



5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland

Scientific Tracks & Abstracts Day 1

Gynecology 2018

SESSIONS

Prenatal Diagnosis | Health-Related Behaviours In Women | Maternal Fetal Medicine | Gynecological Oncology

Chair: Vijay Nielsen, Nielsen Clinic, Canada

SESSION INTRODUCTION

- Title:** Placental growth factor in first trimester aneuploid pregnancies
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia
- Title:** A retrospective survey of counselling effects on stress and anxiety in women undergoing IVF in Singapore
Tanja S. Faessler-Moro, CRG Counselling Research Group, Singapore
- Title:** The crisis experience among first-time mothers: Preparedness to parenthood and personal coping strategies
Yeela Tomsis, Zefat Academic College , Israel
- Title:** Managing abortions in India-a threat to the pregnant woman
Alka Garg, Carewell Hospital, India
- Title:** The experience of preconceptional care and pre and postnatal specifying diagnosis as a consistent system of inborn inherited pathology prevention
Olena Grechanina, Kharkiv Interregional Specialized Medical Genetic Center-Center of Rare (Orphan) Diseases, Ukraine
- Title:** Effectiveness of breast cancer awareness programme in changing knowledge, attitude and practices among educated women in Raipur
Anjali Pal, All India Institute of Medical Sciences Raipur, India

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Placental growth factor in first trimester aneuploid pregnancies

Michael J Sinosich

Douglass Hanly Moir Pathology, Australia

Placental growth factor (PlGF) is a member of the VEGF (vascular endothelial growth factor) sub-family-a key molecule in angiogenesis and vasculogenesis. The main source of PlGF during pregnancy is the placental trophoblast. PlGF was retrospectively quantified (DELFI[®] DXpress; PerkinElmer) in women with known pregnancy outcome. Study group consisted of: i) normal (n=300), ii) abnormal: trisomy 21=56, trisomy 18=23, trisomy 13=6, triploid=15, monosomy X=7. PlGF MoM values were calculated by LifeCycle v4 (Perkin Elmer), using lot specific derived polynomial regression curve. Median PlGF MoM values were depressed in pregnancies carrying a foetus affected with: trisomy 21=0.81 (95%CI=0.72–0.90), trisomy 13=0.87 (95%CI=0.79–0.95), trisomy 18=0.89 (95%CI=0.78–1.00), triploidy=0.68 (95%CI=0.59–0.77) or with non-viable aneuploidies. However, in viable sex chromosome aneuploidy (Monosomy X), PlGF proved less discriminatory with median MoM=0.91 (95%CI=0.76–1.06). The above findings support the inclusion of PlGF into first trimester biochemical panel for screening for fetal aneuploidy. Inclusion of PlGF, in a contingent screening model, could detect up to 98.3% of Down's syndrome cases. In addition, PlGF has a role in first trimester for assessment of maternal wellbeing, such as, detection of early onset pre-eclampsia.

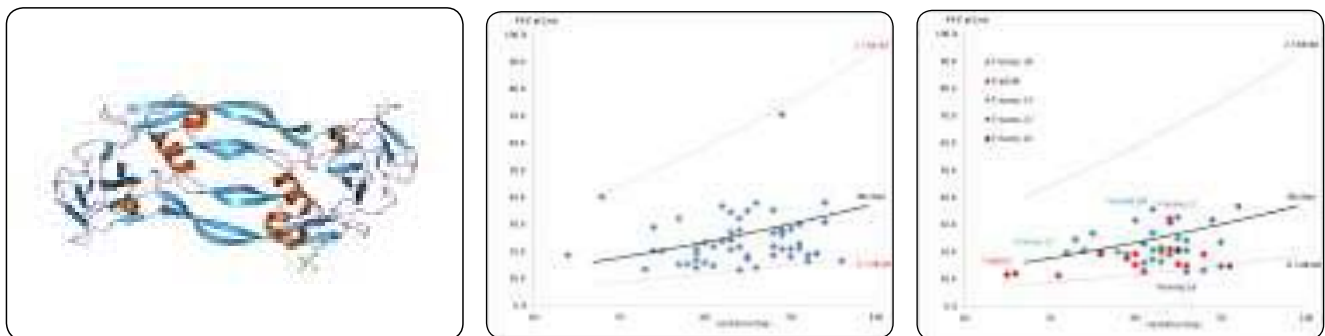


Figure 1A: Regressed median (with 0.5 and 2.5 MoM limits) PlGF levels in normal first trimester pregnancies.

Figure 1B: PlGF MoM values in pregnancies carrying Trisomy 21 foetus.

Figure 1C : PlGF MoM values in first trimester pregnancies carrying a confirmed aneuploid foetus, including, Trisomy 13, Trisomy 18, Trisomy 21 and Triploid (see Methods above).

Biography

Michael J Sinosich has completed his PhD on Trophoblast Physiology and PAPP-A. His research interests include non-invasive assessment of fetomaternal wellbeing. He is the Director of Prenatal Testing (DHM Pathology) and serves as Consultant at Pictor Ltd, a developer and manufacturer of multiplexed microELISA assay platform. He has published and presented numerous papers in reputed journals and holds several patents.

