Global Summit on Maternal and Child Healthcare

Caring for Every Woman and Baby...Education, Empowerment and Health

26 - 28 November, 2018
Hotel Avani Atrium Bangkok
Thailand
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Global Summit on Maternal and Child Healthcare
26 - 28 November, 2018 | Hotel Avani Atrium Bangkok, Thailand

Day 1
Keynote Forum
With the fall of deaths of children from diarrhoea, respiratory tract infections and malnutrition due to availability of improved health services and diet, more children are now surviving and visiting hospital with genetic disorders. Lysosomal storage disorders represent a group of genetically distinct, biochemically related, inherited diseases. Individually, these disorders are considered rare, but collectively prevalence is 1 per 5,000-10,000. These disorders are devastating for individuals and their families and result in difficulties in diagnosis; however, the magnitude of the problem is not well defined. To determine the current status and challenges regarding lysosomal storage disorders in Bangladesh. It was a retrospective study conducted in Dhaka Shishu (Children) Hospital from 2007 to 2016. Data of suspected neurometabolic disorders form hospital records and from child development and neurology unit were included in the study. Patients profile and neurometabolic screening reports were collected. Challenges in diagnosis and management were noted. Data were analyzed by using SPSS. Total 181 neurometabolic diseases were analyzed and different lysosomal storage disorders were found in 79(43.65%) individuals among them 64% were male. Majority were presented between 1 year to 5 years of age. H/O Consanguinity in 31%, sibling death in 17%, affected sib in family in 5%, perinatal insult in 51%, developmental regression in 41%, early developmental delay in 51% and seizure in 75% cases were the common presenting feature. Most of them were diagnosed on the basis of clinical findings, X-ray findings, bone marrow study, liver biopsy, echocardiography and MRI findings. Lack of suspicion and lack of facility of specific enzyme assay and unavailability of treatment is the major challenges. There have been significant advances in the field of rare diseases; effective therapies are still not available to of the patients suffering from these diseases.
Emerging research has confirmed that trauma can change the genetic makeup of a person. Epigenetic inheritance research demonstrates that mothers who experience high levels of stress are more likely to have children vulnerable to stress disorders. Trauma and stress can alter human DNA and transfer to future generations. Trauma stemming from racism, community violence, poverty, educational disparities—otherwise defined as Urban Trauma—has greatly affected past, present, and future generations of mothers and their offspring; particularly those of diverse backgrounds. Research demonstrates that the FKBP5 gene is vulnerable to mutation. Further, research suggests that gene alteration caused by trauma can have multigenerational impact. When mothers experience safety threats, are victims of abuse, racism, chronic poverty—cortisol levels will be triggered and often over-activate. Further, prolonged exposure to high levels of cortisol can predispose mothers to infant mortality, heart disease, depression, anxiety and host of other medical conditions. The author postulates that this genetic variation can lead to the behavioral manifestation of Urban Trauma. Several vital and interconnected Urban Trauma characteristics exist as a result of chronic stress response to racism—anger, mistrust, manipulation, fear, perceptual errors, and rejection. It is hypothesized that eventually those same genetic variants will occur during programming in utero. These Urban Trauma characteristics will be further explored.

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Maysa Akbar
Yale School of Medicine, USA

Biography

Maysa Akbar, PhD, ABPP, author of Urban Trauma: A Legacy of Racism, is the Founder and CEO of Integrated Wellness Group, a multidisciplinary psychotherapy practice in New Haven which focuses on at-risk urban children, adults, and families. In addition to her private practice, she is an Assistant Clinical Professor at the Yale School of Medicine, Child Study Center. She is a graduate of State University of New York at Albany, Florida Agricultural & Mechanical University, and Saint Louis University. She completed both her pre and post-doctoral training at Yale Child Study Center. Active in her community, Dr. Akbar serves on the Board of Directors of The Community Foundation for Greater New Haven.

www.womenhealthcongress.org
Problem: A lack of proper water, sanitation, and hygiene (WASH) infrastructure and poor hygiene practices reduce the preparedness and response of health care facilities (HCFs) in low-income countries to infection and disease outbreaks. According to a World Bank Service Provision Assessment conducted in 2007, only 28% of HCFs in most of East Africa had water access throughout the year supplied by tap and 58% of HCFs provided functioning latrines. [4] This evaluation of services and infrastructure in HCFs indicates that targets for WASH in-country need to be enhanced.

Objectives: To present a case study of the causes and management of sepsis during delivery that led to the death of a 27-year old woman, and propose a WASH protocol to be implemented in HCFs.

Methods: The state of WASH services used by staff, caregivers, and patients in HCFs was assessed in 2009 in national evaluations conducted by the Ministry of Infrastructure of Rwanda. Site selection was purposive, based on the presence of both water and power supply. Direct observation was used to assess water treatment, presence and condition of sanitation facilities and sterile equipment in the delivery room, provision of soap and water, gloves, alcohol-based hand-rub, and WASH-related record keeping.

Results: All HCFs met Ministry policies for water access, but WHO guidelines for environmental standards, including water quality, were not fully satisfied.

Conclusions: The promotion and provision of low-cost technologies that enable improved WASH practices could help reduce high rates of morbidity and mortality due to infection in low-income countries.

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Cervical cancer is one of the commonest cancer in females worldwide, with an estimated 528,000 new cases of cervical cancer and 266,000 deaths occurring every year globally. Indian contribution to cervical cancer cases and mortality is 25.4% and 26.5% respectively.

The most important risk factor for development of cervical cancer is persistent infection with high risk oncogenic HPV genotypes 16 & 18 causing the pre-cancerous lesions and progress to cervical cancer. Cervical cancer is the only preventable genital cancer as declared by WHO. To achieve this goal, we must have a multipronged approach.

Prevention of cancer can take place at different levels:-

**Primary prevention**:- before the disease occur, It can be done by - Proper public health education & awareness programmes for prevention of cervical cancer, HPV Vaccine. The currently available prophylactic HPV vaccines are approved by FDA in 2006-07. Quadrivalent vaccine against HPV Types 6,11,16,18 and Bivalent vaccine is against HPV 16,18.


**Tertiary prevention**:- Treat the disease in early stage before it progress to cervical cancer by Cryotherapy, LEEP (Loop electrosurgical excision procedure), LETZ (Large loop excision of the transformation zone), Conization.

