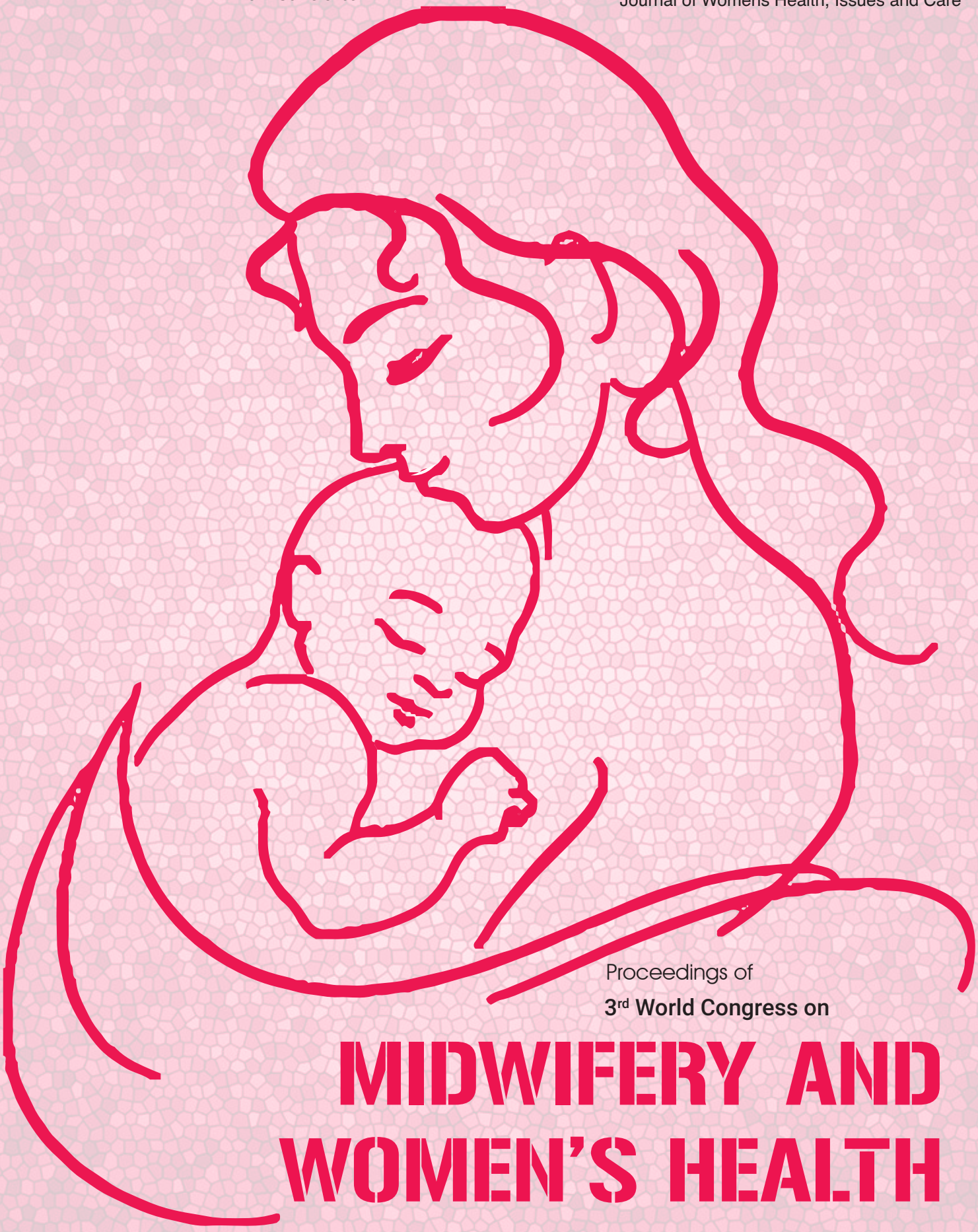
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Proceedings of
3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Scientific Program

Euro Midwifery 2017

Day 1 November 13, 2017

08:30-09:00 Registrations

Meeting Hall @ Johnson

conferenceseries.com 09:00-09:30 **Opening Ceremony**

Keynote Forum

	Introduction
09:30-10:10	**Title: An evidence-based cesarean section at the time of inflation in its use – the risk of its overuse and measures to be taken** **Michael Stark**, President of New European Surgical Academy, Germany
10:10-10:50	**Title: Implementing an innovative Family Planning counselling strategy in Lebanon** **Nayla Doughane**, President of Lebanese Order of Midwives, Lebanon

Networking and Refreshments Break 10:50-11:10 @ Foyer

Group photo

Sessions: Midwifery | Maternal & Child Health | Midwifery Nursing Practice | Women's Health

Session Chair: Ageeth Rosman, Erasmus MC, University of Rotterdam, Netherlands
Session Co-Chair: Serena Koh, ALCNS, NUS, Singapore

Session Introduction

11:10-11:40	**Title: Preconception care for women suffering from chronic diseases in the Netherlands: patients' view on the role of the general practitioner** **Ageeth Rosman**, Erasmus MC - University of Rotterdam, Netherlands
11:40-12:10	**Title: Comparison of midwife-led care and obstetrician-led care on maternal and neonatal outcomes in Singapore: A retrospective cohort study** **Serena Koh**, ALCNS, NUS, Singapore
12:10-12:40	**Title: A mixed-methods study to explore evidence-based intrapartum care in maternity settings in Bahrain** **Leena Khonji**, University of Manchester, UK
12:40-13:10	**Title: A conceptual framework for assessing the barriers and facilitators to implement an intervention aiming to change a health professional role: the case of the midwifery profession in Morocco** **Sabina Abou Malham**, University of Sherbrooke, Canada

Lunch Break 13:10-14:00 @ RBG

14:00-14:30	**Title: Midwives' views, experiences and feelings of confidence surrounding vaginal breech birth: a qualitative study** **Ruth Sloman**, Barts Health NHS Foundation Trust, UK
14:30-15:00	**Title: Development of an antenatal screening tool for the detection of vulnerable pregnancies in Antwerp, Belgium** **Inge Meyvis**, Artesis Plantijn Hogeschool Antwerpen, Belgium
15:00-15:30	**Title: Midwives' experiences of working conditions, perceptions of professional role and attitudes towards mothers in Mozambique** **Katja Adolphson**, Uppsala University School of Medicine, Sweden

	Networking and Refreshments Break 15:30-15:50 @ Foyer
15:50-16:20	**Title: Association between severities of Striae Gravidarum (SG) and Obstetric Anal Sphincter Injuries (OASIS)** **Ofra Halperin,** The Max Stern Academic College of Emek Yezreel, Israel
16:20-16:50	**Title: A systematic review of inter and intra-generational influences on pregnancy and birth outcomes** **Mindy Ebrahimoff,** Sourasky Medical Centre, Israel
16:50-17:20	**Title: Evaluation of the use of vaginal tampons and vaginal douche practices among women** **Anayit Margirit Coskun,** Bezmialem Foundation University School of Health Sciences, Turkey
17:20-17:50	**Title: Seasonal access to prenatal and Basic Emergency Obstetric Care (BEmOC) in Cross River State, Nigeria** **Edet Otu,** University of Sheffield, UK
	Panel Discussion