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A retrospective survey of counselling effects on stress and anxiety in women undergoing IVF in Singapore

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CRG Counselling Research Group, Singapore

In our centre, women undergoing ART follow the in-vitro fertilization (IVF) antagonist protocol for ovarian stimulation. They receive a human chorionic gonadotrophin (hCG) trigger followed by egg retrieval 36 hours later. Eggs are fertilized by intracytoplasmic sperm injection (ICSI) then cultured for five days. Viable blastocysts are frozen. Single blastocysts are transferred via frozen embryo transfer (FET). Women who have difficulty conceiving and continuing a pregnancy experience a range of negative thoughts and emotions, ranging from self-blame, fear of failure and low mood, to somatization or reproductive trauma. They may have marital problems and difficulty balancing work with the demands of the IVF process. Generally in Asia, there is little professional psychological and emotional support offered to such women on their fertility journeys, despite evidence that promoting psychological well-being may build equanimity and compliance, and contribute to the probability of success in ART. In our clinic, patients who undergo ART routinely receive fertility counselling at two time periods when women have reported that they experience the most stress and anticipatory anxiety: just before embarking on ovarian stimulation, and the period between just prior to the FET and the pregnancy test. Some will elect to have further counselling sessions to address specific psychological and emotional issues. We will report the results of a retrospective survey conducted on women who underwent counselling at our clinic during 2017.

Biography

Tanja S. Faessler-Moro is the founder of coachingconnectz, the first provider of specialized fertility coaching and counselling in Southeast Asia. She holds an executive master degree in IOP from Baruch College/City University of New York, and has contributed to two books on the topics of miscarriage, stillbirth and stress whilst on a fertility journey. She is currently co-developing a psychological intervention with special focus on the effect of stress in Asian women undergoing in-vitro fertilisation (IVF).

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Notes:

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The crisis experience among first-time mothers: Preparedness to parenthood and personal coping strategies

Yeela Tomsis^{1,2}, Marc Gelkopf², Hanoeh Yerushalmi² and Yaniv Zipori³¹Zefat Academic College, Israel²University of Haifa, Israel³University of Toronto, Canada

Background: Upon giving birth, various emotional problems may appear that can cause difficulties and distress for the new mother and her family. The crisis experience is defined as a condition of psychological imbalance in which one's usual coping mechanisms fail to the point of incapacitation. Consequently, one may experience despair, helplessness, stress and fear. The crisis experience is not a psychopathological phenomenon, and can be a part of a normal adaptation to the transition to parenthood. It can be accompanied by post-partum depression or post-partum anxiety, but not necessarily. The post-partum crisis experience can lead to emotional distress and requires further investigation and conceptualization.

Objective: Aim of this study is to evaluate to what extent do first time postpartum women experience crisis after having given birth for the first time and with what correlating personal factors.

Method: This was a prospective cohort study. Eligible women had a singleton pregnancy and delivered a healthy newborn at term. Five sets of questionnaires (perceived difficulty of the labor, cognitive emotion regulation, and conservation of resources, parental perceived competence, and the crisis experience questionnaire) were sent to the participants six weeks postpartum.

Results: A total of 188 completed questionnaires were considered for the final analysis. 45% of the participants reported a moderate to severe crisis experience on a scale of 1 (very low) to 5 (very high), the overall crisis mean was 2.82 (S.D. 0.92). Lack of preparedness to parenthood, coping by self-blame, blaming others and/or rumination together with perception of resource loss emerged as independent variables that were significantly associated with the crisis experience severity.

Conclusion: Emotional and practical preparedness to parenthood classes can help reducing the normal stresses of the transition to parenthood, and the severity of post-partum crisis experience. This study also contributed to understanding and conceptualization of the post-partum crisis experience.

Biography

Yeela Tomsis has completed her PhD at Haifa University. She is a Lecturer and Researcher at Nursing School, Zefat Academic College.

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Managing abortions in India-a threat to the pregnant woman

Alka Garg

Carewell Hospital, India

Incidence of Pregnancy Loss: Around 70% of conceptions are lost prior to live birth. Once a woman has had a positive pregnancy test, there is around a 12% risk of having a miscarriage.

Classification of Miscarriage: Threatened miscarriage: vaginal bleeding, but no cervical dilation, before 20 weeks' gestation. Recurrent miscarriage: 3 or more consecutive pregnancy losses. Inevitable miscarriage: dilated cervical os, but products of conception have not been expelled. Septic miscarriage: spontaneous miscarriage complicated by intrauterine infection. Missed miscarriage: foetus dies in utero but no uterine activity to expel the products of conception. Incomplete miscarriage: only part of the products of conception have been passed and the cervical os is closed; ultrasonography reveals remaining products of conception in the uterus. Complete miscarriage: all products of conception have been passed and the cervical os is closed.

Etiology: Embryonic and/or Maternal, usually multifactorial. Embryonic: 50% of all cases due to fetal chromosomal abnormalities. Embryonic malformations especially of the CNS seen frequently. Maternal: Usually causes 2nd trimester losses. Thrombophilias and APLA syndrome. Maternal genital tract infections (BV) and systemic infections. Maternal exposure to high doses of toxic agents, major endocrinopathies, immunologic disease. Large submucous fibroids.

Symptomatology: Usually asymptomatic. Occasionally have mild vaginal bleeding and uterine cramping. Important to distinguish from other early pregnancy complications. Thorough medical history, physical examination, USG and serum β hCG can be helpful in making a diagnosis.

Diagnosis: Ultrasonography (TVS) – preferred modality. Ultrasound criteria initially described in 1990s. Due to low specificity and high false positive rate, several studies done thereafter and criteria changed. Society of Radiologists in Ultrasound Multispecialty Panel on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy created guidelines in 2013 that are considerably more conservative than past recommendations and also have stricter cutoffs than the studies on which they are based.

