



4<sup>th</sup> International Conference on

# GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

# Special Session

# Day 1

Gynecology 2017

4<sup>th</sup> International Conference on

# GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain



## Greg J Marchand

Marchand OBGYN Department of Minimally Invasive Surgery, Mesa, USA

### Successful complete laparoscopic staging of ovarian cancer in a patient with a 17 cm malignant ovarian tumor

A 47-year-old nulligravid, morbidly obese, Caucasian female had a history of a 6 cm left adnexal cystic mass that had been followed for greater than two years. During that time, there was no significant change in character of the mass and the patient's CA-125 levels remained within normal limits for a pre-menopausal female. The patient had an onset of severe lower pelvic pain following a vigorous workout and arrived to the Emergency Department complaining of severe primarily lower abdominal and pelvic pain. Trans-vaginal ultrasound and computed tomography scan revealed a large right-sided complex adnexal mass. In recent years, the use of electro-mechanical morcellation in gynecological surgeries has become a point of controversy. The United States Food and Drug Administration released a safety communication in 2014 on the risks of dissemination of malignancies when using electro-mechanical morcellation. This new technique effectively minimizes these risks by using blunt instruments to cautiously transfer a large mass into a containment bag for morcellation and removal, while avoiding rupture of the bag itself. After this patient's tumor was removed, the remainder of the staging procedure was also able to be completed laparoscopically, an outcome that can make a very large difference to cancer patients especially. This method opens up discussion on more widespread use of minimally invasive surgery. If further studies support its efficacy in preventing tissue dissemination, it has the potential to lead to an increase in candidates for laparoscopy, the removal of larger masses through smaller holes, and ultimately better outcomes for patients.

### Biography

Greg J Marchand is a board certified Ob-Gyn who leads a practice focusing on minimally invasive surgery in Mesa, AZ. He has extensively published his research work in minimally invasive surgery and has several world records regarding laparoscopic surgical achievements. He is a Research Director in Department of Minimally Invasive Surgical at Marchand OBGYN. He is graduated from Arizona State University (ASU).

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# Scientific Tracks & Abstracts Day 1

Gynecology 2017

## Sessions:

Day 1 October 02, 2017

### Advances in Obstetrics and Gynecology | Women Reproductive Cancers | Health-Related Behaviours In Women | Gynecologic Cancers: Case Report

**Session Chair**  
**Wassil Nowicky**

Nowicky Pharma - Director, Ukrainian Anti-Cancer Institute, Austria

**Session Co-Chair**  
**Abo Taleb Saremi**

Sarem Women's Hospital, Iran

#### Session Introduction

**Title: Pregnancy blood pressure and exercise-results from a randomized controlled trial**

**Lene A H Haakstad**, Norwegian School of Sports Sciences, Norway

**Title: The closure non closure of the parietal peritoneum in the caeserean section**

**Nejla Gultekin**, Mersin Sehir hospital, Turkey

**Title: Reflection on the experiences of maternity in Brazilian prisons and consequences to children's development**

**Lana Jocasta de Souza Brito**, University of São Paulo, Brazil

**Title: Prevalence and outcome of teenage hospital births at the buea health district, South West Region, Cameroon**

**Thomas Obinchemti Egbe**, University of Buea, Cameroon

**Title: Mean difference of transcerebellar diameter on ultrasound in third trimester of pregnancy: Useful indicator of growth retardation**

**Sonia Naqvi**, Karachi University, Pakistan

**Title: Comparison of total laparoscopic hysterectomy versus total abdominal hysterectomy: An assessment of the learning curve; randomized control study**

**Sardar Muhammad Al Fared Zafar**, SOGP- President, Pakistan

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## Pregnancy blood pressure and exercise - results from a randomized controlled trial

**Lene A H Haakstad**

Norwegian School of Sports Sciences, Norway

A single blind, single center, randomized controlled trial, including 61 out of 105 women, initially enrolled in a controlled trial studying the effect of 12 weeks of aerobic exercise on maternal weight gain. The intervention included participation in two 60 minutes aerobic dance classes per week for 12 weeks, in addition to 30 minutes of daily self-imposed physical activity. Primary outcome was the mean adjusted difference in change in resting systolic and diastolic BP from baseline to after intervention. Secondary outcome was the mean adjusted difference in change in systolic BP during uphill treadmill walking at critical power. Measurements were performed prior to the intervention (gestation week 17.6±4.2) and after the intervention (gestation week 36.5±0.9). At baseline, resting systolic and diastolic BP was 115/66±12/7 and 115/67±10/9 mmHg in the exercise (n=35) and control group (n=26), respectively. After the intervention, resting systolic BP was 112±8 mmHg in the exercise group and 119±14 mmHg in the control group, giving a between group difference of 7.1 mmHg (95% CI 1.5 to 12.6, p=0.013). Diastolic BP was 71±9 and 76±8 mmHg, with a between group difference of 3.9 mmHg (95% CI 0.07 to 7.8, p=0.054). During uphill treadmill walking at critical power, the between group difference in systolic and diastolic BP was 5.9 mmHg (95% CI 4.4 to 16.1, p=0.254) and 5.5 mmHg (95% CI 0.2 to 11.1, p=0.059), respectively. In conclusion, aerobic exercise reduced resting systolic BP in healthy former inactive pregnant women.