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Knowledge & awareness about cervical cancer & it’s prevention: The need of the hour

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Veena Acharya is currently working as a Director of Women and Health Center at Jaipur. Received her Master’s degree in Gynae & Obst. from the University of Rajasthan in 1978. She then worked at SMS Medical College, as Professor & Head of Unit, Superintendent and also in Mahatma Gandhi Medical College. She authored several publications in various journals and books and her publications reflect her research interests in Cervical Cancer and HIV in Women. She is also an Associate Editor of the IJCD. She is a member of FOGSI, ISCCP, NARCHI, JOGS, AGESR fellow in Association of NARCHI as a FIMCH, is awarded and honored in Various Conferences. She is currently incharge of TOT (Training of Trainers) in Colposcopy center at Jaipur for early diagnosis and treatment for cervical cancer.
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Day 1
Technical Sessions
Impact of Screening of Critical Congenital Heart Disease in Newborn in Bangladesh by Pulse Oximetry

Manzoor Hussain
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With advances in perinatal care, congenital malformations are emerging as one of the leading causes of neonatal and infant mortality in Bangladesh. More than 30,000 children born with CHD each year in Bangladesh (Estimated). Timely recognition is crucial for these babies for a good outcome and delayed diagnosis of Critical CHD can lead to cardiac failure, cardiovascular collapse and even death and majority death occur during first month of life. Routine neonatal examination fails to detect more than 50% of infants with CHD as signs of CHD may not become evident in early period and also not feasible for huge population of Bangladesh. Critical CHD in the newborn may have borderline low oxygen saturation with unrecognized cyanosis clinically. Pulse oximetry has the potential to identify hypoxemia that might not otherwise produce visible cyanosis. As already established that Pulse oximetry is highly specific for detection of critical congenital heart defects with moderate sensitivity that meets criteria for universal screening. Currently there is no effective screening protocol for this condition in Bangladesh. So this study was conducted to evaluate the use of pulse oximetry as a screening tool in early detection of critical CHD in asymptomatic newborn babies. A cross sectional study was conducted in Dhaka Shishu (Children) Hospital from October 2014 to June 2015. Newborns attended outpatient department or admitted in different wards with gestational age &gt;35 weeks and age between 24-48 hours were included and pulse oximetry screening was done. Echocardiogram was done to rule out CHD. Total 510 neonate were screened during the data collection period and mean age at screening was 34.99±8.4 hours. Among the neonates 28(5.49%) were found pulse oximetry screening positive. Sensitivity of pulse oximetry to identify critical CHD was 77.77% and specificity was 98.55%. Pulse oximetry is a good screening test for early identification of critical CHD among Bangladeshi neonate. So in resource poor country like Bangladesh if all neonatal health setup use pulse oximetry screening will increase early identification of critical CHD.

Biography

Manzoor Hussain is currently working as Professor & Director, Dhaka Shishu (Children) Hospital. Head, Department of Paediatric Medicine & Cardiology, Bangladesh Institute of Child Health. He is also President, Bangladesh Society for Paediatric Infectious Disease President, Paediatric Cardiac Society of Bangladesh President, Bangladesh Society of Paediatric Critical Care. He is also serving as Chairman, Institute of Paediatrics and Child Health Vice President, Child Health Research Foundation

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Cancer cervix diagnosis and management

Nikhil S. Parwate
Aditya Birla Memorial Hospital, India

Cancer cervix is the commonest killer cancer for women in India with 1 cancer death occurring at every 7 minutes. Most of the patients present at late stage, this mainly due to lack of any national or local screening strategy, most of the screening being opportunistic. In resource poor settings, where majority of women do not have access to Imaging technology, clinical examination, evaluation, staging, EUA, forms the key aspects of work up of these patients. Stage IB2 presents a grey area of management as there is always a dispute, who should manage, as majority of them are very bulky disease although not invading the parametrium. Treatment gold standard is still dependent on stage and as per FIGO guidelines.

Biography

Nikhil S. Parwate is currently working as Consultant Gynaec Oncosurgeon, at the Aditya Birla memorial Hospital and Leads the preventive and complete treatment aspects in Gynaecologic Oncology. He completed his Post Graduate Qualification in OBGY from Mumbai University, and than did his Fellowship Training in Gynaec Oncology from the Gujarat Cancer and Research Institute, Ahmedabad, and 15 days training programme in Gynaec Oncology at the NUHS hospital Singapore. He worked as Freelance Gynaec Oncosurgeon in Mumbai and finally now works as fulltime dedicated lead colposcopist and gynaec oncosurgeon at the prestigious Aditya Birla Hospital.

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Sonographic diagnosis of fetal growth restriction

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Sonographic estimation of fetal weight <3rd, 5th, or 10th percentile is the single best finding on which to base the diagnosis of FGR. Information from the maternal history and from a customized growth curve and assessment of amniotic fluid volume may improve diagnostic performance by helping to distinguish between the constitutionally small fetus, the growth-restricted fetus, and the fetus that is not small but not achieving its growth potential. Findings on Doppler velocimetry of the umbilical artery are insensitive diagnostically but predictive of outcome. Overall, it is reasonable to assume that a fetus <10th percentile with a normal growth curve over three weeks, normal amniotic fluid volume, and normal Doppler velocimetry is at low risk of adverse outcomes of FGR, especially in the absence of risk factors for FGR, whereas the fetus <10th percentile with a lagging growth curve, oligohydramnios, and maternal risk factors for the adverse outcomes of FGR is probably affected and at high risk of complications if Doppler velocimetry is abnormal.

Some findings on imaging, such as body proportion ratios, can support the diagnosis of asymmetric FGR but are likely to overlook fetuses with symmetric FGR. Asymmetric FGR occurs in 70 to 80 percent of the FGR population, while symmetric FGR comprises the remaining 20 to 30 percent of growth-restricted fetuses.

The American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin on FGR considers an estimated fetal weight <10th percentile suggestive of FGR and a finding that warrants further evaluation, such as amniotic fluid assessment and Doppler blood flow studies of the umbilical artery. By comparison, the Royal College of Obstetricians and Gynecologists (RCOG) considers either estimated fetal weight <10th percentile or abdominal circumference <10th percentile reasonable criteria for FGR. Using RCOG criteria, a fetus with a small abdominal circumference but an estimated fetal weight >10th percentile would be considered growth restricted. A study comparing the two approaches concluded the RCOG definition would correctly identify one additional case for each 14 patients assessed.