Management: Expectant, Medical, Surgical. All shown to be reasonably effective and acceptable. No evidence that any approach results in different long term outcomes.

Biography

Alka Garg has her expertise in evaluation and passion in improving the health and wellbeing of her patients. Papers Presented and Published: Safe Motherhood: Presented a paper in All India Obstetrics and Gynaecological Congress, FOGSI in Dec. 1993 in Calcutta as Junior most Speaker. She has also presented a paper on Medical abortion in India a role model for the rest of the world in San Antonio Texas USA in 2014 & a paper on prevention of cervical cancer in Dubai in 2016 in international conference of Gynaecology. Other Academic Qualifications: 1. Has been working with PSI Organisation since 2002. 2. Has done Certificate Course in Women Empowerment from IGNOU, New Delhi. 3. Has done Postpartum ICUD Training from Population Service international (PSI), a well-known NGO. 4. Has done Certificate Course in Gestational Diabetes Mellitus from Population Health Foundation of India.(PHFI) 4. Has finished 3 years Diploma Course in Naturopathy from Gandhi Smarak Prakartik Chikitsa Samiti, New Delhi.

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The experience of preconceptional care and pre and postnatal specifying diagnosis as a consistent system of inborn inherited pathology prevention

Olena Grechanina

Kharkiv Interregional Specialized Medical Genetic Center -Center of Rare (Orphan) Diseases, Ukraine

Preconceptional care, prenatal programming, prenatal fetal education, neonatal screening and specifying diagnosis in families with genetically caused disorders of the reproductive function, the treatment of intrauterine fetus makes a basis of the scientific and practical work of author for the last 50 years in Medical Genetic Center and at Gynecology and Obstetrics Departments. Consistent system of prenatal medical genetic consultation and prenatal diagnosis has been developed, which includes specifying diagnosis of the inherited pathology in parents and a fetus by classical genetic methods. The families are included in a life-long monitoring that has given the possibility to consult three generations in many cases. 10 precepts of preconceptional care have been made and introduced. Population studies of mitochondrial dysfunction frequency, folate-methionine cycle disorders have been conducted and the distribution of hetero and homozygous compounds have been determined in MTHFR (C676T, A1298C, G1793A; MTRR (A66G); RFC1 (G80A) in Ukraine. The spectrum of the expected inherited pathology has been described on this basis. The system to help yet unborn child in families, which are burdened by thrombotic conditions, which has a high positive result in thrombophilic complications, intrauterine fetal infections and the disorders of the central nervous system. Study of the efficacy of neonatal and selective screening of PKU, MPS, hypothyroidism, adrenal-genital syndrome, Fabry disease, Gauche disease takes a special place, their efficacy is being increased by a life-long monitoring of a family. The phenomenon of comorbidity, pheno-genotypic syntropy, which are currently important, are being studied in present days.

Biography

Olena Crechanina has completed her PhD at National Medical University, Department of General Medicine and Postdoctoral studies at National Medical University, Department of Obstetrics and Gynecology. She is the General Director of Kharkiv Interregional Specialized Medical Genetic Center—Center of Rare (Orphan) Diseases, the Member-Correspondent of National Academy of Medical Sciences and the Professor of Department of Medical Genetics.

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Effectiveness of breast cancer awareness programme in changing knowledge, attitude and practices among educated women in Raipur

Anjali Pal, Singh S, Thakur P and Shrivastava N
All India Institute of Medical Sciences Raipur, India

Breast cancer is a leading cause of mortality among women. Early detection and treatment leads to improved survival. Studies show that knowledge and perception of women about breast cancer directly influence their acceptance of screening and treatment. Majority of patients present late to the hospital because of lack of knowledge of early signs and symptoms of breast cancer. This was a study to evaluate the effectiveness of structured awareness programme on knowledge, attitude and practices regarding early detection and treatment of breast cancer among educated women in Raipur. The study subjects were 5000 women studying in various educational institutions of Raipur District. Information on their current knowledge attitude and practices regarding breast cancer was collected by pretest questionnaire followed by an awareness program in which information was given on breast cancer, its signs and symptoms, misconceptions, screening methods, preventive measures and treatment modalities and the correct technique of breast self-examination. Then post-test questionnaire was administered. Significant improvement was noted in the knowledge, attitude and practices score of participants after administration of structured awareness programme. There is need to spread awareness among the women about early detection and treatment of breast cancer.

Biography

Anjali Pal has completed her MBBS and MD in Social and Preventive Medicine at King Georges Medical University, Lucknow. She is currently serving as an Associate Professor in the Department of Community and Family Medicine at All India Institute of Medical Sciences at Raipur, India.

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Notes:

SESSIONS

Gynecology & Obstetrics | Menopause | Maternal Fetal Medicine | Women Reproductive Cancers

Chair: Robert John, Catholic University of Cameroon, Cameroon

SESSION INTRODUCTION

- Title:** Blood type and postpartum hemorrhage
Mais Ali-Saleh, Carmel Medical Center, Israel
- Title:** Quality of life in pre and postmenopausal Turkish and Polish women
Sevgi Ozkan, Pamukkale University of Denizli, Turkey
- Title:** Management of pain after caesarean section and the maternal implications
Salam Hadid, Galilee Medical Center, Israel
- Title:** Determinants of survival of cervical cancer: A hospital based study
Rita Rani, Mahavir Cancer Sansthan and Research Centre, India
- Title:** Prevalence and possible risk factors of anaemia in different trimesters of pregnancy
Harwinder Kaur Cheema, Punjab Institute of Medical Sciences, Jalandhar, India