### Biography

Lene A H Haakstad is currently working as an Associate Professor and Researcher at Norwegian School of Sport Sciences, Department of Sports Medicine and academic Chair in the Division of Fitness. Her main research area is maternal exercise and pregnancy outcomes. In this field, she has published several original research articles, as well as given oral presentations in national and international sports medicine conferences. She defended her thesis "Physical activity and weight gain during pregnancy" at NSSS in 2010. She is currently supervising three PhD students.

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## The closure non-closure of the parietal peritoneum in the caesarean section

**Nejla Gultekin**

Mersin City Hospital, Turkey

**Background & Aim:** The operation time of the second caesarean section was affected from the technics of the operation in the first caesarean section. We estimated that the operation time in the second caesarean section would be longer by non-closing of the parietal peritoneum than the closure. Firstly, the non-closure of the parietal peritoneum was seemed to gain time during the first caesarean section. However, we compared the operation time of the second caesarean section of non-closure and closure.

**Study design:** This was a retrospective study. The study had two groups of the second caesarean sections of patients who had closure and non-closure of parietal peritoneum in the first caesarean section. The closure of parietal peritoneum was control group with 1308 patients and the non-closure of any peritoneum was case group with 740 patients. In the both groups, the operation time and the amount of the adhesions of the omentum to the scarpa fascia were compared.

**Result:** The non-closure of the parietal peritoneum may gain time during the first operation but the non-closure will cause the more adhesions of omentum to the scarpa fascia and the time of the second repeated caesarean will be longer. For this reason, the recover in second operation will be late in non-closure patients.

**Conclusion:** This study was very important experiment about operation techniques for doing the second operation to the same patients. This study should be done in multiple centers with more number of patients in the World.

### Biography

Dr.Nejla is 37 years old. I have been educated from Marmara University, Faculty of Medicine, in 2003 and worked at the Marmara University Hospital in Obstetrics and Gynecology Department between 2004 and 2010. I worked in pathology department of Maimonides Medical Center, New York - USA for learning the pathologic criteria in any specimen by gross appearance and also by microscopic appearance. So that during operation I know the best way of transportation of specimen and I can figure out the suspicious of cancer lesions or benign lesions properly. I worked in an anaesthesiology department of Maimonides Medical Center in New York - USA to observe the act of anaesthesia in normal vaginal delivery and caesarean section

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## Reflection on the experiences of maternity in Brazilian prisons and consequences to children development

Lana Jocasta de Souza Brito  
University of São Paulo, Brazil

In the perception of common sense, punishments should legitimize the practices of corporal punishment, torture and death. However, this perspective of justice is in opposition to all the fundamental individual and collective guarantees conquered in human history. The Brazilian prison system is precarious which makes it difficult to enforce these rights, even more, if related to the incarceration of pregnant women. There is a strong disinterest in this kind of incarceration, in which it runs from the figure of the mother condemned to the baby and this will possibly have repercussions in the development of this child. This critical-reflective study brings the discussion about the aspects of motherhood during the imprisonment; the one that has simultaneously the incarceration of the child. This article, through arguments derived from scholarly articles, instigates us to explore this issue forcefully in order to sensitize and reflect on the experiences of motherhood during seclusion and the possible consequences for the development of the child. This gestation will occur in an environment of imprisonment that weakens family ties, in which there is continuous exposure to diseases and violence and physical and sensorial limitation for these children, which, although the relationship between mother and child is indispensable for the affective and children's psychosocial issues will also have repercussions on this development.

### Biography

Lana Jocasta de Souza Brito completed her Master's degree in Nursing from University of São Paulo, Brazil. She has experience as a Nurse in maximum security prisons.

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## Prevalence and outcome of teenage hospital births at the Buea health district, South West Region, Cameroon

Thomas Obinchemti Egbe  
University of Buea, Cameroon

**Background:** Teenage pregnancy is a high-risk condition that requires skilled antenatal care for good outcome. World estimates report in 2008 about 16 million births to adolescent mothers, most of them occurring in low and middle-income countries. In Cameroon, about 12% of all births are to adolescent mothers. This study determines the prevalence of hospital teenage deliveries in the Buea health district and compares the delivery outcomes and demographic characteristics between pregnant teenage mothers (14–19) and adult mothers (20–29 years). We also identify factors associated with adverse pregnancy outcomes.

**Methods:** We undertook a retrospective study of case files of patients who gave birth in the Buea Regional Hospital during the period 2009–2012, to determine the prevalence of hospital-delivered teenage pregnancies in the BHD. We also undertook a cross-sectional study to compare the outcomes of 148 singleton adolescent births with 360 adult births in three health facilities in the Buea health district during the period March 1 to August 31, 2013.