Biography

Michael Divon is an obstetrician-gynecologist in New York, New York and is affiliated with Lenox Hill Hospital. He received his medical degree from Technion-Israel Inst of Technology Faculty of Medicine and has been in practice for more than 20 years. He accepts several types of health insurance, listed below. He is one of 136 doctors at Lenox Hill Hospital who specialize in Obstetrics & Gynecology.

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Experience of management of PPH in different situation in India

Karnika Tiwari
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Postpartum haemorrhage (PPH) is a complication of delivery and the most common cause of maternal death, accounting for about 35% of all maternal deaths worldwide.

PPH is commonly defined as a blood loss of 500 ml or more within 24 hours after birth, while severe PPH is defined as a blood loss of 1000 ml or more within the same timeframe according to World Health Organization (WHO). A small blood loss that makes the woman haemodynamically unstable is also termed as PPH.

PPH is a major cause of morbidity and mortality with in the first 24 hours following delivery and this is regarded as primary PPH; whereas any excessive bleeding from the birth canal occurring between 24 hours and 12 weeks postnatally (after delivery) is termed as secondary PPH.

In my studies of 3500 Patients The incidence of primary PPH was 3.6% The mean age was 25.3 Years mean gestational age was 36.6 weeks gestation mean birth weight 2.8 kg 65% patients normal delivery The majority of the cases 68.0 % had an identifiable risk factor for developing primary PPH. The most identifiable risk factor for primary PPH was pregnancy-induced hypertension followed by prolonged labor, and multiple pregnancy.

A combination of quality antenatal care, skilled care at birth by active management of third stage of labour, the availability of high quality emergency obstetric care (with trained medical personnel and adequate infrastructure) and improved access to these services are essential to save many maternal lives.

Biography

Karnika Tiwari is currently working as Consultant obs and gynae Motherland Hospital Noida UP India. She received her MS degree and Gold medal in June 2015, from the Mahatma Gandhi University of Medical Sciences, Jaipur, Rajasthan. She then worked at VMMC and Safdarjung Hospital, Delhi as a senior resident for a period of three years. She has authored several publications in various journals and books. Her publications reflect her research interests in Urodynamics and U-V Prolapse. She is also has presented many national and international paper presentations including Athens Greece. She got her paper selected in Singapore and Australia as well. She is serving as a member in Association of NARCHI and ISCCP. Dr Karnika has also done laparoscopy training course from AllMS Delhi Kochi. She did her Masters Training observation course in IVF from London (U.K). She is awarded by a gold medal for topping the university in 2015.

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Maternal mortality in the U.S.

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Maternal mortality reviews are used globally to assess the quality of health-care services. The human development of a country is a strong predictor of maternal and infant mortality. The fifth Millennium development Goal (MDG 5) established the global goal of a 75% reduction in maternal mortality ratio between 1990 and 2015. Pregnancy related mortality is far less common in the U.S. as compared with developing countries. Although dramatic improvements in general population health and pregnancy care have resulted in a notable decline in maternal mortality in the United States during the mid-20th century with maternal death ratios hitting an all-time low of 6.6 deaths per 100,100 live births, this progress stalled during the late 20th century. Furthermore, maternal mortality rates have increased during the early 21st century. Around 2000 the ratio began to rise and has since nearly doubled, rising to a high of 17.8 deaths per 100,000 live births in 2016. Given that at least half of maternal deaths in the U.S. are preventable, the rise in maternal deaths in the U.S. is historic and worrisome. This overview will try to provide context for understanding the problem of rise in maternal mortality in the U.S., causes of maternal deaths and the difficulty with interpreting these trend.

Biography

Yasmin Neggers Scientist is currently working as Professor Emeritus at the University of Alabama, Tuscaloosa USA. She received her Doctoral degree or PhD in Epidemiology from the University of Alabama in Birmingham. She completed her Masters in Nutrition and Chemistry from the Universities of Tennessee and Meerut University. She then worked at the University of Alabama since 1979 and has served as Professor since 2000 at the University of Alabama. She has authored 55 publications in various journals and 4 book chapters. Her publications reflect her research interests in Perinatal Epidemiology and the field of Autism. She is serving as a member of the American Dietetic Association and fellow of the European Teratology Society and is a reviewer of many prestigious journals. She was awarded the Outstanding Teacher at the University of Alabama. Also, she was recognized as 2015 President’s Faculty Research Award by the president of the University of Alabama.

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Prevention injury for pre-school children vulnerable to unintentional injuries

Khadija Mohammed Al Busafi
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Unintentional injury contributes to the leading causes of death across all age groups of children aged 0-19 years caused by fall, drowning, poisoning, fires, burn, suffocation and road crashes. Most unintentional injuries can be prevented since most of them are home-based threats. In particular the preschool children aged one to 6 years are in danger of injuries attributable to the exploration behavior and psychological feature state (Tsoumakas et al, 2009). Home safety program and preventive measures is necessary to avoid unintentional injuries for preschool children, raise awareness towards safety at residential area and promote health wellbeing. In Oman statistics in 2016 children mortality from unintentional injuries was 15.7% for ages one to four years. The mortality rate in children aged five to 14 years old were 20.9% (Ministry of Health statistics, 2013). According to local hospital epidemiology, children attendance to emergency department resulted from trauma was about 30% (Khoula Hospital, 2014). The above statistics indicate that there is a lack of knowledge about injury prevention and families are unaware of risk factors contributed to unintentional injuries. Unfortunately, there is no data about the mechanism of injury, which cause weakness in the analysis of risk factors and pinpointing specific type of injury in specific group of preschool children. Implementation of injury prevention program is important to be achieved for positive safety culture, which in turns will contribute effectively to public health and well-being. The outcome of this program increased knowledge of safety and improvement of risk prevention. The active move from just educating public on what to do to an effective involvement in applying health promotion activities is implemented to achieve the goal of preventing unintentional injuries in preschool children.