Day 2 November 14, 2017

Meeting Hall @ Johnson

Keynote Forum

09:30-10:10	**Title: Preconception counselling for low health literate individuals: An exploration of determinants** **Ageeth Rosman,** Erasmus MC, University of Rotterdam, Netherlands
	Networking and Refreshments Break 10:10-10:30 @ Foyer
	Sessions: Midwifery | Women's Health | Midwifery Nursing Practice | Pregnancy | Breast Diseases
	Session Chair: Bente Dahl, University College of Southeast Norway, Norway **Session Co-Chair: Simon Kayemba-Kay's,** Centre Hospitalier du Valais Romand, Switzerland
	Session Introduction
10:30-11:00	**Title: Lost in a nameless chaos-women's experiences of postpartum depression: a meta-ethnographic study** **Bente Dahl,** University College of Southeast Norway, Norway
11:00-11:30	**Title: Maternal smoking during pregnancy: reasons to get involved in prevention** **Simon Kayemba-Kay'S,** Centre Hospitalier du Valais Romand, Switzerland
	Special Session
11:30-12:15	**Title: Long term outcomes of caesarean deliveries** **Eric Jauniaux,** EGA Institute for Women's Health, University College London, UK
	Speaker Session Continues…
12:15-12:45	**Title: Length of labour in 2017; does duration in the 2nd stage really matter?** **Mindy Ebrahimoff,** Sourasky Medical Centre, Israel
12:45-13:15	**Title: Women's experiences of undiagnosed breech birth and the effects on future thinking around childbirth** **Katie Lightfoot,** University of East Anglia, UK
	Lunch Break 13:15-14:00 @ RBG

14:00-14:30	**Title: A reflection on psychosocial care as a component of routine holistic antenatal care** **Johanna Mathibe-Neke,** University of South Africa, South Africa
14:30-15:00	**Title: Modern trends of the education in midwives – new methods in practical training in midwifery** **Stefania Andrascikova,** Presov University, Slovakia
15:00-15:30	**Title: Anti-phospholipid antibodies are associated to adverse pregnancy outcome** **Polona Zigon,** University Medical Centre Ljubljana, Slovenia
	Networking and Refreshments Break 15:30-15:50 @ Foyer
15:50-16:20	**Title: How does sexual abuse happen to children?** **Indrayani,** Akademi Kebidanan Bina Husada Tangerang, Indonesia
16:20-16:50	**Title: The molecular classification of women's breast cancer, therapeutic interest, experience of Sidi Bel Abbes, Algeria** **Nawel Agher,** University Djilali Liabés, Algeria
	Video Presenation
16:50-17:20	**Title: Global Network of Midwives (GNM): a solution for disparate access to health and rights for women** **Narjes Shiraghaei Kootenaei,** Mazandaran Midwifery Association, Iran
	Poster Presentations 17:20-17:50 @ Meeting Hall (Johnson)
	Poster Judge: Stefania Andrascikova, Presov University, Slovakia
	Panel Discussion
	Awards & Closing Ceremony





Bookmark your dates

5th World Congress on

MIDWIFERY & WOMEN'S HEALTH

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Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587
Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

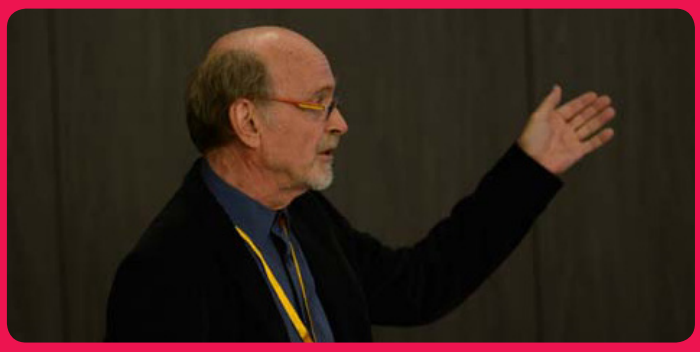
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Jounal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94
Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermotology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiolog	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
FisheriesSciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technolo	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X







3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Supporting Journals

Euro Midwifery 2017

Supporting Journals

Journal of Womens Health, Issues and Care
www.scitechnol.com/womens-health-issues-care.php

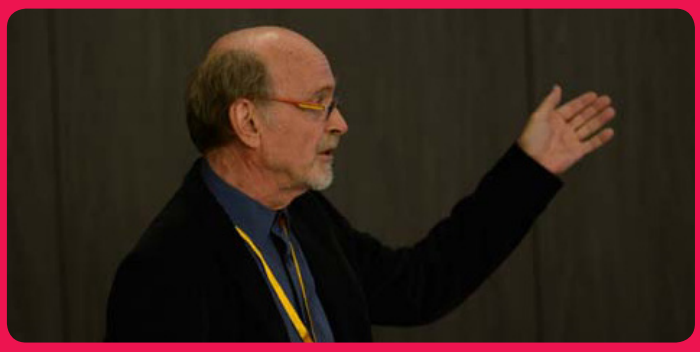
Journal of Womens Health Care
www.omicsonline.org/womens-health-care.php

Journal of Nursing & Care
www.omicsonline.org/nursing-care.php









3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Exhibitor

Euro Midwifery 2017

Exhibitor



EMERGENCY is an independent and neutral humanitarian organization founded in Italy in 1994 to provide free of charge, high quality medical and surgical care to the victims of war, landmines and poverty. Untill now, it has treated over 8 million people in 17 different countries: one every 2 minutes.

http://www.emergency.it/index.html

Exhibitor

OptiBac Probiotics is a UK based family-run business which specialises entirely in live cultures. They pride themselves in selecting high quality strains that have been scientifically researched and clinically trialled.

Each strain in their products undergoes rigorous testing to ensure it is stable at room temperature, survives stomach acidity, reaches the gut alive, and adheres to the gut wall lining. They also guarantee the billions count on all their products until the point of expiry.

Their 'For babies & children' live cultures supplement is a unique combination of probiotics, which has been clinically trialled in infants and children. It is also completely safe to take during pregnancy.

Find out more and visit the OptiBac Probiotics stand.

https://www.optibacprobiotics.co.uk/

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AGRI, FOOD & AQUA

9th Global Food Safety Conference
Dec 04-06, 2017 Atlanta, USA

20th Global Food Processing & Technology Summit Dec 11-13 , 2017 Philadelphia, USA

BIOCHEMISTRY

3rd International Conference on
Lipid Science & Technology
Dec 11-12, 2017 Madrid, Spain

CARDIOLOGY

22nd World Cardiology Conference
Dec 11-12, 2017 Madrid, Spain

16th World Cardiology Congress
Dec 08-10, 2017 Dubai, UAE

CHEMICAL ENGINEERING

2nd World Biodiesel Congress & Expo
Dec 04-05, 2017 Atlanta, USA

6th International Congress and Expo on
Biofuels, Bioenergy & Bioeconomy
Dec 04-06, 2017 Sao Paulo, Brazil

CHEMISTRY

7th Global Mass Spectrometry Congress
Dec 14-16, 2017 Dubai, UAE

DENTISTRY

26th American Dental Congress
Dec 04-06, 2017 Atlanta, USA

39th World Dental Congress Summit
Dec 04-06, 2017 Sao Paulo, Brazil

DIABETES AND ENDOCRINOLOGY

International Conference on
Diabetes and Endocrinology
Dec 06-08, 2017 Atlanta, USA

25th Global Diabetes and Medicare Expo
Dec 11-12, 2017 Dubai, UAE

GENETICS & MOLECULAR BIOLOGY

2nd World Biotechnology Congress
Dec 04-05, 2017 Sao Paulo, Brazil

GEOLOGY & EARTH SCIENCE

Annual Congress on **Soil Sciences**
Dec 04-05, 2017 Madrid, Spain

IMMUNOLOGY

World Immunology Congress
Dec 14-15, 2017 Dubai, UAE

MATERIALS SCIENCE

14th International Conference on
Functional Energy Materials
Dec 06-07, 2017 Atlanta, USA