**Results:** The prevalence of teenage births was 13.3%. The adverse fetal outcomes imputable to adolescent births were low birth weight (<2,500 g) (OR 2.79; 95% CI, 1.28-6.09), preterm babies (<37 weeks) (OR: 1.85; 95% CI, 1.01-3.41), low 5 min Apgar score <7 (OR: 1.66; 95% CI, 0.91-3.0). Adverse maternal outcomes associated with teenage pregnancies were mainly perineal tear (OR, 1.6; 95% CI, 0.95-2.7). Teenage births were not discovered in any significant way to cause preeclampsia/eclampsia, episiotomy, premature rupture of membranes and caesarean section. Maternal factors like age and gravidity were discovered to lead to adverse fetal outcomes in adolescents, while maternal factors like age, unemployment, marital status and gravidity were for their part, directly responsible for adverse maternal outcomes in adolescents.

**Conclusion:** Teenage pregnancies are quite prevalent in the Buea health district, and hospital delivery common. Adolescent pregnancies are more likely to lead to adverse fetal and maternal outcomes than adult pregnancies.

### Biography

Thomas Obinchemti Egbe is an Associate Professor of Obstetrics and Gynecology at University of Buea, Cameroon. He completed Medical training with a distinction at University of Yaounde in 1985. He pursued his Residency training in Obstetrics and Gynecology at University of Pavia, Italy and graduated in 1994, and did further training in Gynecologic Endoscopy and Infertility at University of Paris V, France. His research interest includes Reproductive Health and has published several papers in this field. He is also a member of several professional organizations including the Cameroon Society of Obstetrics and Gynecology, Italian Society of Obstetrics and Gynecology etc.

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## Mean difference of transcerebellar diameter on ultrasound in third trimester of pregnancy: Useful indicator of growth retardation

**Sonia Naqvi**

Baqai Medical University Karachi, Pakistan

To determine the mean difference of Trans cerebellar diameter between normal and growth restricted fetuses as a useful indicator of growth retardation.

**STUDY DESIGN:** Cross sectional study**STUDY PLACE AND DURATION:** Department of Obstetrics & Gynaecology in collaboration of Department of Radiology, Sir Syed Hospital Karachi, a private tertiary care center. Over six months from 15th June 2016 to 15th December 2016.**PATIENTS AND METHODS:** Total 120 pregnant women were recruited in the study referred for ultrasound scan between 28-40 weeks of gestation during the antenatal period (60 normal fetuses and 60 growth restricted fetuses) were included. All the observations included maternal age, parity, history of any medical disorder, gestational age, last menstrual period, ultrasonographic findings (i.e. Normal growth or IUGR) and transcerebellar diameter were recorded on proforma. SPSS version 20.0 was used for data analysis. All continuous response variables like maternal age, gestational age, parity and transcerebellar diameter were presented as Mean±SD. Unpaired T-test was applied to see mean difference of maternal age, parity, gestational age, transcerebellar diameter between normal and growth restricted fetuses.**RESULTS:** Overall mean maternal age was 28.61±4.72 years and mean gestational age was 33.8±2.93 weeks. Mean transcerebellar diameter of fetus by scan of Normal group was 34.40±3.70cm and 32.93±2.47 cm of IUGR group (p=0.012). In the gestational age 37-40 weeks, mean TCD 36.11±1.537 of IUGR group was less than 38.93±2.086 of normal growing fetus group (p=0.001). Pearson's correlation (r=0.892) between TCD and actual gestational age. The correlation between gestational age and TCD in normal growth fetus was r = 0.876 and in IUGR group was r = 0.901.**CONCLUSION:** Measurement of TCD with expert hands is a useful indicator of growth retardation with regards to strong correlation between TCD & GA and mean difference of TCD of normal growth versus intrauterine growth restricted fetuses, particularly in gestational age group 37-40 weeks.**KEYWORDS:** Transcallebral diameter, growth retardation, gestational age, biometric measurement,

### Biography

Dr. Sonia Naqvi is a graduate of Dow Medical College Karachi. She has done M.R.C.O.G. From Royal College of Obstetricians & Gynecologists in 2001. She has also done FRCOG in 2013 from London. She has done various Courses including Laparoscopy, Hysteroscopy, Colposcopy, Family Planning etc. At present she is working as Consultant Gynecologist & Infertility Specialist at Australian Concept Infertility Medical Center Karachi. She has special interest in reproductive endocrinology, Assisted Reproductive Techniques (ART), Laparoscopy, Hysteroscopy. She has previously worked as Consultant gynecologist in various hospitals. She was a senior registrar at Dow Medical College Civil Hospital, Karachi. She was involved in organizing MRCOG courses and seminars in Karachi and Islamabad at various hospitals. She was an Assistant Professor at Baqai Medical University Karachi. She was Demonstrator /Lecturer in department of OBS & Gynae at Civil Hospital Karachi. She Presented papers in National and international conference also she was master Trainer of JPELGO project of PPIUCD.