Biography

Khadija Mohammed Al Busafi is currently working as lecturer at the Oman Specialized Nursing Institute. She is working for PhD on Disaster Management waiting for approval. She completed her Masters in Disaster Management from the Monash University. She authored three publications in various journals. Her publications reflect her research interests in disaster management. Mrs. Khadija is chaired person in local Journal in Oman. She is currently in charge of Marketing team in the working institute. Mrs. Khadija is awarded or honored by National institute in Oman.

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Deep learning applications: CNN and linear regression in the healthcare for analyzing women's health data

Prisilla Jayanthi
Marma Health Centre, India

The best ever investment one can afford is educating a girl in a family. The community, nation can see her grow physically with more maturity and broadminded. The beautiful saying on educating girls - “There is no more valuable investment than in a girls’ education” By Ban Ki Moon, general secretary, UN. The more quality education the girl has; builds her healthier and is potentially active to lead her family and society in the right way. The pressure of balancing work and childcare often leads women to stepping behind in taking quality work. The educated woman understands more and trains her mind for better opportunity. The healthy woman nourishes her child to be healthy and strong. In this context, this paper deals with the women's health, healthcare and informatics. The linear regression and convolutional neural network an application of Deep Learning in information technology in healthcare has brought vast changes in the field of health care especially in data analysis and diagnosing. In this work CNN has shown 91% accuracy in predicting the disease on the dataset collected and R-Squared, coefficient of determination is found to be closer to 1.

Biography

Prisilla Jayanthi is a research scholar, India and doing her research on Brain Tumor using Deep Learning in Health Care. She is the member of ACM, CSI and IACSIT. She has published 26 papers in International and National Journals. Till now, she has attended 10 International conferences and 7 National conferences. At present serving as Computer Science faculty.

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Evaluation of family planning counselling in North Jordan

Rami Saadeh

Jordan University of Science and Technology, Jordan

Objectives: Counselling plays a key role in enhancing reproductive services, providing contraception related information and supporting long-term family planning for women of childbearing age. This study aimed to evaluate family planning counselling sessions in selected governmental and private clinics in northern Jordan.

Methods: This cross-sectional study was conducted between January and June 2016 in Irbid, Jordan. A total of 200 women attending two private clinics affiliated with the Jordanian Association for Family Planning and Protection (JAFPP) and six governmental clinics were invited to participate in the study. Counselling sessions were attended by an independent observer and evaluated with regards to their compliance with the standard Greet, Ask, Tell, Help, Explain, Return (GATHER) framework.

Results: A total of 198 women participated in the study (response rate: 99.0%), including 80 women (40.4%) from JAFPP clinics and 118 (59.6%) from governmental clinics. In total, 42.9% of the counselling sessions were deemed adequate, with providers applying 80% or more of the GATHER framework, while 26.8% of the sessions were deemed semi-adequate and 30.3% were considered inadequate. Counselling services provided in the governmental clinics were significantly less adequate than those provided in JAFPP clinics (P <0.001).

Conclusion: The quality of counselling services in governmental family planning centres in Jordan needs to be improved to ensure that women receive the highest possible level of care. Healthcare policymakers should therefore focus on developing and supporting effective family planning counselling services in northern Jordan.

Biography

Rami Saadeh is an Assistant Professor in Jordan University of Science and Technology in Jordan. He earned his Bachelor of Dental Surgery (BDS) from Jordan, MSPH from Tulane University in Louisiana, US and PhD in Environmental health and Epidemiology from Indiana University, US, and has a specialty in dental public health from the University of Texas Health at San Antonio, Texas, US. Rami worked as a dentist in small villages and Palestinians’ refugee camps in Jordan, taught public health courses for years in Jordan, Saudi Arabia, and the US, and worked as the State Oral Health Epidemiologist in West Virginia. He is currently working as Assistant Professor at Jordan University of Science and Technology. Dr Saadeh received his Doctoral degree or PhD on Public Health from the University of Indiana, USA. He completed his master’s in public health from Tulane University, Louisiana, USA. He then worked in Saudi Arabia, Jordan, and the US. He has authored several publications in various journals. His publications reflect his research interests in Children’s Health.

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Providing maternity care for Burmese migrant women: The perspectives and practices of health professionals

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Background: Maternal and neonatal mortality are higher in low- and middle-income countries. This is particularly so for migrant women who are at increased risk of emotional distress since difficult living conditions and access to adequate maternity services is limited. The adequate responses from the nurse-midwives have to play in supporting these women.

Aim: To explore the perceptions and practices of Thai nurse-midwives providing maternity care for migrant Burmese women and women’s experiences of healthcare encounters in Thailand. This will ultimately generate appropriate health and care for migrants living in Thailand. Methods: the study is situated within an ethnographic approach. In-depth interviewing and observation their interactions between women and the health staff in both clinics (the antenatal and postnatal unit). Data were analysed using thematic analysis.

Findings: There was a stark contrast between health providers’ practice in the antenatal and postnatal care. The feeling of ‘being processed’, with women having to wait for many hours to be consulted, was a negative aspect of antenatal care. A lack of recognition of cultural values in the antenatal services was also evident; this may have been a major barrier to some women accessing antenatal care. Conversely, the care provided in the postnatal ward appeared more caring and more supportive of women’s needs.

Conclusion: Health providers need to aware of the production line can be a permanent complication of care for women which may need to adjust the availability of guidelines addressing to the maternity services to decrease emotional distress and encourage migrant women attending antenatal care.

Biography

Titaree Phanwichatkul is currently working as a lecturer in Nursing and Midwifery at Faculty of Nursing, Surat Thani Rajabhat University. She is a registered nurse and midwife with the Thailand Nursing and Midwifery Council. Her specialist area is teaching student nurses regarding nursing and postpartum care in clinics and hospitals. She is currently studying as a PhD student at the School of Nursing and Midwifery, Western Sydney University, Australia. Her current research focuses on Burmese migrant women’s experience of maternity care in the south of Thailand. This presentation is based on her PhD research conducted in Thailand.
Objectives: The aim of this study is to assess the impact of gestational diabetes mellitus (GDM) on neonatal and maternal morbidities.

Methods: In our prospective study; 266 GDM and 265 non-GDM parturients were included from four obstetric centers. Gestational diabetes mellitus was confirmed for the parturient at 24-28 weeks of gestation with one step OGTT. Major risk factors that evaluated in our study were as follows: age >35 years, BMI≥30kg/m², family history of diabetes, previous history of GDM, and previous history of macrosomia (weight ≥ 4000 g).