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Blood type and postpartum hemorrhage

Mais Ali-Saleh

Carmel Medical Center, Israel

Background & Aim: Early postpartum hemorrhage is the leading cause of maternal mortality. The most common cause of early postpartum hemorrhage is uterine atony, but coagulation disorders can also lead to heavy bleeding. Von Willebrand disease, for example, is a common inherited condition that arises from a deficiency in the quality or quantity of Von Willebrand factor (VWF). Many studies have reported that ABO blood type system has an important effect on hemostasis, mainly by determining the level of VWF and indirectly determining the level of factor VIII in the blood. A, B and AB blood group individuals have VWF levels approximately 25-30% higher than O subjects. While a number of studies have analyzed the relationship between ABO blood groups and vascular thrombosis, only a few studies have been published on the association between ABO blood groups and hemorrhagic disorders. The aim of this study was to explore whether blood type O is associated with an increased risk for early postpartum hemorrhage compared to the other blood groups.

Methods: Data were collected for women who gave birth at Carmel Medical Center in Haifa between December 1, 2014 and March 3, 2016. Women were categorized according to blood type as O and non-O blood groups. The study included women at the age of 20-45 who gave birth at 34-42 weeks of gestation. Women with known coagulation disorders, unknown blood type and intrauterine fetal death were all excluded. The primary outcomes were defined as early postpartum hemorrhage and blood transfusion. The comparison of categorical variables was done using the χ^2 or Fischer's exact test, whereas the comparison of the continuous variables was done using student's t-test or ANOVA. The relevant data were further processed using a stepwise logistic regression model. $P < 0.05$ values were considered statistically significant.

Results: 4,516 women were included in the study, of which 1,594 (35.3%) were found to have blood type O. After multivariate analysis, blood type of the parturient was not associated with an increased risk for early postpartum hemorrhage and/or with packed red cells transfusion (OR 1.25, 95% CI 0.847-1.84, $P=0.26$). There was no association between the Rh blood group (positive/negative) and the risk for developing postpartum hemorrhage (OR 0.97, 95% CI 0.44-1.4, $P=0.422$).

Conclusion: Blood type O is not associated with an increased risk for early postpartum hemorrhage or for blood transfusion.

Biography

Mais Ali-Saleh is a Resident Physician in Obstetrics and Gynecology Department, the Lady Davis Carmel Medical Center, Technion University, Rappaport Faculty of Medicine, Haifa, Israel.

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Quality of life in pre and postmenopausal Turkish and Polish women

Sevgi Özkan¹, Jolanta Lewko², İlğün Özen Çınar¹, Sinem Göröl Türkçü¹, Dorota Izabela Piechocka², Pınar Serçekuş Ak¹ and Erkan Alataş¹¹Pamukkale University of Denizli, Turkey²Medical University of Białystok, Poland

Purpose: The purpose of this research was to determine the relationship between menopausal symptoms and quality of life in women in the pre and postmenopausal periods in Turkey and Poland.

Materials & Methods: We accepted into the study 499 pre and post-menopausal women who registered in the Denizli/Turkey Pamukkale University Education and Research Hospital Obstetrics and Gynecology polyclinic and 302 pre and post-menopausal women who registered in the Białystok/Poland Medical University Clinical Hospital Obstetrics and Gynecology Clinic Polyclinic. A questionnaire asking for sociodemographic information, Kupperman Index, WHOQOL brief short form, Beck Depression scale were used in order to obtain data.

Findings: The mean ages of the Turkish population were 41.61±4.80 for the pre-menopausal women and 49.14±5.50 years for the post-menopausal women. The mean ages of the Polish population were 44.07±4.95 for the pre-menopausal women and 53.77±8.37 years for the -sh women in the post-menopausal period were significantly higher. When comparing the quality of life, although there was no significant difference in the general health and environment subscale of Turkish women, Physical health, psychological health and social relations were lower in the postmenopausal period. In Polish women, all quality of life subscale scores (general health, physical health, psychological health and social relations and environment) were lower in the postmenopausal period.

Conclusion: In pre- and post-menopausal Turkish women, there is no difference in the quality of life in general health and environment. Both the Turkish and Polish women in the post-menopausal period were found to have lower quality of life, more severe menopausal symptoms and more depressive symptoms.

Biography

Sevgi Ozkan has completed her Master and PhD degree at Ege University, Faculty of Nursing in İzmir. She became Professor in the Department of Obstetrics and Gynecologic Nursing in 2017. She is the Dean of the Nursing Department at Faculty of Health Science at Pamukkale University. She has published more than 30 papers in reputed journals and has been serving as Board Member of reputed journals.

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Management of pain after caesarean section and the maternal implications

Salam Hadid, Ety Peretz, Farida Morani, Katrin Bibar and Maya Wolf
Galilee Medical Center, Israel

Objective: Post-caesarean pain management affects both the mother and the newborn. Administration of intravenous acetaminophen is an accepted pain control treatment option. The aim of the study is to examine the efficacy of intravenous Acetaminophen every 8 hours for the first 24 hours post-caesarean section. A prospective quantitative research study was done.

Intervention: 102 post caesarean section women treated according to a pain protocol of intravenous acetaminophen. The degree of pain was recorded repeatedly and then patients were questioned 48 hours post-operative about their pain experience and its influence on functioning ability. Pain was measured according to the Visual Analog Scale (VAS).