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## Comparison of Total Laparoscopic Hysterectomy versus total abdominal hysterectomy: An assessment of the learning curve; Randomized Control Study.

**Sardar Muhammad Al Fareed Zafar**  
SOGP- President, Pakistan

**Abstract:** Hysterectomy is one of the most commonly performed major gynecological operations.

**Objectives:** The purpose of this study was to compare the outcome between total laparoscopic hysterectomy and abdominal hysterectomy regarding blood loss during surgery, surgical time and postoperative hospital stay.

**Settings:** Department of Gynecology & Obstetrics Allied Hospital, Faisalabad Medical University, Faisalabad.

**Period:** 1st January 2016 – 1st January 2017 (1 Year).

**Study Design:** Randomized control Study.

**Material & Methods:** The ethical committee of Faisalabad Medical University, Faisalabad approved the study protocol. The patient demographical characteristics were similar in both groups. 106 patients were enrolled. Including 56 case of total laparoscopic hysterectomy and 50 cases of abdominal hysterectomy which met inclusion criteria.

**Result:** Average intra-operative blood loss in 50 patients of total abdominal hysterectomy was between 300-500ml while in laparoscopic surgery average blood loss was negligible that is less than 100ml. Time employed for the laparoscopic hysterectomy was 45mins to 150mins with average of 75mins. In our study with increasing experience and good collaboration of surgical team, duration of surgery was found to be reduced. Post-operation hospital stay in case of total laparoscopic hysterectomy was 1-2 days while total abdominal hysterectomy it was 5-7 days.

**Conclusion:** The laparoscopic approach is an acceptable treatment modality in current gynecological practice with good experience and good collaboration of surgical team, time duration can be shortened and negligible blood loss during surgery.

**Keywords:** Total Laparoscopic Hysterectomy (TLH). Total Abdominal Hysterectomy (TAH).

### Biography

Prof. Dr. Sardar Fareed-al-Zafar who is the also holding the post of the Head of the Gynaecology & Obstetrics Allied Hospital Faisalabad. Dr. Fareed is also Head of Allied Hospital & DHQ Hospital Faisalabad along with 4 other hospitals under the university authority. The first group of graduates with M.B.B.S degrees finished in 1978.

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# Special Session

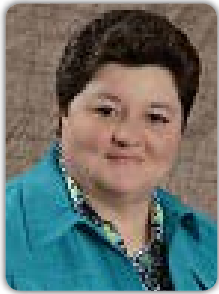
# Day 2

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## *Dianne L Kerr*

Kent State University, USA

### **A comparison of lesbian, bisexual and heterosexual college women on reproductive health screenings and sexual behaviors**

**Statement of the Problem:** Little is known about sexual minority college women regarding reproductive health screenings and sexual risk behaviors. Research that has been conducted often combines LGBT individuals into one group for analysis, which may mask the variance between these groups. The Institute of Medicine has recognized the need to separate groups from the LGBT spectrum in order to more accurately reflect differences. The purpose of this study was to compare lesbian, bisexual, and heterosexual college undergraduate women on reproductive health screening behaviors and to determine associations between screening, number of sexual partners, types of sexual intercourse, condom/protective barrier use, and demographic variables.

**Methodology & Theoretical Orientation:** The study utilized a pre-existing data set, from the American College Health Association's National College Health Assessment. The theoretical orientation was minority stress theory, indicating lesbian and bisexual women would be more at risk for health debilitating behaviors due to minority stress.

**Findings:** Bisexual college women participated more in screenings and were more likely to participate in anal sex than heterosexual women or lesbians. Bisexuals were less likely to use condoms/protective barriers for vaginal and anal sex in the last 30 days than heterosexuals. Most of the sample used no barrier protection for oral sex. Lesbians were less likely to have gynecological exams than bisexual and heterosexual women and to be tested for HIV than bisexual women. Bivariate tests found significant associations between sexual orientation and each of the preventive screenings. The number of sexual partners was a significant predictor for all screening tests with those having more partners screening more frequently.

**Conclusions & Significance:** Health center personnel should attend to the unique needs of each sexual minority group, particularly bisexual women who appear to be at higher risk than lesbian or heterosexual women.

### **Biography**

Dianne L Kerr is a Professor of health education and promotion in the School of Health Sciences at Kent State University with a specialization in HIV education and sexual health. Her passion is advocating for the health of LGBTQ individuals. This began with work at the American School Health Association as AIDS Education Project Director in some of the most critical years of the AIDS epidemic. She has conducted numerous workshops and presentations on LGBT bullying and transgender health. She is currently a Provost's Faculty Associate for diversity equity and inclusion working on policies to benefit LGBTQ students, faculty and staff at the university. She has over 60 publications and has conducted hundreds of presentations. She has won several state and national awards for her work with under-represented populations.

