagement. They gained many lessons from the experiences and opportunities.

KETOGENIC DIET AND ORGAN DISORDER IN WOMEN

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Hawler Medical University, Iraq

Abstract

Ketogenic diet is an eating plan that emphasizes foods that are high in healthy fats, proteins, and very low carbohydrates. The aim is to consume more calories from fat rather than carbohydrates. It is commonly used as a weight-loss technique and, in rare cases, as a treatment for some diseases. However, ketogenic diet may affect the kidney function, the function of other organs like, liver and induce hypercholesterolemia. According to the available data, this diet is very common in between women. 65% of the individual that are seeking weight lose who doing this diet are women.

The keto diet limits a person's daily carbohydrate intake while increasing the amount of fat. The aim is to encourage the body to burn fat for energy instead of carbohydrates. As we know the first source of energy in the normal condition is carbohydrates which is sugar and absorbs by the small intestine into blood stream as a glucose. Whenever one limit the carbohydrates in their diet so the body turn into other source of energy which is fat. This metabolic change puts the body into a state of ketosis. Ketosis occurs when the body starts to break down fat due to a lack of blood sugar circulating the body. The body turns the fat into ketones, which provide it with energy.

The ketogenic diet may offer benefits for women during menopause, including increased insulin sensitivity, decreased weight gain, and reduced cravings. However, it may increase certain risk factors for cardiovascular disease and restrict the intake of several important nutrients which women need under this period of life. In addition, there will be hormonal change because of carbohydrates restriction and high fat diet which lead to increase the cortisol and hence estrogen production in women. On other hand ketogenic diet or any other diet can alter the body composition and induce the wight lose which can alter GnRH levels. The disruption of GnRH causes reduced estrogen, and these changes can disrupt ovulation and lead to amenorrhea.

Kidney is one of the main organ with Functions of eliminate waste, regulation of blood pressure, regulation of red blood cell production and acid base balance. Long-Term ketogenic diet significantly lower blood pH and reduced base excess level. The analysis of blood gas values demonstrates that the administration of the ketogenic diet for 60 days causes a significant alteration in blood gas homeostasis. Long-term ketogenic diet induces metabolic acidosis, anemia, in experimental rat. It has also proposed that keto diet has risk for ca deficiency due to acidic food and risk for kidney stones according to studies.

Ketogenic diet, can induce weight loss, but also poses a risk of reducing glomerular filtration rate, inducing hyperlipidemia, and elevation of liver enzymes. The individual with keto diet have risk for vitamin and mineral deficiency, risk for getting weigh again once they go back to normal lifestyle, risk for increase LDL and Tg especially when they rely on the red meat and lards, at greater risk when they rely on saturated fat instead of unsaturated fat mono and poly. Some of the patients go on the keto diet faithfully, while others opt for a diluted version of it, where they lower their carb intake, but not to the degree that keto calls. Diets low in carbohydrates and high in animal fat can shorten an individual's lifespan by up to four years, according to study published in Lancet 2018.

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WOMEN'S PERCEPTION OF SUPPORT AND CONTROL DURING CHILDBIRTH IN THE GAMBIA, A QUANTITATIVE STUDY ON DIGNIFIED FACILITY-BASED INTRAPARTUM CARE

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Abstract

Statement of Purpose: This study determined women's perception of support and control during childbirth in The Gambia. **Methods:** A descriptive cross-sectional study was employed, using convenience sampling method to select participants in two regions in The Gambia. A sample size of 200 women who met the eligibility criteria was recruited after informed consent. The demographic-obstetric information sheet and Support and Control in Birth scale (SCIB) were used to collect data. Data analysis was done using SPSS software version 23.0.

Results: Women's perceptions of support and control were low. External control 1.85 (SD \pm 0.43) recorded the least perception compared to internal control 2.41 (SD \pm 0.65) and perception of support 2.52 (SD \pm 0.61). Participants reported the lowest perceptions in pain control, involvement in decision making, information sharing and the utilization of different position during birth. Women's age and mode of delivery significantly predicted women's perception of internal control. Educational status, mode of delivery, place of delivery and perception of support significantly predicted women's perception of external control, whilst birth plan, mode of delivery, and perception of external control significantly predicted women's perception of support. **Conclusion:** This study concluded that an environment that promotes women feeling a sense of control and support during childbirth should be created in order to ensure a dignified intrapartum care in The Gambia.

KNOWLEDGE, ATTITUDE, AND PRACTICE TOWARDS HEPATITIS B INFECTION AMONG NURSES AND MIDWIVES IN TWO MATERNITY HOSPITALS IN KHARTOUM, SUDAN

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Abstract

Background: Hepatitis B virus (HBV) infection creates a global health burden with significant morbidity and mortality. Healthcare workers, including nurses and midwives, are at higher risk of acquiring the disease. While health-related behaviours are affected by different aspects of knowledge, attitude, and practices (KAP), there are few studies examining the KAP level of healthcare workers towards HBV infection in Sudan.