MICROBIOLOGY

World Yeast Congress
Dec 06-07, 2017 Sao Paulo, Brazil

10th International Congress on
Clinical Virology
Dec 04-05, 2017 Dubai, UAE

Annual Congress on **Microbes and Infection**
Dec 04-05, 2017 Dubai, UAE

NURSING

46th Global Nursing and Healthcare Conference
Dec 06-07, 2017 Sao Paulo, Brazil

OPHTHALMOLOGY

20th World Ophthalmology Summit
Dec 04-05, 2017 Sao Paulo, Brazil

18th European Ophthalmology Congress
Dec 07-09, 2017 Madrid, Spain

PEDIATRICS

20th International Conference on
Neonatology and Perinatology
Dec 04-06, 2017 Madrid, Spain

PHYSICS

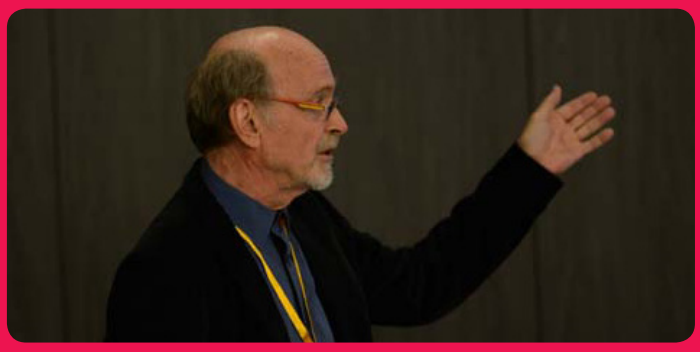
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3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

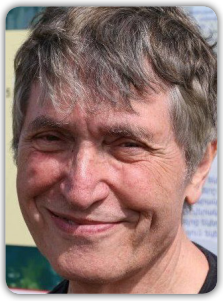
November 13-14, 2017 | London, UK

Keynote Forum

Day 1

Euro Midwifery 2017

Michael Stark, J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-004



Michael Stark

President of New European Surgical Academy, Germany

An evidence-based cesarean section at the time of inflation in its use – the risk of its overuse and measures to be taken

Most abdominal operations are gradually replaced by endoscopy. The remaining open surgeries are done with several variations, of which many are based on traditions rather than on evidence. Cesarean Section will remain one of the only abdominal operations and the most frequent one. Therefore, it is of utmost importance to constantly evaluate the different steps for its necessity and for the best way of performance to suggest an optimal Cesarean Section for universal use and give example to other operations. The modified Joel-Cohen method results in a shorter incision to delivery time and lower rate of febrile morbidity when compared to the traditional Pfannenstiel incision. The uterus should be opened transversely after pushing the bladder down. Exteriorization of the uterus after the delivery makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain, because the more stitching material left behind, more foreign body reaction might weaken the scar. Leaving both peritoneum layers open reduces adhesions and results in reduced need for painkillers and closure should be avoided in all other surgical disciplines as well, including endoscopy. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis. Since the introduction of this evidence-based simplified method, it has been evaluated by scores of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method. However, due to the simplicity of the procedure, next to medico-legal reasons, financial aspects, lack of knowledge concerning the consequences and mothers' demand, the usage of unnecessary cesarean section has been unprecedentedly increased. The over use of cesarean section might negatively influence human evolution besides being the cause of early and late morbidity. The ways to ensure that cesarean section is used strictly when indicated must be found. NESA's anti-cesarean section campaign is one of them, but also information provided to the families by health care takers, including midwives should be used as a tool to make a conscious and responsible choice of the optimal mode of labor.

Biography

Michael Stark is specialized in Obstetrics and Gynecology. His main interest is Gynecological Oncology. He is the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical academy. He was the Scientific Advisor of the European novel Tele-surgical system, scientific and medical advisor of the ELSAN, a 120-hospital group in France, and is a Guest Scientist at Charite University Hospital in Berlin. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy, and is an Honorary Member of the French, Polish, Russian and Italian Gynecological Associations. In the years 1983-2000, he was the Director of Obstetrics and Gynecology Department of the Misgav Ladach Hospital in Jerusalem where he developed a new cesarean section technique which became widely used all over the world but at the same time realizing the risks associated with the overuse of cesarean sections, he initiated the NESA's anti-cesarean section campaign. Between 2001 and 2009, he held position of the Chairman of Gynecology at the HELIOS, European Hospital Group. He was a Visiting Professor at the University of Toronto, Moscow, Beijing, Milan, Adana, Uppsala and New York.

mstark@nesacademy.org

Nayla Doughane, J Womens Health, Issues Care 2017, 6:6
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Nayla Doughane

President of Lebanese Order of Midwives, Lebanon

Implementing an innovative family planning counselling strategy in Lebanon

Following the Syrian crisis, multiple attempts were set to satisfy the increasing need for available, accessible and culturally-acceptable reproductive health services especially Family Planning (FP) provision among Syrian refugees. Since its establishment in 2014, the Lebanese Order of Midwives (LOM) in partnership with United Nations Funds for Population Activities (UNFPA), has been working on a national FP strategic plan entitled- the "Enhanced National Capacities to Deliver High Quality Family Planning services" to improve the quality of sexual and reproductive health and rights among populations living in unfavorable conditions. Endorsed by the Lebanese Ministry of Public Health, it presents a holistic view on FP needs and aims to: i) adapt a FP manual and enhance capacities of registered midwives on reproductive health services, rights, FP methods and counselling; and, ii) apply a mentoring and coaching project to support the performance improvement of trained midwives' providers in delivering quality FP counselling to Syrian refugees and Lebanese host community beneficiaries. This interactive plan is made of 13 steps to offer individualized FP including postpartum FP counseling to beneficiaries. Midwives providing FP counseling use special cues cards, brochures and medical eligibility criteria wheel for contraceptive use to facilitate the counseling and guide beneficiaries to choose the contraceptives that satisfy their needs. The national strategic plan was piloted last year in 14 different health facilities in the Beqaa and North Lebanon areas. Trained midwives succeeded in properly applying the plan's steps which were reflected by the results obtained whether in hospitals or primary health care settings. More than 120 midwives' coaches and providers were trained on the FP human rights, methods, and counseling strategy; and a large coaching program is still ongoing to conduct more than 250 visits to midwives' providers in the different healthcare facilities. The implementation of the project is well founded and further activities are planned to upscale the FP strategy at the national level.