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## Scientific Tracks & Abstracts Day 2

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# Sessions:

Day 2 October 03, 2017

## Infertility | Gynecologic Surgery | Health-Related Behaviours In Women | Uro- Gynecology

### Prenatal Diagnosis

#### Session Chair

**Dianne Kerr**

Kent State University, USA

#### Session Co-Chair

**Amy Thompson**

University of Toledo, USA

#### Session Introduction

**Title: Transverse perineal support: A novel surgical treatment for perineal descent in patients with obstructed defecation syndrome**

**Adolfo Renzi**, Villa delle Querce Hospital, Italy

**Title: Assessment of the attention of childbirth by professionals in public maternity hospitals**

**Leila Bernarda Donato Göttems**, Escola Superior de Ciências da Saúde, Brazil

**Title: Pregnancy with large intra-abdominal tumor – case report**

**Gabriela Bushinoska-Ivanova**, Gynecology and Obstetrics Clinic-Skopje, Macedonia

**Title: Early ultrasound screening for fetal malformations in the second pregnancy after combined modality treatment for Hodgkin's disease: A case report**

**Jordancho Ivanov**, Clinical Hospital Acibadem Sistina, Skopje, Macedonia

**Title: The effect of nifedipine used as tocolytic agent on postpartum blood loss among Filipino pregnant patients in a tertiary hospital: A prospective cohort study**

**Ma. Sheryll de Jesus**, University of Philippines, Philippines

**Title: Does an antenatal educational programme improve maternal outcomes among obese pregnant women in the Kurdistan region of Iraq?**

**Aveen Hajimam**, De Montfort University, UK

**Title: Impact of routine hysteroscopy (HS) prior to intrauterine insemination (IUI) on pregnancy rates (PR) in infertile couples at Al-Amal hospital, Misurata, Libya**

**Aisha M Elbareg**, Misurata University, Libya

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## Transverse perineal support: A novel surgical treatment for perineal descent in patients with obstructed defecation syndrome

**Adolfo Renzi**

Villa delle Querce Hospital, Italy

**Background:** We hypothesized that pathological perineal descent may be responsible for the failure of operations for obstructed defecation syndrome and that correcting excessive perineal descent may improve the outcome in this group of patients.

**Objective:** To report the short-term preliminary results of a novel surgical procedure, Transverse Perineal Support, for the correction of pathological perineal descent.

**Method:** Prospective, uncontrolled, open-label study was conducted in a hospital and a university center. Among 25 patients observed with failure of previous surgery for obstructed defecation syndrome, 12 with pathological perineal descent underwent Transverse Perineal Support, were followed-up at 6 months and constituted the object of analysis. Interventions: The surgical procedure was performed positioning a porcine dermal implant just above the perineum superficial fascia sutured to the periosteum membrane of ischiatic tuberosities at the insertion of the superficial transverse perineal muscle. Main Outcome Measures: The main outcome measures were: obstructed defecation syndrome score, X-ray and magnetic resonance defecographic imaging evaluation of perineal descent and ano-rectal manometric parameters.

**Results:** Postoperative median obstructed defecation syndrome score was 7.0(3-8), showing a statistically significant difference if compared with the preoperative one, 13.5(9-18), ( $P=0.0005$ ). The mean postoperative maximum intrarectal pressure was 69.4(11.1) mmHg, significantly higher than the preoperative one, 45.9(12.8), ( $P<0.0001$ ). At postoperative X-ray and magnetic resonance imaging defecography, the mean fixed and dynamic perineal descent were significantly lower than the preoperative ones ( $P=0.02$  for fixed perineal descent and  $P=0.0004$  for dynamic perineal descent). Out of the four patients (33.3%) with preoperative pathological dynamic perineal descent, only 1 showed a persistent pathological dynamic perineal descent. No early or late complication was observed.

**Limitations:** The study was limited by its small size and short follow-up time.

**Conclusions:** Transverse Perineal Support would appear to be a promising, safe and effective procedure in the treatment of obstructed defecation syndrome associated with pathological perineal descent.

### Biography

Dr. Adolfo Renzi, graduated in Medicine and Surgery (1996) and specialized in General Surgery (2002) at the Faculty of Medicine of the Second University of Naples. At the same university he obtained the title of Doctor in Research (2006). Colonoscopy training has matured, as a research fellow, at the Department of Color Surgery at Cleveland Clinic Florida, USA (2000). Author of several scientific papers, published in national and international journals, has conducted research at the Second University of Naples, dealing mainly with advanced laparoscopic surgery and post-operative early feeding. He is currently Chirurgical Group Manager and is Coordinator of the Colon Pathology Unit "Pelvic Care Center" at the Clinica Villa delle Querce di Napoli. Inotre, he is the President of the Italian Society of Colon Proctology (SIUCP).

