Maternal-fetal medicine (MFM) is the part of obstetrics that spotlights on the restorative and careful administration of high-chance pregnancies. The executives incorporate checking and treatment including exhaustive ultrasound, chorionic villus inspecting, hereditary amniocentesis, and fetal medical procedure or treatment.

Fetal and perinatal pathology is taken to include embryonic, fetal, perinatal and neonatal pathology. It is an examination or clinical investigations of mid-trimester abortuses and for placenta. It’s recommended that placentas be examined from all stillbirths, multiple pregnancies, low birth weight and small-for-gestational-age babies and abnormal pregnancies. Immune hydrops is generally diagnosed antenatally and the autopsy commonly provides confirmation and documentation of the extent of the cardiovascular compromise. In cases of unexplained non-immune hydrops, significant structural abnormalities have usually been excluded by tertiary referral ultrasound examination and in this setting the role of the autopsy is primarily to identify undetected abnormalities, such as congenital cardiac disease, and, more commonly, to facilitate ancillary investigations for the detection of underlying pathologies which are non-detectable sonographically, such as inherited metabolic disorders and a wide range of genetic syndromes.

Maternal–fetal medicine specialists take care of patients who fall inside specific degrees of maternal consideration. They deal with pregnant ladies who have chronic conditions (for example heart or kidney illness, hypertension, diabetes, and thrombophilia), pregnant ladies who are in danger for pregnancy-related confusions (for example preterm work, pre-eclampsia, and twin or triplet pregnancies), and pregnant ladies with hatchlings in danger. Hatchlings might be in danger because of chromosomal or intrinsic variations from the norm, maternal malady, contaminations, hereditary infections and development limitation. Anticipating mothers with ceaseless conditions, for example, hypertension, sedate use during or before pregnancy, or an analyzed ailment may require a counsel with a maternal-fetal master. Moreover, ladies who experience trouble considering might be alluded to a maternal-fetal master for help. During pregnancy, an assortment of inconveniences of pregnancy can emerge. Contingent upon the seriousness of the complexity, a maternal-fetal authority may meet with the patient discontinuously or become the essential obstetrician for the length of the pregnancy. Baby blues, maternal-fetal pros may catch up with a patient and screen any restorative confusion that may emerge.

Fetal Medicine 2019 provides a great platform to explore concepts with topics that include Neonatology and Perinatology, Fetal and Maternal Physiology, Maternal & Child Care, Maternal-Fetal Imaging, Maternal-Fetal Medicine & Nursing, Midwifery & Nursing, Multiple Pregnancies, Neonatal Oncology, Fetal Neurology, Neonatal Cardiology & Pulmonology, Neonatal Endocrinology, Neonatal Gastroenterology, Surgery and Radiology, Pregnancy and Childbirth, Neonatal Cholestasis, Rare Diseases, Neonatal Intensive Care Unit (NICU), Medical Complications of Pregnancy, Neonatal Immunity, Neonatal and Fetal Nutrition.

Organizing Committee Members of Fetal Medicine 2019:

Aziz Koleilat: Pediatric specialization PASPAGHN, Lebanon

Anjan Bhattacharya: Consultant Developmental Pediatrician Child Development Centre (HOD)

Apollo Gleneagles Hospital, India.

With the successful completion of International Conference on Maternal, Fetal and Neonatal Medicine May 30-31, 2019 Istanbul, Turkey, we are organizing next series “2nd International Conference on Maternal Fetal and Neonatal Medicine” (Fetal Medicine 2020) April 20-
21, 2020 Kuala Lumpur, Malaysia which is revolving around the theme "For Safe and Healthy Pregnancies".

**With our best wishes,**

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