Findings: Acetaminophen therapy reduced pain level by 2-4 points on the VAS and the additional analgesic that was given when needed significantly reduced pain by 3-4 points on the VAS scale. Mean maximum pain reported in the first 24 hours was VAS=5.61, in the next 24 hours 4.54. However, mean maximum pain recalled by the women was VAS=7.99 in the first 24 hours and 7.07 in the next 24 hours. Most women claimed that analgesics relieved their pain but that the pain restricted their ability to perform tasks such as moving and leaving the bed, caring for the newborn and breastfeeding.

Conclusion: There is disparity between the level of pain reported by women in 'real time' and that recalled in self-report 48 hours post-operative. Despite pain alleviation by medication, functioning was still problematic.

Implications for Practice: Pain evaluation is insufficient; evaluation and intervention of maternal function is also necessary.

Biography

Salam Hadid has completed her PhD at Haifa University. She is a Pain Coordinator Nurse at Galilee Medical Center and Lecturer at Zefat Academic College.

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Determinants of survival of cervical cancer: A hospital based study

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Globally uterine cervix cancer is one of the leading causes of death in females due to cancer, especially in developing countries. The aim of the study was to analyse the survival as well as understanding various prognostic factors for survival in patients of carcinoma cervix presenting in our hospital. A total of 508 patients were evaluated in radiotherapy department of Mahavir Cancer Sansthan and Research Centre Patna, Bihar who came for follow up between April 2015 to March 2016 after completion of radical radiotherapy. Out of 508 patients 3.54% (n 18), 71.65% (n 364), 22.83% (n 116) and 1.9% (n 10) patients presented in stage I, II, III and IV A respectively. 53.54% of patients belonged to age group of 35 to 50 years with survival of 937 ± 53.49 days. 46.46% of the patients were more than 50 years age and their survival was 933.3 ± 57.12 days. The mean duration for overall survival for all cases evaluated was 957.4 ± 39.49 days. The mean duration for survival of stages I, II, III and IVA was 1186 ± 281.8 days, 960 ± 85.04 days, 945.1 ± 45.66 days and 765 ± 181.5 days respectively. Survival of patients having squamous cell carcinoma was 970 ± 42.89 days and that of adenocarcinoma was 669.5 ± 120 days and that of premenopausal and postmenopausal lady was 997.5 ± 79.28 and 940.1 ± 45.39 days respectively. It was evident from study that patients who presented in early stage had a better survival. There was no significant difference in survival of cervix cancer patients in different age groups while survival was greater in premenopausal cervical cancer patients.

Biography

Rita Rani has completed her Medical Graduation followed by Post-Graduation in Radiation Oncology. She is a Senior Consultant in Radiation Oncology at Mahavir Cancer Sansthan and Research Institute, Patna, India. She has special interest in Gynecologic Oncology and has extensive experience of more than 10 years in this field. She has more than 10 publications in reputed journals. Currently, she is Centre Principal Investigator at National Centre for Disease Informatics and Research, India.

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Prevalence and possible risk factors of anaemia in different trimesters of pregnancy

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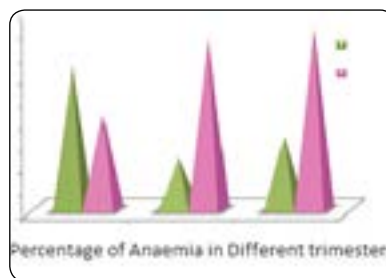
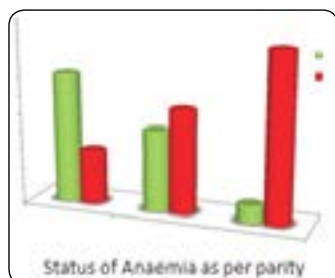
Introduction: Anaemia in pregnancy is a major health issue with adverse maternal and foetal outcomes worldwide, especially in developing countries like India. Nutritional anaemia in pregnant women continues to be a cause of concern despite the fact that this problem is largely preventable and easily treatable.

Objective: This cross-sectional descriptive study was to determine the presence of anaemia in pregnant women in different trimesters, and to assess the possible risk factors of anaemia.

Materials & Methods: 300 pregnant women in different trimesters of pregnancy were enrolled coming for the 1st time in outpatient dept. of Obstetrics and Gynaecology, in Punjab Institute of Medical Sciences, Jalandhar from July 2015 to December 2015. Information regarding age, age at marriage, age at 1st pregnancy, parity, Interval between previous and index pregnancy, no of abortions, educational status, dietary habits, Type of family, Socioeconomic status was collected in pre-designed structured schedule after taking written consent from pregnant women attending out-patient department. Haemoglobin estimation was done by Sahli's method and anaemia was graded according to WHO criterion. Statistical analysis was done by percentages and proportions.

Results: A high prevalence of anaemia, 65.6% was observed in pregnant women. The current study shows (60%) cases of mild anaemia, (30.4%) of moderate anaemia, and (9.6%) of severe anaemia. The study also observed higher prevalence of anaemia in last trimester of pregnancy (81.4%) as compared to 1st and 2nd trimester which is statistically significant. 90.8% anaemic women had parity >3 as compared to anaemic women with parity 2(56.2%) and parity 1(29.4%) and 87.5% women with spacing between previous and next pregnancy <1 year suffered more from anaemia as compared to women with parity <2 and >3 years space between pregnancies which is statistically significant. In the current study, it was also observed that socio-demographic factors significantly influencing anaemia are educational status, type of family, infrequent consumption of iron-folic acid tablets.