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## Assessment of the attention of childbirth by professionals in public maternity hospitals, Brasilia, Brazil

**Leila Bernarda Donato Göttems**

Escola Superior de Ciências da Saúde, Brazil

**Introduction:** The model of organizing attention to childbirth and birth proposed by the Ministry of Health (MS) in Brazil, since the decade of 1990, reinforced by means of the Rede Cegonha (RC) in 2011, follows international recommendations: to adopt practices that provide pregnant women, recent mothers and newborns with full and quality care, access to health practices based on scientific evidence and recognition of pregnant women and their families as main actors in this scenario<sup>2-3</sup>.

**Objective:** To analyze the implementation of the guidelines and practices proposed by the Rede Cegonha, the potentials and gaps in the services in the perception of professionals working in the attention of childbirth in the public maternity wards of the Distrito Federal.

**Method:** Transversal study conducted in 11 public hospitals in Brasilia, Brazil. Applied questionnaires to doctors and nurses who operate in obstetric centers, sample with 261 professionals. Data collection from January to March, 2015. Profile data analyzed by descriptive statistics. Instrument items analyzed through Analysis of Variance (ANOVA) One Way to compare the averages adjusted to 0 to 100, between hospitals and among the professional categories.

**Results:** It was verified average and standard deviation of age of  $35\pm 9.5$  years for nurses and  $39.5\pm 10.2$  for doctors, with time of graduation of  $10.48\pm 8$  and  $14.4\pm 10.5$  for nurses. In the average scores of professionals, there are differences between the dimensions and the professional categories: 1) organization of the network of attention to childbirth and birth (nurses  $41.3\pm 10$  and doctors  $38.9\pm 9.9$ ), 2) scientific evidence-based practices (nurses  $66\pm 10.7$  and doctors  $65.7\pm 26.7$ ) and 3) working process (nurses  $53.2\pm 9$  and doctors  $65\pm 7.5$ ). Among hospitals, the average scores ranged from  $50\pm 3$  to  $62\pm 5$ .

**Conclusions:** It is noted that the professionals have good practice of attention to childbirth, but unnecessary interventions still persist.

### Biography

Leila Bernarda Donato Göttems has researched in the following topics: management and evaluation of health policies with emphasis on women's health and patient safety. The main methodology is quantitative and has focused in the question: "how health professionals are working to care the women during the pregnancy, delivery and postpartum to protect them against incidents with and without damage and to reduce morbidity and mortality?".

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## Pregnancy with Large Intra-Abdominal Tumor – Case Report

**Gabriela Bushinoska-Ivanova**

Gynecology and Obstetrics Clinic-Skopje, Macedonia

**Introduction:** In some cases, pregnancy can occur with large tumor masses in the abdomen. This compromises the pregnancy and asks for premature delivery or abortion, depending on when the tumor mass is diagnosed. The abdominal tumors which occur during pregnancy may be of gynecologic origin, other abdominal tumors, lymphomas or other undiagnosed abdominal masses. These masses need to be operated as soon as the pregnancy ends. It's often difficult to diagnose them unless there are symptoms like pressure on the bowels, ileus, vomiting, weight loss and circulation problems.

**Conclusion:** In rare cases, pregnancy can be compromised by large intra-abdominal tumors which can put the health of both the mother and the fetus in danger. It's suggested that future mothers are regularly examined, prior to pregnancy, so that they can keep track of their health and ability to reproduce. The entire pregnancy period should be carefully observed, too, since the symptoms can sometimes lead to interdisciplinary examinations and consultations with other specialists. This will ensure mothers are healthy and can give birth to healthy offspring. Up to her 32nd g.w. the patient in this case report was only examined by her local gynecologist and was not submitted to secondary or tertiary obstetrics examination, hence her condition couldn't be diagnosed sooner.

### Biography

Gabriela Bushinoska-Ivanova is a Gynecologist at Gynecology and Obstetrics Clinic-Skopje, Macedonia.

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## Early ultrasound screening for fetal malformations in the second pregnancy after combined modality treatment for Hodgkin's disease: A case report

**Jordancho Ivanov**

Clinical Hospital Acibadem Sistina, Skopje, Macedonia

**Introduction:** Therapeutic progress in HD has led to a high rate of cure, but at the expense of some side effects. Abnormalities reported so far are: cardiac toxicity, pulmonary toxicity, endocrinal failure, second cancers and congenital malformations. Although several studies reported in the literature showed no or slightly increased risk of congenital abnormalities among newborns of women previously treated for Hodgkin's disease compared with the general population, abnormalities do occur and sometimes they are very odd and difficult.

**Case Report:** We report a case of female patient, 25 years old, Macedonian, presented with Hodgkin's disease, subtype nodular sclerosis, stage IIIA. The patient received chemotherapy according to ABVD protocol-6 cycles. Thereafter she received mantle field radiation with 3600 cGy. She was followed for the next 36 months and then she became pregnant.