Biography

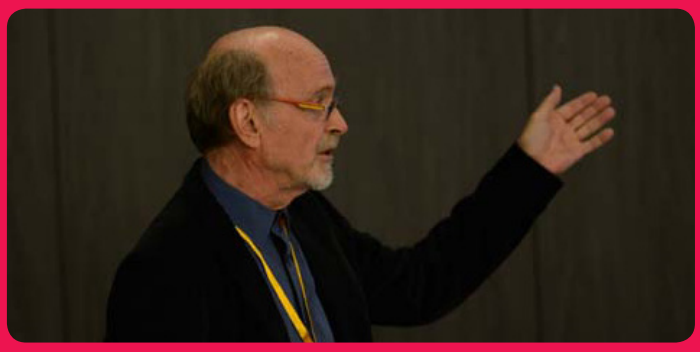
Nayla Doughane has completed her Master's degree in Maternal Health Services from Saint Joseph University. She was the Director of the Midwifery School at the Saint Joseph University from 1993 to 2007. She has developed and implemented the Master's program of Midwifery and numerous continuing education diplomas to enhance the midwives' leadership skills in providing quality maternal and neonatal health services. For almost 20 years, she has exerted a leadership role and substantial efforts with a midwifery team, and conducted many lobbying activities for midwifery to create the Lebanese Order of Midwives. Since June 2014, she is fulfilling a leading role as a President of the Lebanese Order of Midwives and has conducted many activities all over the Lebanese regions to promote the midwifery profession and enhance the midwives' competencies to provide safe, effective and quality neonatal and maternal health services. She is also a Senior Lecturer in the Midwifery School and has earned the title as an Honorary Director of the Midwifery School. Moreover, she has extensive experience in delivering FP services and educating health care providers in this area.

nayladoughane@hotmail.com

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3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Scientific Tracks & Abstracts

Day 1

Euro Midwifery 2017

Sessions:

Midwifery | Maternal & Child Health | Midwifery Nursing Practice | Women's Health

Session Chair
Ageeth Rosman
Erasmus MC, University of Rotterdam, Netherlands

Session Co-Chair
Serena Koh
ALCNS, NUS, Singapore

Session Introduction

Title: **Preconception care for women suffering from chronic diseases in the Netherlands: patients' view on the role of the general practitioner**
Ageeth Rosman, Erasmus MC - University of Rotterdam, Netherlands

Title: **Comparison of midwife-led care and obstetrician-led care on maternal and neonatal outcomes in Singapore: A retrospective cohort study**
Serena Koh, ALCNS, NUS, Singapore

Title: **A mixed-methods study to explore evidence-based intrapartum care in maternity settings in Bahrain**
Leena Khonji, University of Manchester, UK

Title: **A conceptual framework for assessing the barriers and facilitators to implementing an intervention aiming to change a health professional role: the case of the midwifery profession in Morocco**
Sabina Abou Malham, University of Sherbrooke, Canada

Title: **Midwives' views, experiences and feelings of confidence surrounding vaginal breech birth: a qualitative study**
Ruth Sloman, Barts Health NHS Foundation Trust, UK

Title: **Development of an antenatal screening tool for the detection of vulnerable pregnancies in Antwerp, Belgium**
Inge Meyvis, Artesis Plantijn Hogeschool Antwerpen, Belgium

Title: **Midwives' experiences of working conditions, perceptions of professional role and attitudes towards mothers in Mozambique**
Katja Adolphson, Uppsala University School of Medicine, Sweden

Title: **Association between severities of Striae Gravidarum (SG) and Obstetric Anal Sphincter Injuries (OASIS)**
Ofra Halperin, The Max Stern Academic College of Emek Yezreel, Israel

Title: **A systematic review of inter and intra-generational influences on pregnancy and birth outcomes**
Mindy Ebrahimoff, Sourasky Medical Centre, Israel

Title: **Evaluation of the use of vaginal tampons and vaginal douche practices among women**
Anayit Margirit Coskun, Bezmialem Foundation University School of Health Sciences, Turkey

Title: **Seasonal access to prenatal and Basic Emergency Obstetric Care (BEmOC) in Cross River State, Nigeria**
Edet Otu, University of Sheffield, UK

Ageeth Rosman, J Womens Health, Issues Care 2017, 6:6
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Preconception care for women suffering from chronic diseases in the Netherlands: patients' view on the role of the general practitioner

Ageeth Rosman
Erasmus MC - University of Rotterdam, Netherlands

Preferably, all women suffering from chronic diseases receive specialized individual preconception care (PCC) by an obstetrician if they want to become pregnant but the uptake is low. Specific case finding followed by a referral to an obstetrician for specialized individual PCC by a general practitioner could be a solution to improve the uptake of PCC but this is a new concept for patients. Therefore, the aim of this study is to explore facilitators and barriers of PCC organized by the GP for women suffering from a chronic disease from a patients' view. We used semi-structured interviews which were audio-taped and transcribed verbatim. The transcripts were coded and analysed on facilitators and barriers using NVivo 10. A heterogeneous study population (n=23) indicated a range of facilitators and barriers for the implementation of PCC. The general practitioner (GP) is viewed to be trustworthy, to have knowledge about their medical history and to have a coordinating role but limited knowledge about pregnancy. Patients prefer a referral from the GP to an obstetrician in combination with their medical specialist for a face-to-face preconception consultation. PCC is ideally organized by GPs, before ceasing anticonception, according to women suffering from a chronic medical condition. The results can be used to implement PCC through GPs in a future pilot study.

Biography

Ageeth Rosman has completed her PhD degree from the University of Amsterdam, Netherlands. Her thesis was titled as "Improving management of breech presentation at term". She has been a Midwife for over 30 years. She passed her Midwifery Education cum laude. She worked in primary, secondary and tertiary midwifery care. She accomplished the birth of more than 3000 children in the Netherlands of which a large number is born at home. Nowadays, she is spending her time as a Senior Researcher on preconception care, public health affairs, health literacy and breech presentations. She has publications in Midwifery, Journal of Maternal and Child Health, BJOG, BMC Pregnancy and Childbirth and ACTA.

a.schonewille-rosman@erasmusmc.nl

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Serena Koh, J Womens Health, Issues Care 2017, 6:6
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Comparison of midwife-led care and obstetrician-led care on maternal and neonatal outcomes in Singapore: a retrospective cohort study

Serena Koh
National University of Singapore, Singapore

Objectives: To examine the maternal and neonatal outcomes of low-risk women receiving midwife-led care and obstetrician-led care.

Design, Setting, & Participants: A retrospective cohort study design was used. Data were collected from a large tertiary maternity hospital in Singapore. This involved a medical record review of 368 women who had singleton, normal to low-risk, term pregnancy, and received midwife-led care and obstetrician-led care between 2013 and 2014.

Measurements: A data extraction tool was used to solicit information on the outcome measures, including duration of labour, mode of delivery, episiotomy, and 5-minutes Apgar score (<7). Descriptive statistics were used to summarize the women's characteristics. Chi-square and independent sample t-test were used to assess the differences in demographics and birth outcomes. Multiple linear and logistic regressions were used to examine the difference between the two comparison groups after adjusted for potential confounders.

Findings: Statistically significant differences ($p<0.05$) between the midwife-led care group and the obstetrician-led care group in terms of the total duration of labour and total antenatal visits were found. No statistically significant differences were observed for mode of delivery, episiotomy, intrapartum pain management, labour augmentation, labour induction, postpartum haemorrhage, perineal trauma, birth status, 5-minutes Apgar score (<7), low birth weight (<2500g), and neonatal admission to intensive care units between the midwife-led care group and the obstetrician-led care group.

Conclusions: While interventions such as episiotomies and labour augmentation were more common in the midwife-led care group, no significant differences were found for most of the outcome measures between the two maternity groups except for total antenatal visits and duration of labour. Findings suggest that midwife-led care is as safe and effective as obstetrician-led care in achieving optimal birth outcomes, with no higher risk of adversities for low-risk women. Additional studies are necessary to continuously evaluate midwife-led care and to promote normal birth and reduce excessive use of obstetric procedures.

Implications for practice: The provision of midwife-led care should continue to be extended as an additional choice in maternity care for women with low-risk pregnancies. Professional staff development with continuous education is needed to clear misconceptions about midwife-led care and to promote awareness in current practice guidelines. Prospective evaluation of midwife-led care will be beneficial in informing policies and practice guidelines.