Objective: To examine the KAP level of nurses and midwives towards HBV virus infection in Khartoum, Sudan.

Methods: A cross-sectional descriptive hospital-based study was conducted in (Saudi and Saad Abul-Ellella hospitals) in Khartoum, Sudan. A pre-tested structured questionnaire was constructed and implemented to examine KAP towards HBV infection. (SPSS) version of 21 was utilized to conduct statistical analysis and examine the data at hand. Chi-square test was used to determine the relationship between categorical variables.

Results: A total of 110 nurses and midwives from the both hospitals participated in this study. More than half of the respondents (58.2%) had an average level of knowledge, two-third of the respondents had a safe practice, and the majority of the respondents had a favourable attitude towards HBV preventive measures. Approximately half of the participants (51.8%) had a history of needle stick injuries. Half of the participants had inaccurate concepts about post exposure prophylaxis to HBV infection, while more than half of the nurses and midwives didn't complete the vaccination schedule for HBV.

Conclusion: Most of the participants were aware of HBV infection. However, a significant proportion of them lack the requisite knowledge about post exposure management. The study revealed a low level of HBV vaccination coverage rate and a high rate of needle stick injuries. Further strategies for preventing workplace exposure, training programs on HBV infection, including post exposure prophylaxis, and increasing vaccination coverage rate of all HCWS are highly recommended.

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November 14-15, 2022 | City Seasons Suites, Dubai, UAE

A NATIONAL JOB DESCRIPTION FOR CLINICAL RESEARCH NURSES – OUR WAY TO SUCCESS

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Abstract

Relevance: The national job description ensures quality and defines the CRN tasks, and can be used as a support for recruitment, documentation for salary setting, employee interviews and for introduction programs by colleagues. It guarantees high quality clinical research at patient settings.

Background: For the Swedish CRNs, there is currently a lack of specialist education, a national competence model and a uniform role definition. There was therefore a need to first establish a well-designed national job description to clarify and anchor the research nurse's multifaceted tasks. Clinical studies look different, and tasks vary from unit to unit and from patient group to patient group. Some tasks belong to the role of the CRN while others require delegation according to the ICH-GCP standard.

Goals: In February 2020, a project group was formed with representatives from Sweden's six university hospital, and with support from the Swedish national board of nursing. The group's goal is to produce national competency documents for clinical research nurses.

Implementation/Method: To define and verify the knowledge that the CRN possesses, the job description is designed as a checklist. The checklist should be used as a tool to describe the CRNs knowledge, competency and responsibilities and should be adapted to the current position. The timeline for the national project was about 1.5 years with a total of 15 virtual meetings. We established an Office SharePoint workgroup and revised and commented our document online. We had two national referral rounds and the final document is published on the Swedish CRN network homepage.

Implications for CRN practice and for future research: In January 2022 the group started to work with a national competency model, as a follow-up project to the national job description. The overall goal with the project group is to establish the speciality of clinical research nursing in Sweden.

TAP BLOCK AND POSTOPERATIVE ANALGESIA FOR CESAREAN SECTION UNDER GENERAL ANESTHESIA

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Abstract

Background: Since it was described by RAFI in 2001, the transversus abdominis plane block (TAP block) has been the subject of a series of publications describing the technique and its possible applications. Its simplicity of realization, its effectiveness which seems real and its relative harmlessness explain the success of this block in particular for the postoperative analgesia.

Objective: to show the interest of blind TAP block in caesarean sections under GA and the place of bupivacaine 0.333% in the TAP block.

Methods: Prospective descriptive study conducted after informed consent of the patients and mconsent of the patients and agreement of the local ethics committee. 40 patients who had a caesarean section under general anaesthesia were included and divided into two equivalent groups. Group 1 (injection of 15 cc bupivacaine 0.333% was injected on each side at the end of the procedure, according to the Group 2 (postoperative analgesia provided by paracetamol). The parameters collected were demographic data, VAS at rest and during exercise during the first 48 hours, the time hours, the time taken to take postoperative analgesics as well as their total doses, the time taken to the patient's satisfaction was assessed by a simple verbal self-evaluation scale (poor, good). The software IBM SPSS® 25.0.0.1 was used for the statistical analysis. Statistical significance was defined as $p < 0.05$.

Results: No significant difference between the two groups regarding the demographic characteristics. In the TAP block group there was better analgesia and patient satisfaction ($P < 0.01$). The ambulation was earlier in group 1 ($p < 0.05$). In addition, there was no decrease in the consumption of analgesics during the first 48 hours postoperatively. No accidents were recorded in our population.

Conclusion: The TAP block, recently introduced, is taking an increasingly important place in the arsenal of postoperative analgesia techniques due to its relative simplicity and great effectiveness.

2nd International Conference on

GYNECOLOGY & OBSTETRICS

November 14-15, 2022 | City Seasons Suites, Dubai, UAE

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