Conclusion: Anaemia continues to be a serious health problem in India where the life of pregnant women and her child are endangered. It is directly proportional to parity, less spacing between pregnancies and related to lower educational status. It is highly recommended that more effective guidelines regarding educating girl child, spreading effective awareness regarding balanced diet, regular antenatal check-ups, regular intake of iron-folic acid tab, should start at grass-root levels to get safe motherhood.



Biography

Harwinder Kaur Cheema is currently working as an Associate Professor in the Department of Obstetrics & Gynaecology at Punjab Institute of Medical Sciences, India. She worked as an Assistant Professor, in the same institution. She has completed her MBBS at Guru Gobind Singh Medical College, Punjab, India and; Master's in Obstetrics & Gynaecology at Govt. Medical College, Patiala. Currently, she is pursuing advanced course in Medical Education (ACME), approved by the Medical Council of India. She has six original research article publications, in various international research journals. She is a Reviewer of two international research journals related to medical research.

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Scientific Tracks & Abstracts Day 2

Gynecology 2018

SESSIONS

Prenatal Diagnosis | Midwifery | Gynecological Oncology | Gynecology & Obstetrics

Chair: Wassil Nowicky, Nowicky Pharma/Ukrainian Anti-Cancer Institute, Austria

SESSION INTRODUCTION

Title: Development and application of nanotechnology based multiplexed microELISA system for remote antenatal populations

Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

Title: Effectiveness of awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer in educated women

Pushpawati Thakur, All India Institute of Medical Sciences Raipur, India

Title: Primary abdominal pregnancy with incisional hernia with previous two caesarean sections

Parul Nigam, St. Jude's Hospital, Jhansi, India

Title: A classic case of couvelaire uterus: Case report

Parul Nigam, St. Jude's Hospital, Jhansi, India

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Development and application of nanotechnology based multiplexed microELISA system for remote antenatal populations

Michael J Sinosich¹, B Govind², A Abhyankar², B Rushton², N Chau², R Sidorov², E Ke² and H Moore²

¹Douglass Hanly Moir Pathology, Australia

²Pictor Ltd., New Zealand

Data is presented on a multiplexed microELISA platform which consists of a PictArray™, plastic slide of 16 microwells. Each microwell contains 25 defined specific immunoreaction immunoblots, consisting of assay controls and duplicate tests. Immunoblot intensity is determined by array reader, PictImager, and quantification performed by proprietary software (Pictorial©). This entire immunoanalysis solution is platform agnostic. Hence, due to its small footprint, superior affordability and simple technology, testing can be conducted in community health centres or outreach mobile health clinics. Current test menu includes screening for IgG and IgM for ToRCH and Hepatitis A & E antigens. Whereas, the ENA panel screen for IgG autoantibodies against nine connective tissue antigens. Testing may be performed on finger prick or with 10µL of serum. Due to simple technology, other region specific panels under development include sepsis and fever panels. Array precision profile compared favourably against established single analyte ELISA platforms and exceeded performance of many immunological Point-of-Care products. Direct comparison of Pictor Rubella IgG assay against commercial product, showed a significant correlation (r2) of 0.73. We have developed a versatile and robust multiplexed micro-ELISA test platform. Being platform agnostic and economical, the PictArray testing platform has been optimised for application to screen all populations, especially those rural communities which are currently beyond the reach of mainstream healthcare.

Test	Intra-Slide		Inter-Slide	
	Conc IU/ml	CV %	Conc IU/ml	CV %
T.gondii	34.0	10.0	35.7	6.1
Rubella	52.0	5.0	44.8	4.6
CMV	48.6	13.2	38.7	10.2
HSV1	33.1	10.0	41.1	9.2
HSV2	19.6	9.4	31.9	16.1

Table 1: Intra- and Inter-Slide variance (n=8).

Biography

Michael J Sinosich has completed his PhD on Trophoblast Physiology and PAPP-A. His research interests include non-invasive assessment of fetomaternal wellbeing. He is the Director of Prenatal Testing (DHM Pathology) and serves as Consultant at Pictor Ltd, a developer and manufacturer of multiplexed microELISA assay platform. He has published/presented numerous papers in reputed journals and holds several patents.

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5th International Conference on

Gynecology and Obstetrics

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Effectiveness of awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer in educated women

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Introduction: Cervical cancer is the second most common cancer worldwide in women. In India, cervical cancer is the most common woman-related cancer. Every year about 500,000 new cases of cervical cancer are diagnosed worldwide and are responsible for about 280,000 deaths. India contributes to about 1/4th of the world's registered cervical cancer cases. Around 90% of women in India are unscreened because of poor public awareness. The pap test is the most widely used screening test for cervical cancer worldwide. In United States, pap smear screening have significantly reduced the death related to cervical cancer. This is mainly because of the awareness of the women regarding cervical cancer and its screening tests.

Objective: To evaluate the effectiveness of structured awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer among educated women.

Method: In this study, total 3500 participant were women studying in teaching institution in which structured information related to cervical cancer was provided and ask them to fill pre and post-test questionnaire related to knowledge KAP for early detection and prevention of cervical cancer.

Results: There was significant improvement in post test KAP score among the women after administration of structured awareness programme in relation to early detection and prevention of cervical cancer.

Conclusion: It shows there is need to spread awareness among the women in relation to early detection and prevention of cervical cancer.

Biography

Pushpawati Thakur has completed her Graduation with an MBBS in Obstetrics and Gynaecology and Post-graduation with an MS in Obstetrics and Gynaecology. Currently, she is working as an Associate Professor in the Department of Obstetrics and Gynaecology at AIIMS Raipur, India.