Biography

Serena Koh has received her PhD in Medicine, Dentistry and Health Sciences, from the School of Nursing, University of Melbourne, Australia in 2008. She is currently working as Associate Professor and Programme Director (Academic - Undergraduate Programme) at Alice Lee Centre of Nursing Studies, National University of Singapore and teaching undergraduates and postgraduates on research, evidence-based practice, maternal and child health, patient safety and quality as well as supervision of the students for their research thesis. She worked in the Ministry of Health from 2009-2016, developing patient safety strategies and overseeing clinical quality in the hospitals. She previously worked in KKH as a Midwife since 1995, and extended to research and teaching roles since 2001. Her research interests are in inter-professional education, patient safety and women's health.

serena_koh@nuhs.edu.sg

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Leena Khonji et al., J Womens Health, Issues Care 2017, 6:6
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A mixed-methods study to explore evidence-based intrapartum care in maternity settings in Bahrain

Leena Khonji, Carol Bedwell and **Dame Tina Lavender**
University of Manchester, UK

Background & Aim: Childbirth is a normal physiological process that does not require unnecessary interventions by maternity care providers. However, some maternity settings in Bahrain continue to intervene during labour and childbirth while providing care to low-risk women. This approach contradicts the World Health Organization's (WHO's) initiatives in implementing Evidence-Based Practices (EBP) of intrapartum care. In Bahrain, there are limited studies on existing maternity practices and care providers views about intrapartum care. This study aims to gain an understanding of intrapartum practices in Bahrain.

Method: A convergent mixed-methods design is employed in the study. Quantitative data was collected using a non-experimental descriptive cross-sectional design. A retrospective audit of birth records of two maternity hospitals was conducted for three months. This was followed by completing Researcher-Administered questionnaires with 250 postpartum women. Qualitative exploratory design guided by grounded theory approach was utilized in the second phase of a study. Qualitative data was obtained through semi-structured interviews with a purposive sample of postpartum women, midwives, obstetricians, and stakeholders. Maternity care provider's practices were observed using a structured observation technique.

Results: The qualitative outcome will be shared. Qualitative findings revealed four themes influencing the childbirth practices in Bahrain namely: "women as recipients of care"; "facilitators and berries of childbirth care"; "the meaning of ideal childbirth care"; and "gap in childbirth practices".

Conclusion: Study findings will assist in developing strategies to enhance the implementation of EBP in childbirth care among maternity care providers and moving toward aligning the intrapartum practices with the international standards and guidelines to provide safe childbirth care.

Biography

Leena Khonji is a PhD student in her final year of study at the University of Manchester. She holds a Master's degree in Maternal-Newborn Nursing, Bachelor's degree in Nursing Sciences and Diploma in Midwifery. She worked as a Midwife in the main hospital in Bahrain for six years, then promoted to the position of Midwife Manager at Labour and Birth Unit. In 2008, she moved to the academic field and started her career as a Lecturer at the College of Health Sciences at the University of Bahrain. She was involved in teaching the undergraduate Nursing students as well as Midwifery students. She presented several research papers in the ICN, and in regional and international nursing and midwifery conferences. She is interested in research, midwifery education and women's health issues. She acts as a reviewer for many of international journals. Based on her interest in childbirth issues, she focused on her PhD thesis on the intrapartum practices in maternity settings in Bahrain.

leena.khonji@postgrad.manchester.ac.uk

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Sabina Abou Malham et al., J Womens Health, Issues Care 2017, 6:6
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A conceptual framework for assessing the barriers and facilitators to implementing an intervention aiming to change a health professional role: the case of the midwifery profession in Morocco

Sabina Abou Malham[1], **Marie Hatem**[2] and **Nicole Leduc**[2]
[1]University of Sherbrooke, Canada
[2]University of Montreal, Canada

This paper presents a conceptual framework for understanding the implementation process of a complex intervention aiming to change a health professional role. It is designed to evaluate the implementation of an action plan/intervention based on the three systems'- educational, sociocultural and professional- interaction aiming to reinforce a health professional's role. The proposed framework holds that the intervention must address these three interacting systems (socio-cultural, educational and professional) through which a health professional role evolves. Each system is operationalized by four dimensions (values, methods, actors and targets). As for the implementation, the framework posits that it can be analysed, by depicting the barriers and facilitators located within the dimensions of the three interacting systems and within the intervention involved in the process through using the "menu of constructs" approach suggested by the Consolidated Framework for Implementation Research (CFIR). The objective of the presentation is to discuss the conceptual framework's capacity in assessing the barriers and facilitators to implementing an intervention aiming to strengthen the midwifery profession in Morocco and to explain how the intervention's dimensions and characteristics can influence the implementation success and challenge reaching its outcomes. An embedded case study design was adopted for this purpose and data were collected through training session observations, documents, and 11 semi-structured interviews, 20 focus groups conducted with 106 multi-stakeholders (health professionals, academic staff, students, medical administrative officers and health programmers) and one international consultant selected purposefully from two Moroccan regions. Our research confirms that a combination of favourable contextual conditions at the dimensions of the three systems is required to achieve the goal of the government's strategy which is to provide qualified midwives according to the International Confederation of Midwives global standards for midwifery, able to provide quality reproductive health care, and to contribute to reducing maternal and neonatal mortality.

Biography

Sabina Abou Malham holds PhD degree in Public Health-Healthcare Management from University of Montreal. Her thesis focused on implementation analysis of an action plan to strengthen the midwifery professional role in Morocco. She completed a two-year Postdoctoral Fellowship at the Charles Lemoyne Research Center, Faculty of Medicine and Health Sciences, University of Sherbrooke. She has two complementary degrees in research and interdisciplinary research in reproductive health and developed a strong base knowledge in dissemination and implementation theory. Her research focused on implementation analysis and impact/outcomes assessment of innovations/organizational interventions aiming to improve access to primary health care services. Her research focuses also on developing, implementing and assessing interventions/innovations aiming to change the role of human resources for health in general, midwives and nurses in particular. She is also interested in managing reproductive health care services, developing, implementing, analyzing and evaluating reproductive health interventions/programs in a global health setting. She works at present as a Field Coordinator on a project, Global Maternal Sepsis conducted by the World Health Organization, Geneva. She has published scientific papers in reputed journals like BMC Health Services Research and International Journal of Family Medicine.

sabina.abou.malham@usherbrooke.ca

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Ruth Sloman et al., J Womens Health, Issues Care 2017, 6:6
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Midwives' views, experiences and feelings of confidence surrounding vaginal breech birth: a qualitative study

Ruth Sloman, Marta Wanat, Ethel Burns and **Lesley Smith**
Barts Health NHS Foundation Trust, UK

Background: Midwives in the UK are required to have skills in vaginal breech birth (VBB), yet there is concern about its safety due to its low incidence and the subsequent loss of skills. However, VBB occurs in practice through maternal choice, and women presenting undiagnosed in labour.

Objective: To explore midwives' views, experiences, and feelings of confidence surrounding VBB.

Design: A qualitative study was conducted with 12 participants using three focus group discussions. Data were transcribed verbatim and thematic analysis was used to analyze the data.

Setting: UK midwives were recruited from different geographical areas and worked in community areas, hospital areas and as independent practitioners.

Findings: Three themes were identified. Firstly, midwives viewed VBB in dimensions of normality. They perceived upright positions to facilitate VBB, and that VBB should not be automatically treated as an emergency. However, midwives acknowledged potential problems and therefore preferred to be in a hospital environment. Secondly, midwives expressed varied feelings of preparedness; the majority feeling inexperienced and under-prepared with VBB, yet more confident when supported by other colleagues. Lastly, midwives described restrictions on women's choice of VBB; perceiving other practitioners as limiting women's choices through coercion, yet providing a balanced choice themselves.