Results: The comparison of maternal age in two groups were as follows: non-GDM=28.42±5.26, GDM=31.33±5.41; (p=0.000), also significant correlations were found for gravidity, parity, pre-pregnancy BMI, and systolic blood pressure. Major risk factors which had significant association with GDM were; age >35 years, family history of diabetes, and previous history of GDM. In the comparison of maternal and fetal outcomes between two groups, the significant odds ratios were detected for emergency cesarean section=1.8, preeclampsia=3.6, polyhydramnios=2.4, PROM=4.5, preterm delivery=0.3, and neonatal hyperbilirubinemia=2.

Conclusions: GDM was detected as independent risk factor of the maternal and fetal outcomes such as emergency cesarean section, preeclampsia, polyhydramnios, PROM, and neonatal hyperbilirubinemia, and was protective factor for preterm delivery.

Biography

Laily Najafi is currently working as an professor at Iran University of Medical Sciences (IUMS), Tehran, Iran

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Current status and challenges for LSDs in Bangladesh

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With the fall of deaths of children from diarrhoea, respiratory tract infections and malnutrition due to availability of improved health services and diet, more children are now surviving and visiting hospital with genetic disorders. Lysosomal storage disorders represent a group of genetically distinct, biochemically related, inherited diseases. Individually, these disorders are considered rare, but collectively prevalence is 1 per 5,000-10,000. These disorders are devastating for individuals and their families and result in difficulties in diagnosis; however, the magnitude of the problem is not well defined. To determine the current status and challenges regarding lysosomal storage disorders in Bangladesh. It was a retrospective study conducted in Dhaka Shishu (Children) Hospital from 2007 to 2016. Data of suspected neurometabolic disorders form hospital records and from child development and neurology unit were included in the study. Patients profile and neurometabolic screening reports were collected. Challenges in diagnosis and management were noted. Data were analyzed by using SPSS. Total 181 neurometabolic diseases were analyzed and different lysosomal storage disorders were found in 79(43.65%) individuals among them 64% were male. Majority were presented between 1 year to 5 years of age. H/O Consanguinity in 31%, sibling death in 17%, affected sib in family in 5%, perinatal insult in 51%, developmental regression in 41%, early developmental delay in 51% and seizure in 75% cases were the common presenting feature. Most of them were diagnosed on the basis of clinical findings, X-ray findings, bone marrow study, liver biopsy, echocardiography and MRI findings. Lack of suspicion and lack of facility of specific enzyme assay and unavailability of treatment is the major challenges. There have been significant advances in the field of rare diseases; effective therapies are still not available to of the patients suffering from these diseases.

Biography

Manzoor Hussain is currently working as Professor & Director, Dhaka Shishu (Children) Hospital. Head, Department of Paediatric Medicine & Cardiology, Bangladesh Institute of Child Health. He is also President, Bangladesh Society for Paediatric Infectious Disease President, Paediatric Cardiac Society of Bangladesh President, Bangladesh Society of Paediatric Critical Care. He is also serving as Chairman, Institute of Paediatrics and Child Health Vice President, Child Health Research Foundation

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Posters
“In Era of globalization” Poor Nurse Staffing in Health Care Settings creates negative impacts on patients’ care world-wide

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It is a prime concern of all that the health care industry is failing to ensure quality health care. Especially poor staffing of nurses. In this regard, a significant number of relevant literatures from e-journals, health care statistics and information are gathered from various press and online Medias. It is much more essential to address this crisis as an overview of global shortage of nurses which is rhetoric. Nurses job dissatisfaction and burnout contributes imbalanced Nurse; Patient ratio in different countries and regions in the world. It has been highlighted with detailed variations. As per standard of WHO, physician and nurse ratio is 1:3 but in many places it is just the reverse condition i.e. - 3:1. The demands of nurses are proportionally very high all over the world. The higher job dissatisfaction and burn out among nurses' directly hampering patients care in the hospitals and nursing homes. Health reform legislation had emphasized to ensure patients centered care. Patients also remain on quality health care. International Organization for Migration (IOM) had stated in a report “Keeping patients safe: Transforming the Work Environment of Nurses”. It is reasonably an important issue for both Patients and Nurses.

An organized initiative should be taken based on priority; policy intervention; microeconomics and health sector funding; workforce planning and policy; positive practice environment; easiest procedures for migration of nurses from developing countries to developed countries.

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Quality of care and suspected developmental delay among children aged 1-59 months:
Across-sectional study in 8 counties of rural China

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Background: The data about quality of care of more than 70 countries were available from UNICEF but little was known about China. We examined the status about quality of care and explored its associations with developmental outcomes in Chinese children.

Methods: A cross-sectional study with probability proportional to size sampling method was conducted in 8 counties of rural China. A total 1927 children were assessed on development status using Ages and Stages Questionnaires. Caregivers were interviewed through household questionnaires from UNICEF to understand the quality of care. Multivariate logistic regression model was applied to estimate the odds ratios and 95% confidence intervals between quality of care and suspected developmental delay (SDD) after adjustment for potential confounding variables.

Results: The proportions of availability of children’s books, playthings, support for learning, fathers’ support for learning and inadequate care were 36.8%, 91.3%, 83.1%, 16.4% and 4.9%, respectively. Compared to available data of more than 70 countries, the quality of care in rural China was in the middle to upper level. Multivariate analysis showed that SDD remained negatively associated with availability of children’s books (odds ratio [OR] and 95% confidence interval [CI]: 1.74 [1.34-2.26]), playthings (OR and 95% CI: 2.31 [1.58-3.37]) and support for learning (OR and 95% CI: 1.92 [1.14-3.26]). For overall assessment, better quality of care (OR and 95% CI: 0.57 [0.49-0.70]) was positively associated with SDD.

Conclusions: Quality of care in rural China had scope for improvement. Better quality of care had negative associations with SDD.

Biography
Chenlu Yang is currently pursuing her PhD at School of Public Health, Peking University, China.

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Objective: To investigate the effects of bile acids on cardiomyocytes of fetal rats with intrahepatic cholestasis of pregnancy via Fas, Caspase8 and Caspase9 pathway.