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Primary abdominal pregnancy with incisional hernia with previous two caesarean sections

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Primary abdominal pregnancy is an extremely rare type of extra uterine pregnancy. It is potentially life threatening form of ectopic gestation with incidence of 1% of all ectopic pregnancies. Most of these pregnancies are terminated earlier due to spontaneous separation from the site of implantation and the patient may present with shock. So, a high index of suspicion is important for making a correct diagnosis especially with GI symptoms and its timely management. We report a case of primary abdominal pregnancy with incisional hernia in 35 years old-Gravida 3 Para 2 with previous 2 caesarean sections. She presented to us with severe abdominal distension and shock on account of herniation and obstruction of small bowel. She had severe nausea, vomiting and abdominal discomfort. She had not passed stools since last 2 days. She had been admitted earlier in a private nursing home for bleeding per vaginum. Dilatation and curettage was done without any antenatal ultrasound. Urine pregnancy test was positive. But her condition deteriorated after few hours and she was referred to a higher centre. Ultrasound was done which showed grossly dilated bowel loops and 15 weeks size foetus in the abdominal cavity. Emergency laparotomy was done obstructive incisional hernia was found due to previous caesarean section scar. Small bowel was entangled in the hernia sac. A live foetus of about 15 weeks was found trapped between the bowel loops. Placenta was attached to the omentum of the small bowel. Uterus was enlarged-about 10 weeks in size. Bilateral tubes and ovaries were normal. Contents of the hernial sac were reduced. Primary repair of hernia was done. Foetus was removed from the implantation site. There was no bleeding from the site. Patient was transfused 2 units of blood. Her post operative period was uneventful and she was discharged satisfactorily on day 7. Hence, ultrasound should always be done to rule out ectopic before termination of pregnancy. Midline vertical incisions are associated with increased incidence of ventral hernia. Complications of hernia like strangulation and ulceration of skin are to be avoided and managed during pregnancy.

Biography

Parul Nigam is a Gynaecologist. She has completed her Post-graduate degree in Obstetrics and Gynaecology at King George Medical University, Lucknow, India. She has over 10 years of experience in this field. She has completed formal subspecialty training in Gynaecological Endoscopy; Diploma in Gynaecologic Ultrasound at reputed institute in Delhi. And one year certificate course in Diabetes. She is an Avid Reader and has done certificate course in genetics and genetics counselling. She is currently doing research work in the field of Infertility and Fetal Medicine. Her specialization is in the field of complete women health care solution. She is presently working as a Consultant in all the above disciplines in Nigam Hospital and St. Jude's Hospital, Jhansi. She makes utmost effort to maintain global standards and provide the best possible treatment to her patients. She is a Member of IMA, FOGSI, and IAMG and has attended many national and international conferences.

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A classic case of couvelaire uterus: Case report

Parul Nigam^{1,2}¹Nigam Hospital, Jhansi, India²St. Jude's Hospital, Jhansi, India

Couvelaire uterus also known as uteroplacental apoplexy is a very rare and life threatening condition in which premature separation of placenta causes bleeding that penetrates into the myometrium forcing its way into the peritoneal cavity. Its exact incidence is not known but is estimated to complicate about 5% of all cases of abruption. This paper reports a classic case of couvelaire uterus which we encountered some time back in our hospital. The patient was 24 yr. old primi at 35 weeks of pregnancy presenting at the middle of night with vaginal bleeding and loss of foetal movements. Her general condition was very low. She was severely anemic and hypertensive. Foetal heart sounds could not be traced. Patient was managed by an emergency caesarian section. The patient and her uterus could be saved but the baby was found dead and macerated. Placenta was already separated and retroplacental haemorrhage of about 1.5 liters was noted. This paper emphasizes the importance of antenatal screening and strict blood pressure monitoring in pregnancy. Nowadays new markers are available for early prediction of PIH and preeclampsia.

Biography

Parul Nigam is a Gynecologist. She has completed her Postgraduation in Obstetrics and Gynecology at King George Medical University, Lucknow, India. She has over 10 years of experience in this field. She has completed formal subspecialty training in Gynecological Endoscopy; Diploma in Gynecologic Ultrasound at reputed institute in Delhi. And one year certificate course in Diabetes. She is an Avid Reader and has done certificate course in genetics and genetics counseling. She is currently doing research work in the field of Infertility and Fetal Medicine. Her specialization is in the field of complete women health care solution. She is presently working as a Consultant in all the above disciplines in Nigam Hospital and St. Jude's Hospital, Jhansi. She makes utmost effort to maintain global standards and provide the best possible treatment to her patients. She is a Member of IMA, FOGSI, SELSI and IAMG and has attended many national and international conferences.

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SESSIONS

Maternal Fetal Medicine | Gynecological Oncology | Health-Related Behaviours In Women | Prenatal Diagnosis

Chair: P D Gupta, Manipal University, India

SESSION INTRODUCTION

Title: The analysis of caesarian section patients and their associated newborn conditions as an outlook of fetomaternal health in Indonesia

Iin Fadhilah Utami and Ilham Akbar Rahman, Hasanuddin University, Indonesia

Title: Being a family caregiver of cancer patients: Autoethnographic study

Pinar Sercekus Ak, Pamukkale University, Turkey

Title: Further evidence of psychological factors underlying choice of elective caesarean delivery (ECD) by primigravidae

Nasrin Matinnia, Islamic Azad University, Iran

Title: The level of follistatin and activin in follicular fluid of long protocol in *in vitro* fertilization

Nejla Gultekin, Mersin Sehir Hospital, Turkey

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The analysis of caesarian section patients and their associated newborn conditions as an outlook of fetomaternal health in Indonesia

Ilham Akbar Rahman, Iin Fadhilah Utami, Fadhilah Putri Wulandari and Zakirunallah Karunia
Hasanuddin University, Indonesia

Background: The mortality and morbidity rate of mothers and infants in Indonesia is still high. Caesarean section is done as a secondary indication for some complicated cases.