Conclusions: There should be an opportunity for midwives to be mentored by a more experienced practitioner in VBB. Practice areas should develop a guideline for VBB which acknowledges the role of the midwife in facilitating normal breech birth. Balanced written and verbal information on VBB may further assist decision making for women considering a VBB. Education in VBB should focus on learning what is normal for VBB and must emphasize the importance of teamwork and understanding roles within multidisciplinary teams.

Biography

Ruth Sloman conducted her research on breech birth during her Midwifery Master's study program. She qualified as a Midwife in July 2014. She is especially interested in maternal/women's health in resource-poor settings. From January 2016-January 2017, she returned to the same hospital in Uganda and worked as a volunteer in the maternity department and educating students in the School of Nursing. She has started a Community/Birth Centre Midwife post at Royal London, Whitechapel, in May 2017.

ruth.sloman@googlemail.com

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Inge Meyvis, J Womens Health, Issues Care 2017, 6:6
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Development of an antenatal screening stool for the detection of vulnerable pregnancies in Antwerp, Belgium

Inge Meyvis
Artesis Plantijn Hogeschool Antwerpen, Belgium

Vulnerable pregnant women have extra care needs. Pregnant women with a low Socio-Economic Status (SES) experience a negative impact on pregnancy outcomes and on the health of the very young child (0-3 years). Pregnant women with a low SES have more chronic illnesses and experience more stress. In Flanders, Belgium, the poverty rates keep increasing. In 2015, 1 out of 10 children under the age of 12 lived in families with an increased risk of poverty. Poverty in Antwerp has increased in recent years and poverty rates are higher compared to other areas in Flanders. The concept of vulnerability has been frequently studied and analyzed in health care sciences over the last few decades. Despite the operationalization and concept analyses, there is still no consensus about the definition of vulnerability and the way in which it can be identified. The trend towards more monitoring by midwives offers a unique opportunity to catch alertness to and remediation of vulnerability in the care process. In this study, a screening tool is developed to detect vulnerability in pregnancy as early as possible. At first, midwives (primary and secondary care) and social care workers were asked about their definition of vulnerability by means of focus groups. Besides, they were asked about how this tool should look like. Based on this qualitative research, determinants of vulnerability were identified and a tool to map vulnerability is developed, implemented and tested. After this testing period, the screening tool is adapted to the feedback of the professionals who tested it and implemented in the work field. In the final stage of this study, a care program will be developed, specifically for vulnerable pregnancies.

Biography

Inge Meyvis completed her Graduation in Bachelor of Midwifery in 2004 and Master of Science in 2010. She is a Senior Lecturer and Researcher at Artesis Plantijn Hogeschool Antwerpen since 2007. She was the Co-founder of PANZA, which is a perinatal network of health care and social workers in the city of Antwerp. Her field of research is Vulnerability in Pregnancy.

inge.meyvis@ap.be

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Katja Adolphson, J Womens Health, Issues Care 2017, 6:6
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Midwives' experiences of working conditions, perceptions of professional role and attitudes towards mothers in Mozambique

Katja Adolphson
Uppsala University, Sweden

Background: Low- and middle-income countries still have a long way to go to reach the fifth Millennium Development Goal of reducing maternal mortality. Mozambique has accomplished a reduction of maternal mortality since the 1990s but still has among the highest in the world. A key strategy in reducing maternal mortality is to invest in midwifery.

Aim: The objective was to explore midwives' perspectives of their working conditions, their professional role, and perceptions of attitudes towards mothers in a low-resource setting.

Setting: Midwives in urban, suburban, village and remote areas; working in central, general and rural hospitals as well as health centers and health posts were interviewed in Maputo City, Maputo Province and Gaza Province in Mozambique.

Method: The study had a qualitative research design. Nine semi-structured interviews and one follow-up interview were conducted and analyzed with qualitative content analysis.

Results: Two main themes were found; commitment/devotion and lack of resources. All informants described empathic care-giving, with deep engagement with the mothers and highly valued working in teams. Lack of resources prevented the midwives from providing care and created frustration and feelings of insufficiency.

Conclusions: The midwives' perceptions were that they tried to provide empathic, responsive care on their own within a weak health system which created many difficulties. The enormous potential of the midwives possesses of providing quality care must be valued and nurtured for their competency to be used more effectively.

Biography

Katja Adolphson is a Junior Physician and passionate about women's right and maternal healthcare. She has conducted research in Mozambique and done clinical postings in India, Israel, Turkey and Tanzania. She has graduated from Uppsala University School of Medicine in 2015 and then she has been working as MD in the Emergency Clinic of the University Hospital of Danderyd in Stockholm, Sweden. She has published her work in the journal Midwifery and is a regular peer review contributor for the same magazine.

katja.adolphson@gmail.com

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Ofra Halperin, J Womens Health, Issues Care 2017, 6:6
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Association between severities of Striae Gravidarum (SG) and Obstetric Anal Sphincter Injuries (OASIS)

Ofra Halperin
Max Stern Academic College of Emek Yezreel, Israel

Objectives: To examine the association between the severities of Striae Gravidarum (SG) and Obstetric Anal Sphincter Injuries (OASIS) and to measure the symptoms regarding urinary incontinence, fecal/flatus incontinence, and dyspareunia, at 6 and 12 months postpartum.

Materials & Methods: This cohort study was conducted at four university teaching medical centers. Eighty women with OASIS were interviewed and assessed for SG. OASIS was divided into 4 groups: 3A, 3B, 3C and 4. Inclusion criteria were: OASIS diagnosis, non-instrumental vaginal childbirth, birth between 37-42 gestational weeks, singleton newborn, and neonatal birth weight of <4500kg and vertex position. Severity scoring of SG severity scoring, using Atwal's Numerical Scoring System, observed 4 body sites: abdomen, breasts, hips, and buttocks. Total severity score (TSS) for all sites range between 0-24 and categorized: 0-3: no SG (NSG) and 4 and over: SG. The Pelvic Floor Symptom Bother Questionnaire (PFBQ), a validated, structured questionnaire, was used for the 6 and 12-month follow-up assessments, with nine items regarding pelvic floor dysfunction (urinary and bowel impairment uterine prolapse and sexual function).

Results: There was no association between SG severity and OASIS (3A, 3B, 3C+4th) x^2 (6)=8.4014; P=0.2. As there were only 10 women with OASIS of 3C and 4, we re-analyzed the association between SG severity and OASIS severity of 3A and 3B. There was a significant association between SG severity and OASIS severity (3A, 3B) x^2 (3)=9.306; P=0.025. Three symptoms had a significant reduction in the bother degree between 6 and 12 months: urinary incontinence (p=0.017), flatus incontinence (p=0.031) and sexuality (p=0.016).

Conclusions: The innovation of this research is the association between SG severity and OASIS severity (3A, 3B), added information regarding OASIS risk factors.

Biography

Ofra Halperin has completed her PhD from Anglia Ruskin University in UK and Postdoctoral studies from Ben-Gurion University, Faculty of Humanities and Social Sciences. She is a Senior Lecturer at Max Stern Academic College of Emek Yezreel in Israel. She has published a book and more than 12 papers in reputed journals and serves as the Chairman of the Research Committee of the Israeli Midwives Association for the last ten years. She is a Midwife and an expert on Women's Health. Her studies have contributed for example, to building a national course for midwives that provided tools to cope with extreme conditions. She is now carrying out a study examining the involvement of hormones (cortisol and sex hormones) in gender differences in cognitive functions as a function of age. Her research interests meet the areas of the subjects she teaches.

ofrah@yvc.ac.il

Notes:

Mindy Ebrahimoff et al., J Womens Health, Issues Care 2017, 6:6
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A systematic review of inter and intra-generational influences on pregnancy and birth outcomes

Mindy Ebrahimoff[1,2], **Ariel Many**[1], **Soo Downe**[2] and **Victoria Hall Moran**[2]
[1]Tel Aviv Sourasky Medical Center, Israel
[2]University of Central Lancashire, UK

Background: Pregnancy and birth outcomes are affected by familial factors, individual variables and social and population norms. Clinical features that are outside of population norms, but consistent between family members, may be physiological for those individuals. Identifying a typical familial benchmark for a primarily healthy pregnant and laboring population may differentiate individuals in whom these features indicate healthy progress from those for whom they are indicators of potential complications.