**Clinical Cases of Summary Results:** Ultrasound confirmed a normal fetus in first pregnancy during controls. A normal female baby was born with Caesarean Section at term. Clinical assessment in the follow-up period showed normal development. Also the mother was assessed regularly and was free of disease. The next pregnancy occurred 87 months after completion of treatment. At 13th gestational week ultrasound assessment revealed malformations and induced abortion was suggested. A male fetus with malformations on the head such as proboscis, cyclopia and omphalocele on the front abdominal wall containing liver and small bowels was found. After induced abortion the autopsy report from the Institute of Pathology was: male fetus with malformations on the head like proboscis and cyclopia (one eye beneath proboscis), and omphalocele on the frontal abdominal wall containing liver and small bowels. Other findings were normal. The patient has been followed-up regularly until now. She is disease free, with no more pregnancies.

**Conclusions:** We consider this case important in bringing the potential late side-effect to the attention of both patient and doctors. They should be alert for the risk of congenital abnormalities in newborns of women previously treated for Hodgkin's disease, especially with combined modality treatment, and should check for them during pregnancy, at birth, in early childhood or in adulthood. Treatment with chemotherapy, radiation therapy or both may have adverse effects on germ cell survival, fertility and health of offspring. Congenital abnormalities occur in 3-5% of all live births and the possibility of an increased risk of congenital abnormalities in newborns cannot be ignored.

### Biography

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### Notes:

4<sup>th</sup> International Conference on

# GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

## The Effect Of Nifedipine Used As Tocolytic Agent On Postpartum Blood Loss Among Filipino Pregnant Patients In A Tertiary Hospital: A Prospective Cohort Study

**Ma Sheryll R De Jesus**

University of the Philippines, Philippines

**Objective:** To determine the risk of postpartum hemorrhage among patients who were treated with nifedipine for tocolysis of preterm labor.

**Study design:** A prospective cohort study was conducted with 66 pregnant women admitted for preterm labor. One group of women was given nifedipine to give time for the administration of corticosteroids for fetal lung maturity and/or control of preterm labor and one group was not given with nifedipine as they were admitted at far advanced stage of labor. Independent/Paired Sample T-test, Mann-Whitney U/Wilcoxon Signed rank test and Fisher's exact test were used to determine the difference of mean, median and frequency between and within groups, respectively. STATA 12.0 was used for data analysis.

**Results:** There was more blood loss during delivery among those who received nifedipine compared to those who have not taken the medicine, which was statistically significant (350 ml versus 250 ml,  $p=0.021$ ). Furthermore, the decreases in hemoglobin and hematocrit were also lower among those who did not receive nifedipine compared to those who received nifedipine for tocolysis (8.5 mg/dL versus 16.0 mg/dL,  $p=0.014$  and 0.03 versus 0.05,  $p=0.010$ ), again, statistically significant.

**Conclusion:** Nifedipine used as tocolytic appear to increase blood loss during delivery, which was statistically significant. Greater amount of blood loss may be anticipated among those with nifedipine intake thus helping the obstetrician in preparing for active management of postpartum hemorrhage and preventing maternal morbidity and mortality.

### Biography

DR. MA. SHERYLL R. DE JESUS finished her residency training in Obstetrics and Gynecology at the University of the Philippines – Philippine General Hospital in 2016. She is currently a Fellow-in-Training at the Section of Reproductive Endocrinology and Infertility at the same institution. She plans to pursue her career and study in-vitro fertilization in the future.

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4<sup>th</sup> International Conference on

# GYNECOLOGY & OBSTETRICS

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## Does an antenatal educational programme improve maternal outcomes among obese pregnant women in the Kurdistan region of Iraq?

**Aveen Hajimam**

Hawler Medical University, UK

Maternal obesity is associated with health risks for mother and new-born. Obesity during pregnancy has increased dramatically in Iraqi Kurdistan. The aim for this study is to assess the influence of an educational program on the maternal pregnancy outcomes of obese women attending primary health centres in a large city in the Kurdistan region of Iraq. A randomized controlled trial was undertaken. 292 pregnant women who attended one of three health centres for their antenatal care prior to 20 weeks gestation were recruited to the study. 99 women were recruited of normal weight women were of normal weight with a BMI of 20-25Kg/m<sup>2</sup>, (baseline group), 96 women had a BMI  $\geq$  30 and were randomised to receive normal care (control group) and 97 obese women were allocated to received normal antenatal care and invited to participate in an antenatal education programme (intervention group). Maternal outcomes measured were gestational weight gain during pregnancy, pregnancy induced hypertension, Gestational Diabetes Mellitus and duration of pregnancy. Obese women were older and were more likely to have had more pregnancies than normal weight women. Regarding maternal outcomes there was no statistically significant difference among the three groups regarding pregnancy induced hypertension, and Gestational age at onset of labor. In relation to Gestational Diabetes Mellitus findings indicated that the prevalence of Gestational Diabetes Mellitus was reduced among those obese women who received the educational programme compared to the control and baseline groups. In addition all obese women (intervention and control groups) had a statistically significant lower weight gain in pregnancy compared to baseline group. The antenatal education programme made a small difference to maternal outcomes. One factor which may have affected the results of this study was the low attendance rate among women who were randomized to receive the education programme. A higher rate of attendance at education classes may have improved outcomes in others areas.