Aim: The aim of the study was to evaluate caesarian section patients and several influencing factors that associated with their newborn condition

Materials & Methods: As a cross-sectional study, we collected and evaluated samples who came and conducted caesarian sections with any indications at Fatimah Maternity Hospital in Makassar, Indonesia from January 1st to June 30th 2016. Samples were analyzed using SPSS.

Results: In this study, 119 patients who underwent caesarian section were evaluated. Indications of section caesarian were mostly due to CS history 30 (25.4%). The newborn condition were severe asphyxia 10(8.4%), moderate asphyxia 15 (12.6%) and 94 (79%) with normal conditions. There is no significant relationship existed between the newborn condition and indication of CS. Patients were referred mainly from primary health care (Primary Health Care, GP, etc) 99 (83.2%), Maternity hospital 7 (5.9%) and General hospital 13 (10.9%). Significant difference was found between newborn condition and patients refer ($p<0.05$). The level of mother's education were varied from elementary school to undergraduates and there was significant difference in newborn condition and level of mother's education ($p<0.05$). The level of newborn weight were classified with low birth weight 26 (21.8%) and normal birth weight 93 (78.2%). We also found the significant difference between the newborn condition and newborn weight ($p<0.05$).

Conclusion: The newborn condition of caesarian section was highly correlated with level of mother's education, newborn weight, and patients refer. Therefore, these contributing factors can be used as recommendation to the government in improving the facilitation to decrease the mortality and morbidity of maternal and child as the way to improve fetomaternal health quality in Indonesia.

Biography

Ilham Akbar is currently an internship student and has completed his degree of medical doctor in Hasanuddin University, Indonesia.

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Being a family caregiver of cancer patients: Autoethnographic study

Pinar Sercekus Ak
Pamukkale University, Turkey

Autoethnography implies that researchers centre their studies on their own selves, their thoughts and feelings rather than focusing exclusively on others. Autoethnography author will present their own experiences rather than those of others. In this study, author will present this autoethnography study in which she will share her personal experience as relative of a patient whose father was diagnosed with esophageal cancer. Cancer is a difficult disease that affects patients and their families. The most important informal caregivers of cancer patients are family members. In the process of giving care, family members live in many physiological, psychological and social problems. Cancer is changing the daily lives of both patients and family members and increasing stress. Family caregivers suffer from headaches, insomnia, etc., depending on the stress they experience during the care process. In addition to caregivers suffer from headaches, insomnia, etc., depending on the stress they experience during the care process. Caregivers are experiencing shock, anxiety, weakness, irritability and fear of losing a loved one. Caregivers try to hide their feelings from the patient and avoid talking about the disease. Family members are not adequately supported by health personnel in this process. They expect to receive more information, be treated better and be given psychological support both on their own and in patients.

Biography

Pinar Sercekus Ak has completed his PhD at Dokuz Eylul University and Postdoctoral studies at Pamukkale University, Faculty of Health Sciences. She is an Associate Professor at Obstetrics and Gynecology Nursing Department. She has published more than 25 papers in journals. She wrote several textbook about obstetric nursing.

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Video Presentation Day 2

Gynecology 2018

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Spontaneous acute intussusception in a pregnant woman: Clinical and therapeutic particularity

Radhouane Achour

Tunis-El Manar University, Tunisia

Acute intussusception in adults is rare and particularly so in pregnant women. Its incidence ranges from 0.067% to 0.0015%. The non-specific presenting symptoms may be attributed to the pregnancy itself, making the diagnosis difficult. When it happens, however, it causes considerable morbidity and mortality for the pregnant woman and the fetus. In adults, such intussusceptions are mainly secondary to an intestinal disease and frequently a tumor. We present the case of a 21-year old pregnant woman at nine weeks of gestation, gravida one para one, without medical history, was admitted with sudden start, permanent and paroxysmal pelvic pain two days prior to admission associated with rectorrhagia. She denied metrorrhagia, nausea, vomit, constipation or fever. The abdominopelvic ultrasound examination found an evolutive pregnancy at nine weeks of gestation with adnexal mass with ring of fire sign and a small amount of fluid in the cul-de-sac. An emergency surgery was performed by laparoscopy. Histology of the resected bowel segment ileocecal intussusceptions without evidence of malignancy. In summary, intussusception in pregnancy is a rare condition. The combined expertise of the obstetrician, radiologist, and surgeon are needed to manage the pregnant patient.

Biography

Radhouane Achour is an Associate Professor at Faculty of Medicine of Tunis, Tunisia. He has published many basic and clinical articles in relation to gynecology and obstetrics. His research interests include "Rare diseases in gynecology and prenatal diagnosis". He serves as an Associate Professor in Emergency Department of Gynecology and Obstetrics at Maternity and Neonatology Center Tunis; Faculty of Medicine of Tunis-El Manar University of Tunis-Tunisia. He also serves as Editorial Team Member of the *Asian Pacific Journal of Reproduction*, *Global Journal of Rare Diseases*, *Journal of Neonatal Biology* and member of The Science Advisory Board.

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