Aim: To map and analyze empirical data on the familial occurrence of specific pregnancy and labour influences within and between two generations.

Methods: The search strategy included pre-determined key terms in EMBASE, MEDLINE, ERIC, and Maternity and Infant Care (from inception to January 2014). No language restrictions were applied. Data were synthesized, and key outcomes were compared, categorized, and graphically presented.

Results: From 723 hits, 25 quantitative cohort studies were included. Seven familial variables were investigated: gestational age, preterm birth, prolonged pregnancy, dystocia, cesarean section, birth weight, and fetal growth restriction including small for gestational age and intrauterine growth restriction. Findings indicated that any combination of familial factors (mother, mother and father, parents' siblings and siblings) might increase their inter- and intra-generational influence.

Conclusion: Maternal pregnancy and birth phenomenon can also be experienced by daughters. Repeated atypical patterns may be associated with either favorable or adverse outcome. More research on how familial history might be replicated in daughters/sisters, and in what circumstances this is likely to be physiological or pathological is needed.

Application to Practice: The results of this review could be used to inform obstetric history taking in clinical practice, and to guide clinical decision making in partnership with women who have an atypical presentation of a certain clinical phenomenon in pregnancy and during labour. This could minimize unnecessary interventions for many women and expediate interventions in the few who do need them.

Biography

Mindy Ebrahimoff is an Israeli qualified Nurse/Midwife with over 25 years of experience in Maternal/Infant Health Care. She was working as a Midwife in a large hospital in Tel Aviv and she provides care to a diverse group of women. She received her Master of Science in Midwifery and Women's Health from the University of Central Lancashire, UK, where she focused her research on primiparas' intentions and beliefs as a predictor of mode of delivery. Currently, she is pursuing her PhD in Midwifery at UCLan. She teaches midwifery students both in the classroom and in the clinical setting. She is conscientious in giving knowledge to students about physiological births with a strong emphasis on birth as a normal event in an increasingly medicalised setting.

mindyebb@gmail.com

Notes:

Anayit Margirit Coşkun et al., J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-005

Evaluation of the use of vaginal tampons and vaginal douche practices among women

Anayit Margirit Coşkun[1], **Eda Yakıt**[2] and **Eylem Karakaya**[3]
[1]Bezmialem Foundation University, Turkey
[2]Dicle University, Turkey
[3]EYKA Education and Counselling Services, Istanbul, Turkey

This study aims to evaluate the use of vaginal tampons and vaginal douche practices among women. The sample of the study consists of 200 women who participated in the Women's Health Education Program conducted by the Turkish Family Health and Planning Foundation in Diyarbakır, İstanbul, Kilis and İzmir. Data were collected through face-to-face interviews using questionnaire. Ethical approval was obtained from the ethics committee of Bezmialem Foundation University and written consent was obtained from the women who participated in the study. The data were evaluated using SPSS 16.0 package program using, chi-square and logistic regression analysis. More than half of the participating women were using vaginal douche (56.0%), while those receiving vaginal tampons (24.5%) were fewer. Vaginal douching was most needed after sexual intercourse and largely practiced with water (58.9%). The study found that as the level of education increased, the rate of vaginal douche and tampon use tended to decline even though this did not correspond to a significant level. Most of the women who got married before 18 engaged in these practices more frequently. 69.6% stated that vaginal douche was beneficial for health. A sizeable proportion of the women were practicing vaginal douche and, even more strikingly, they were completely unaware of any possibly harmful consequences. Thus, it is important for health professionals to provide education and counseling programs to women on this issue.

Biography

Anayit Margirit Coşkun has completed her PhD degree from the Department of Public Health at Istanbul University School of Medicine in 1984. In 1990, she became an Associate Professor at the Department of Women Health Nursing. She received the Title Professor in 1996. For 40 years, she has assumed multiple roles and worked as a Bedside Nurse, Chief Nurse, Lecturer in Reproduction and Women's Health, and Project Manager in NGOs. She wrote more than 60 articles and 17 books. She also took part in more than 15 projects as a trainer and coordinator.

coskunano@yahoo.com

Notes:

Edet Otu et al., J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-006

Seasonal access to prenatal and Basic Emergency Obstetric Care (BEmOC) in Cross River State, Nigeria

Edet Otu, Ravi Maheswaran and **Hannah Jordan**
University of Sheffield, UK

In Cross River State of Nigeria, prenatal care and Basic Emergency Obstetric care (BEmOc) are usually provided in Primary Health Centres (PHCs). These maternal services are often conceived to be accessible throughout the year. The objective of this study was to examine seasonal variability in access to prenatal and BEmOc services in Cross River State, Nigeria. Geographical Information System (GIS) was used to measure seasonal variability of maternal access to government managed PHCs by drive time. The study included 960,361 females between 15-49 years from the 2015 estimated population of Cross River State and 119 PHCs. In the dry season, the ratio of PHCs to females within 15-49 years was 12.4 per 100,000 while in the wet season it was 7.0 per 100,000. While population access was 100% in the dry season, only 44.3% (425,824) had access in the wet season. In the dry season, mean drive time in the affected districts were 40.2 and 35.0 minutes for Central Senatorial District (CSD) and Southern Senatorial District (SSD) respectively while in the wet season, mean drive time increased to 68.8 and 67.6 minutes in CSD and SSD respectively. Also, only 56% (52) of all PHCs were available throughout the year. This study provides useful evidence for the actualisation of interventions targeted at improving maternal health and reduction of child and maternal mortality in Cross River State and Nigeria.

Biography

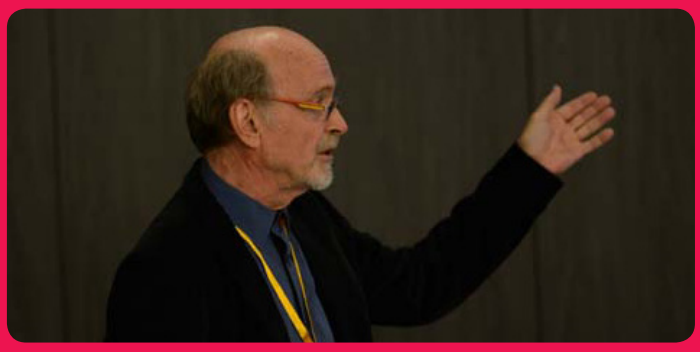
Edet Otu is a PhD student in the School of Health and Related Research (ScHARR), Faculty of Medicine, Dentistry and Health, University of Sheffield, UK. His PhD research is funded with grants from the Niger Delta Development Commission (NDDC) and the Cross River State Government (CRSG), Nigeria. Before his PhD, he was a GIS Analyst/Land Surveyor in the Office of the Surveyor-General in Cross River State, Nigeria. He had his Master's degree in Geographical Information Systems with Remote Sensing from the University of Greenwich, UK. He is passionate about channelling his knowledge in geomatics into solving health-related problems.