Methods: (1) Twenty SPF class pregnant Sprague-Dawley rats were selected and divided into two groups—the control group and the ICP group, randomly with 10 in each. Since the 15th day of pregnancy, rats in control group was injected subcutaneously with 1,2-propanediol 2.5 ml•kg⁻¹•d⁻¹ for 5 successive days, the others received 17α-ethynylestradiol-1 (EE) 2.5 ml•kg⁻¹•d⁻¹ for 5 successive days. All rats were sacrificed on the 21st day of pregnancy and fetal cardiac tissue were collected. (2) The serum levels in the two groups of total bile acid (TBA), Alanine transaminase(ALT) and Aspartate Transaminase (AST) were determined by enzyme linked immunosorbent assay(ELISA). (3) The structure of cardiomyocytes in the two groups was observed under transmission electron microscope(TEM). (4) Qualitative observation of the expression of Fas, Caspase8 and Caspase9 protein in fetal rat myocardium by immunohistochemical technique. (5) The protein and the mRNA expression of Fas, Caspase8 and Caspase9 in fetal rat cardiomyocytes in the two groups were examined by Western Blot and RT-PCR.

Results: (1) Biochemical indicators: the serum levels of TBS were significantly lower in the control group than that in the ICP group, respectively:control gro-up:(26.9±3.0) μmol/L; ICP group:(68.9±3.5) μmol/L. The serum levels of ALT were significantly lower in the control group than that in the ICP group, respectively:control group:(40.8±3.0)U/L; ICP group:(72.5±6.5)U/L. The serum levels of AST were significantly lower in the control group than that in the ICP group, respectively:control group:(43.8±3.5)U/L; ICP group:(69.5±4.5)U/L. Statistically significant difference compared with control.(P<0.05) (2) Transmission electron microscope showed in the control group, myofilament of fetal rat cardiomyocytes were arranged neatly and clearly and the structure of mitochondrial double membrane and cristae is basically intact. The myofilament of fetal rat cardiomyocytes in the ICP group was disordered and loose. The mitochondria arranged disorderly, the double membrane and part of cristae disappeared, and they were vacuolated and a large number of apoptotic nuclei and deformities can be seen. (3) The expression of Fas, Caspase8, Caspase9 protein were observed qualitatively by immunohistochemical technique(SP method): the protein expression of Fas, Caspase8 and Caspase9 in ICP group was significantly higher than that in control group. (4) Protein expression of Fas, Caspase8 and Caspase9: compared with the control group, the ICP group was significantly higher than the control group. mRNA expression of Fas, Caspase8 and Caspase9: ICP group rats showed an increase in basal expression of Fas, Caspase8, Caspase9 mRNA respectively: control group: 0.74 ± 0.02, 0.50 ± 0.03, 0.58 ± 0.04; ICP group: 0.99 ± 0.06, 0.78 ± 0.08, 0.88 ± 0.06.(P<0.05)

Conclusion: The concentration of bile acid in ICP group was significantly higher than that in the control group. The expression of Fas, Caspase8 and Caspase9 in myocardial tissue of ICP group was higher than that in control group. Transmission electron microscopy (TEM) observed that the myocardial cells of the control group were basically normal, and the cardiomyocytes of the ICP group were apoptotic. This may be due to the increase of bile acid in pregnant women with ICP, which induces apoptosis of fetal cardiomyocytes through activation of Fas, Caspase8 and Caspase9 pathway. This may be one of the causes of intrauterine distress and even sudden death in ICP fetuses.
Background: Infertility is a growing concern of the society. In many cases the exact cause of infertility may not be elucidated, laparoscopy has become an integral part of gynecological surgery for diagnosis and treatment of abdominal and pelvic disorders. With recent improvements in the assisted reproductive technology (ART), there has been a growing tendency that bypasses diagnostic laparoscopy and proceeds directly to ART. Therefore, the value of diagnostic laparoscopy in current fertility practice is under debate. The objective of this study was to study role of diagnostic laparoscopy in the management of unexplained infertility.

Methods: 50 case of primary or secondary infertility with unknown etiology that underwent diagnostic laparoscopy in the Feni pvt Hospital. Diagnostic laparoscopy was offered as a final option for patients with normal diagnostic workup for infertility like semen analysis, ovulation testing, ultrasound examination and hysterosalpingogram, data of the identified patients were collected from patient case records. Outcomes in terms of cause detected and immediate laparoscopic management done which is helpful in improving fertility.

Results: Out of 50 cases studied, in 27 cases we found most probable cause of infertility and in remaining 23 cases we did not found any cause of infertility. Of the 27 cases, 11 cases had endometriosis, 5 cases had multiple pelvic adhesions, 5 cases of bulky cystic ovaries, 3 cases had combined endometriosis with pelvic adhesions and 2 cases had bilateral tubal blockage contrary to hysterosalpingographic findings, 1 case showed combination of cystic ovaries with pelvic adhesions. Intraoperative adhesiolysis, endometriosis ablation, and ovarian drilling were done in respective cases.

Conclusions: We concluded that Laparoscopy has important role in the diagnosis and treatment of unexplained infertility. It also helps in Prediction and improvement of success rate of assisted reproductive technologies like IUI and IVF.

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Day 2
Technical Sessions
Red reflex screening programs in newborns in Italy

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Introduction: A screening eye examination is an essential part of the newborn assessment. Red Reflex testing allows detecting eye diseases such as coloboma, cataracts, glaucoma, retinoblastoma, retinal and vitreous abnormalities, systemic diseases with ocular manifestation and serious refractive disorders. The test is performed using an ophthalmoscope with a non-invasive technique, of simple and rapid execution and well tolerated by the newborn.

Material and Methods: Data were collected through a vision screening questionnaire that was sent to all public birthing hospital of 14 Italian regions (out of 20) and completed orally or writing by for each the primary to all the public birthing hospitals active in Italy in 2016. Data items were collected: number of newborns who had received the first red reflex screening for vision impairment before discharge.

Results: Overall, in fourteen out of 20 Italian Regions (70%). 118,094 newborn (out of 182,817) were screened for Red Reflex (64.5%) in 111 Birth Hospitals (66.8%) activated in Italy in 2016 for vision impairment.