### Biography

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4<sup>th</sup> International Conference on

# GYNECOLOGY & OBSTETRICS

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## Impact of routine hysteroscopy prior to intrauterine insemination on pregnancy rates (PR) in infertile couples at Al-Amal hospital, Misurata, Libya

Aisha Mohamed Elbareg  
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**Objectives:** HS is an accurate tool for management of intrauterine pathology (IUP) as it detects multiple and subtle uterine lesions, and enabling treatment at the same setting. Intrauterine insemination (IUI) is an effective treatment of low complications rate, to be offered before starting more ART invasive options. As IUP can negatively affect implantation, this study investigated the routine use of hysteroscopy (HS) prior IUI in management of infertile women with the main outcome measure studied was conception / PR.

**Materials & Methods:** Referred 180 patients (with primary and secondary infertility, 129 & 51 women respectively), ages: 23-38 years, similar BMI and candidate for (COH) with clomid & gonadotropin in conjunction with IUI cycles were included in a prospective controlled study for two years (April 2015 to March 2017). All underwent day 3 hormonal evaluation, divided equally & randomly into 2 groups (gps): (A) underwent diagnostic HS to rule out IUP and (if found) operated by means of a 5.5 mm Olympus continuous flow HS before IUI which has to be performed the following cycle if normal or 3 cycles after operation, (B) as a control (IUI without HS). Semen samples collected after 5 days of sexual abstinence & prepared by swim up technique. IUI performed with a volume of 0.5ml. Luteal support in all patients by oral dydrogestrone for 2 weeks. Clinical PR : +ve pregnancy test and GS visualized by TVS 4 weeks after IUI, and compared between the two gps. Any complications were recorded. Statistical analysis performed using SPSS packages for Windows. P-value significant if ( $< 0.05$ ).

**Results:** Total patients lost in follow up: 27(15%): 19(21.1%) from control gp leaving 71(78.88%), and 8(8.88%) from study gp, leaving 82(91.1%). HS revealed no IUP in 53(58.88%) from study gp, while 37(41.11%) were with abnormalities: 14(15.55%) mild adhesions, 8(8.88%) small endometrial polyps, 6(6.66%) small submucosal myomas, 4(4.44%) uterine septum, 3(3.33%) endocervical lesions, 2(2.22%) chronic non-specific endometritis, (more abnormalities in women aged  $\geq 30$  years and those with secondary infertility). Relation between pregnancy and type of pathology not significant ( $P > 0.623$ ). No statistical difference in characteristics between both gps regarding age, cause, type or duration of infertility. Overall clinical PR in both gps after IUI was statistically significant ( $P < 0.05$ ): 38 out of 82(46.34%) in study gp, and 18 from 71(25.35%) in the control. All pregnancies in study gp occurred within first 2 IUI cycles. Pregnancies in control gp were as follows: (11%) 1<sup>st</sup> cycle, (34.4%) 2<sup>nd</sup> cycle, (42.5%) 3<sup>rd</sup> cycle and (12%) 4<sup>th</sup> cycle. No significant reactions or surgical complications were recorded.

**Conclusions:** HS before IUI is an effective and safe procedure in management of any IUP, it improves significantly the chances of conception in infertile women before proceeding to more sophisticated and expensive treatment options.

### Biography

Aisha Mohamed Elbareg is working as an Associate Clinical Professor and Consultant Obstetrician & Gynecologist with Sub-Specialty in Endoscopic Surgery & Reproductive Medicine at Misurata University/Al-Amal Hospital for Obstetrics & Gynecology, Infertility Treatments and Genetic Research. Obtained her first Medical degree in 1994 from Al-Arab Medical University, Libya, also a Master degree of Medical Sciences in ART from Nottingham University, UK (2001), and a PhD from Manchester University, UK (2007), in addition to the Arab Board of Obstetrics & Gynecology (2005). She had attended several advanced Courses: in ((IVF/ICSI), Leuven University Fertility Centre, Belgium), (Prolapse Surgery and Non Descent Vaginal Hysterectomy, Nepalgunj University/Nepal), (Gynecological Endoscopic Surgery, Alexandria Endoscopic Association, Alexandria-Egypt). Published more than 24 papers, and attended more than 90 Scientific meetings, workshops, national and International Congresses since primary graduation, being an invited Speaker among some of them, also as an editorial board member, reviewer, and member: of the Scientific Committees of some Local & International Journals and Conferences such as the 44<sup>th</sup>, 45<sup>th</sup>, and 46<sup>th</sup>: (2015), (2016) and (2017) AAGL Minimally Invasive Gynecology Global Congress, U.S.A, and Professional Societies like the (European Society of Gynecology).

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