Conclusions: There are limitations of this study, for a no complete nationwide study. Data collection was incomplete, we were not able to collected data in six regions in Italy. To the best of our knowledge, this is the first report to describe the Italian coverage of red reflex screening in newborn. Further clinical research, however, will be required to confirm the national coverage of vision screening.
Effectiveness Of Aromatase Inhibitor (Letrozole) Combined With Dopamine Agonist (Cabergoline) On Uterine Myoma Regression In Comparison To The Effect Of Cabergoline Alone

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Objectives: Uterine myoma is a very common pelvic tumor in premenopausal women. Therapeutic options include medical treatments, which aims to control symptoms in order to replace or delay surgery. Various medical therapies are available, among them, letrozole (LE) & Cabergoline (CE). Aim of this work is to evaluate the effect of LE combined with CE, on regression of symptomatic uterine myomas in women of reproductive age compared to CE alone.

Methods: Thirty six patients with symptomatic myomas of >5 cm in diameter were enrolled in a hospital based prospective controlled clinical trial over a period of one year and divided randomly and equally into 2 groups of 18 each: group (A) received 5 mg LE daily & CE 0.5 mg once weekly from first day of menstrual cycle for 6 weeks. Those in group (B) were prescribed only CE for the same dose & duration of trial. Regular follow-up visits were arranged, and changes in uterine & myoma size, volume and number were recorded at each visit for all patients. Adverse effects were recorded if any. Data analyzed and P-value considered to be significant if < 0.05. All analyses were performed using SPSS software.

Results: Treatments well tolerated in both groups with minor side effects. Five patients lost during follow-up period, three from (A) & two from (B) groups. Compared with baseline values, mean uterine volume was reduced significantly (P<0.05) in both groups and with significant difference between groups, more in group (A) than (B) (P<0.016). Total number of myomas was reduced significantly in both groups (P<0.023). Group (A) patients expressed more myoma shrinkage in comparison to those in group (B) (P<0.05). Reduction rate of tumor nodule varied from 43-78% in (A) group, while that in group (B) was between 38 to 58%. One patient in (A) group discontinued treatment, none in the other.

Conclusions: Combination of LE and CE in management of uterine myomas is safe and more effective than CE alone, leading to symptomatic improvements, and might be considered for short term treatments before surgery along with the opportunity to preserve fertility.

Biography

Aisha Mohamed Elbareg is Working as an Associate Clinical Professor and Senior Consultant Obstetrician & Gynecologist with Sub-Specialty in Endoscopic Surgery & Reproductive Medicine at Misurata University/AlAmal Hospital for Obstetrics & Gynecology, Infertility Treatments and Genetic Research, also as a Head of the Academic dept. of Al-Nuballa Centre for Medical Education & Scientific Research, Misurata, Libya. Obtained her first Medical degree in 1994 from Al-Arab Medical University, Benghazi, Libya, also a Master degree of Medical Sciences in Assisted Reproductive Technologies, (MMedSci, ART), from Nottingham University, UK(2001), and a PhD from Manchester University, UK.

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Using mobile phones to improve adolescent sexual and reproductive health in low and middle income countries: A systematic review protocol

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Objectives: Due to growing reliance on mobile phone technology and decreasing mobile phone costs, the use of mobile phone is on the rise, especially amongst the youth population. Adolescents are responsive and enthusiastic to use novel approaches such as mHealth to address barriers to receiving sexual and reproductive health information and services. Globally, adolescents’ reproductive health programs have used mHealth to provide SRH education and services to adolescents, through diverse communication forms that connect youth population to SRH information and services. In an effort to tap into the potential of mHealth for ASRH, this review will intend to stimulate awareness about the role of mobile phones in improving ASRH, particularly in LMICs.

Methods: The review will focus on exploring the various types of mHealth interventions/strategies that are used to improve ASRH services in LMICs. PubMed, CINAHL Plus, Science Direct, Cochrane and gray literature will be explored using detailed search strategy. The studies involving young people (adolescents and youth) ages between 10–24 years to which mHealth interventions were delivered for improving their sexual and reproductive health outcomes will be included in this review. LMICs will be selected according to the World Bank's (WB) 2018 Country Classification list. Studies published since 2015 and in the English language will be included.

Discussion: The systematic review will assist researchers and ASRH professionals in recognizing many innovative, youth-engaging, and effective and distinct uses of mobile phone technology to improve adolescent sexual and reproductive health in LMICs. The review will identify different types of mHealth interventions and solutions, targeted at youth population, that are geared towards addressing barriers to receiving sexual and reproductive health information and services. Finally, this review will provide more detailed information about embracing use of mobile phone at different levels of healthcare system for improving adolescent sexual and reproductive health outcomes.

Biography

Anam Feroz has received her graduate degree of Masters in Health Policy and Management from the Aga Khan University in the year 2016. She has completed her Bachelors of Sciences in Nursing from the Aga Khan University School of Nursing and Midwifery in 2012. She has a prior working experience of bedside nursing at Aga Khan University Hospital - Medicine Unit. She has also worked in a Non-Governmental Organization, named National Committee for Maternal and Neonatal Health where she has planned and organized different training programs at national levels. Most recently, she has worked with Aga Khan Development Network eHealth Resource Center where she was involved in the development and delivery of a year-long eHealth certificate course with various local and international eHealth experts. In the department of Community Health Sciences, AKU she is working as a Research Fellow and actively involved in Urban Health program (UHP) activities; especially monitoring and surveillance components. In addition, she is currently engaged in teaching the Masters of Health Policy and Management Program. She has 03 publications in peer reviewed international journals.

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Poverty and coping strategies for financial burdens in families with C-section deliveries in a rural tertiary level facility in Bangladesh: A cross-sectional study

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Objectives: Per capita health spending has increased substantially in Bangladesh and people spend more than 63% of their total health spending from their own pocket which is one of the highest in the region but the government's share has declined. Poorer families from low income countries most often face catastrophic health expenditures to meet the costs of C-section procedure. However, knowledge about household costs and coping strategies for financial burdens differentiated by socio economic classes are minimum in Bangladesh where out-of-pocket expenses remains a major mode of payment.

Methods: This cross-sectional study was conducted in a tertiary level facility in rural Bangladesh. Women who delivered by C-section between October 2016 to December 2016 (n=425) were the study participants. A comparative analysis was done to document both the direct and opportunistic costs incurred through C-section along with financial coping strategies by the study and comparison group women. The study group comprised those from poor and lower middle wealth quintile families and comparison group belonged to middle, upper middle and rich wealth quintile.

Result: The mean age of study participants was 25 years. Monthly family income was lower among study group than the comparison group (p<0.001) though direct medical cost was identical for both the groups. However, direct non-medical cost and indirect cost, both were lower in study group than comparison group (p<0.001). Sixty percent of the study group families compared to 24% comparison group spent money more than their monthly family income to meet the C-section expenses (p<0.001). About 77% of total study participants had saved money to pay the C-section deliveries related costs. However, such savings were less frequent among study group women than comparison group (59% vs. 70%; p<0.001). Over one third (39%) of the study group women as opposed to 25% of the comparison group received supports from relatives or friends for paying costs (p=0.003). Regarding financial coping strategies, fifty seven percent of the study group families as opposed to 27% comparison group borrowed money from others to meet the expenses (p<0.001). Obtaining money from usury to meet costs was more common for study group than comparison group (11% vs. 2%, p<0.001). In logistic regress analysis, adjusting for covariates, borrowing money from usury and husband living in household were significantly associated with paying costs more than monthly income of the family.

Biography

Our study conferred that poorer families had fewer savings and suffered financial hardship to bear C-section costs which is an ultimate threat to Universal Health Coverage. Innovative health care financing strategies and related mechanisms for coping are needed to ensure health equity.
Background: Pre cervical cancer screening is one of cervical cancer prevention strategies. Screening service in Finote Selam general hospital has been started since April 2016, however, there is no evidence on cervical cancer screening uptake in the study area. Thus determining screening uptake is essential for programme effectiveness.

Objectives: The aim of this study was to assess uptake of pre cervical cancer screening and associated factors among women aged 30-49 year in Finote Selam northwest Ethiopia.

Methods: A community based cross-sectional study was conducted from March 30, 2017- April 15.2017 among 1152 participants. A cluster sampling technique was used to requisite the desired sample size. The data were enter Epi-Info version 7 and exported to SPSS version 20 for analysis. Binary logistic regression model was fitted to identify factors associated with the uptake of pre cervical cancer screening. Odds ratio with 95 % confidence interval were used to identify strength and direction of association between outcome and covariates.

Results: in this study a total of 1137 out of 1152 women aged 30-49 years were participated representing a response rate of 98.7%. The uptake of pre cervical cancer screening was 34(3%) with 95% CI 2-4.2.

In the final model of analysis women had ≥5 pregnancy history was 80% (AOR=0.2, 95%CI: 0.004-0.7) less likely than who hand no any history of pregnancy to had uptake of screening service. Participant with history of sexually transmitted disease 12 (AOR=12,95%CI:4.3-24)times more likely to uptake screening service as compared with who and no history of sexually transmitted disease. Women who had awareness on pre cervical cancer screening was 16(AOR=16, 95%CI: 1.5-18) times more likely to uptake screening service as compared who had no awareness.

Conclusion and recommendation: Uptake of pre cervical cancer screening is low in the study area. Women had history of pregnancy ≥ 5 negatively associated with uptake of screening and history of sexually transmitted disease, awareness on screening service and favorable attitude towards screening positively associated with uptake of pre cervical cancer screening. Providing information to the women about cervical cancer screening and service availability near they lived is warranted.

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Introduction: Early neurodevelopment of child sets stage for later achievements in life. Developed countries have embarked many programs upon it but in order to tailor these programs age wise for children in LMICs, enough data is required. This study aims to find the developmental age and its correspondence with chronological age of 24 months old children residing in peri-urban areas of Karachi, Pakistan.

Methods: We administered Bayleys scale of infant development BSID III on 506 children enrolled in AMANHI study at Ibrahim hyderi research center for the assessment of their cognitive, language and motor development, from the duration of February 2017 till June 2018. The developmental age was derived from the raw scores attained on various subscales of BSID III. Paired t –test was ran to assess any significant difference in a child's chronological and developmental age at five subscales of BSID III. The data has reported mean difference in months with 95% Confidence interval (CI). All the analysis was conducted using STATA 15.

Results: The mean chronological age (in months) was 24.2, while mean developmental age at all five sub-scales was 18.9 (cognitive), 20.8 (receptive communication), 20.24 (expressive communication), 21.2 (fine motor) & 19.4 (gross motor). We found a statistical significant difference in children's chronological and developmental age in subscales of cognition (5.3, 4.9 - 5.5), receptive communication (3.3, 3 – 3.7), expressive communication (3.9, 3.5 – 4.3), fine motor (3, 2.6 – 3.3) and gross motor skills (4.7, 4.3 – 5.1).

Conclusion: The current data shows that these children lag behind in all learning areas. These findings can be used to further uncover the factors that are responsible for these developmental delays.

Biography

Ambreen Nizar Merchant has completed her Masters in Epidemiology and Biostatistics at the age of 26 years from The Aga Khan University. She has been working at the Department of Pediatrics, The Aga Khan University on a study named All Children Thrive ACT. It's a Bill and Melinda Gates Foundation BMGF funded project in collaboration with World Health Organization WHO. It’s a multi-centered project with primary objective to study factors during pregnancy that affect child’s early neurological and physical development.

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We take this opportunity to extend our most sincere thanks to all Moderators, Keynote speakers, Plenary Speakers, Workshop & Special Session presenters, Students, Delegates, Journal Collaborators, Media partners who have come from different destinations around the globe for their support & cooperation.

We also wish to express our gratitude to Session Chairs and Co-Chairs, for their minute-to-minute guidance and support and for providing encouragement at every point of time in the organization of this great event. Let us thank Speakers who have responded so well to our invitation to participate in the conference. We have received several papers which will form the basis of our discussion in the various sessions. Let us thank you all for associating with this conference by your presence.

An event of this dimension cannot happen overnight. It requires meticulous planning and execution and an eye for details. We thank everyone enough for the involvement they have shown and the willingness they have expressed to take on the completion of tasks beyond their comfort zones.

Finally, we extend our appreciation to each of you for your participation in this conference. We hope you enjoy the conference and that your time spent here will contribute to your professional development and enable you to build new collaborations in this important and rapidly emerging field.

We hope to see you all Again !!!

Thank You