edetotu1@gmail.com

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3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Keynote Forum

Day 2

Euro Midwifery 2017

Ageeth Rosman, J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-004



Ageeth Rosman

Erasmus MC - University of Rotterdam, Netherland

Preconception counseling for low health literate individuals: an exploration of determinants

While women with a low socioeconomic background have the highest risk of adverse perinatal outcomes, they less often participate in preconception counseling. This could be partly subscribed to their inadequate skills to assess, understand and use health-related information in ways that promote and maintain good health (health literacy skills). In this study, we explored determinants of participation in preconception counseling among women with low health literacy. Potential determinants of participation in preconception counseling were derived from scientific literature and mapped in a theoretical framework, which was tested on relevance and completeness in an expert review (n=23). The framework was used to prepare face-to-face interviews with women with low health literacy and a wish to conceive (n=139). In the interviews, we explored preconception counseling awareness, knowledge, considerations, subjective norm, self-efficacy, attitude, and intention. Linear regression analyses were used to test associations with an intention to participate in preconception counseling. Most women (75%) were unaware of the concept of preconception counseling and the provision of counseling, even if they lived in areas where written invitations had been disseminated. Common considerations for participation were: preparation for pregnancy; perceived lack of information; and problems in a previous pregnancy. Considerations not to participate were mostly related to perceived sufficient knowledge and perceived a low risk of perinatal problems. Respondents generally had a positive attitude towards participation in preconception counseling for themselves, and 41% reported that they would participate in preconception counseling. Women with low health literacy were generally unaware of the concept and provision of preconception counseling, but seemed to be interested in participation. Further research should investigate how to effectively reach and inform this group about preconception counseling. This knowledge is essential for the evidence-based development of interventions to increase the accessibility of preconception counseling.

Biography

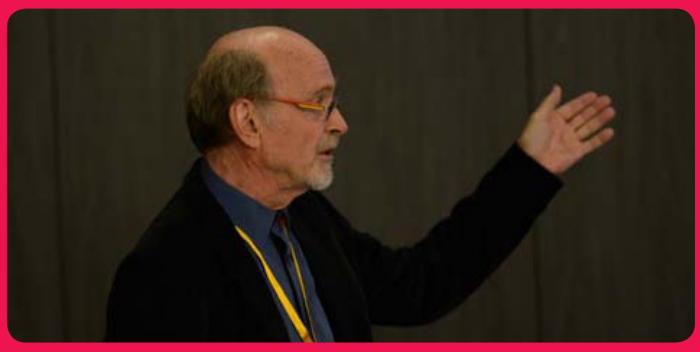
Ageeth Rosman has completed her PhD degree from the University of Amsterdam, Netherlands. Her thesis was titled as "Improving management of breech presentation at term". She has been a midwife for over 30 years. She passed her Midwifery Education cum laude. She worked in primary, secondary and tertiary midwifery care. She accomplished the birth of more than 3000 children in the Netherlands of which a large number born at home. Nowadays she is spending her time as a Senior Researcher on preconception care, public health affairs, health literacy and breech presentations. She has publications in Midwifery, Journal of Maternal and Child health, BJOG, BMC Pregnancy and Childbirth and ACTA.

a.schonewille-rosman@erasmusmc.nl

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Day 2

Euro Midwifery 2017

Eric Jauniaux, J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-004



Eric Jauniaux

University College London, UK

Long term outcomes of caesarean deliveries

The caesarean section (CS) delivery is now the most commonly performed major operation around the world with more than one million procedures performed each year in the USA alone. In most of the world, the rise in the frequency of caesarean is a relatively recent occurrence. Prior to the 1980's, caesarean delivery rates were generally less than 10%. These rates, however, have risen such that they have reached over 30% in the last decade in many developed countries. This rise has been even greater in countries with rapidly industrializing economies, such as Brazil and China, where CS rates are now around or over 50%. The high caesarean birth rates have become a matter of concern to international public health agencies. There is no doubt that if substantial reductions in maternal and perinatal mortality are to be achieved, universal availability of life-saving interventions need to be matched with comprehensive emergency care and overall improvements in the quality of maternal and neonatal health care. A planned (elective) CS carries an overall risk of complication that is only slightly higher than that of a vaginal delivery when performed at full term by an experienced team with adequate resources. Nevertheless, CS, and in particular emergency CS, are associated with increased risks of haemorrhage, infection, hysterectomy, thromboembolic disease and bladder injury. Furthermore, in subsequent pregnancies, a CS can lead to placenta accreta, pelvic adhesions and uterine scar rupture in cases of a trial of labor. Moreover, the marked rise in the rate of CS over the last decade in developed countries has taken place without an accompanying marked improvement in neonatal outcome. There is some evidence that CS has had some adverse effects on the newborn. In the short-term, CS in the absence of labor is associated with greater respiratory morbidity. In the long-term, alterations of the neonatal microbiome due to the non-vaginal birth has been associated with an increased risk of asthma and type I diabetes mellitus.

Biography

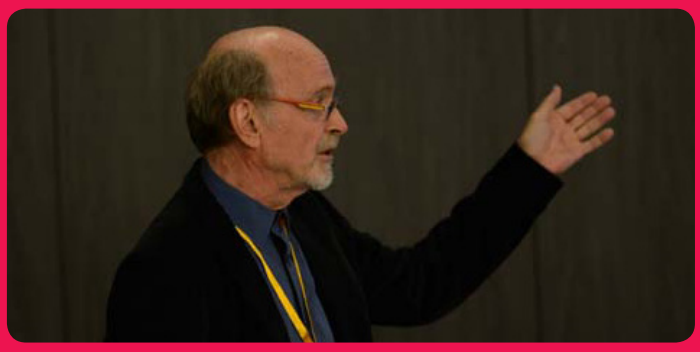
Eric Jauniaux has worked for over 30 years on placental and fetal development and the diagnosis management of placental related-complications of pregnancy– covering the full spectrum from the anatomy, pathology and physiology to the diagnosis and treatment in utero of placental and fetal diseases. He was awarded a personal Chair at UCL in 2002. He is the Laurate of three international prices for his work on the human placenta. He is the author/co-author of over 340 peer-reviewed research clinical and basic science papers and reviews and of 90 chapters in textbooks. He has edited 12 books including "Embryonic Medicine & Therapy" with Bob Edwards and the first textbooks on caesarean section with William Grobman and "Pregnancy after ART" with Botros Rizk. He was the Co-Chair of the Education, Training and Capacity Building committee since Oct 2009 to Oct 2015 (FIGO) and has been the Co-founder of Medical Aid Films, a UK-registered charity which provides multi-media programs for education and training in developing countries since 2006 and which received the BAFTA's Gift of the Academy in September 2017.

e.jauniaux@ucl.ac.uk

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Scientific Tracks & Abstracts

Day 2

Euro Midwifery 2017

Sessions:

Midwifery | Women's Health | Midwifery Nursing Practice | Pregnancy | Breast Diseases

Session Chair
Bente Dahl
University College of Southeast Norway, Norway

Session Co-Chair
Simon Kayemba-Kay's
Centre Hospitalier du Valais Romand, Switzerland

Session Introduction

Title: **Lost in a nameless chaos-women's experiences of postpartum depression: a meta-ethnographic study**
Bente Dahl, University College of Southeast Norway, Norway

Title: **Maternal smoking during pregnancy: reasons to get involved in prevention**
Simon Kayemba-Kay's, Centre Hospitalier du Valais Romand, Switzerland

Title: **Length of labour in 2017; does duration in the 2nd stage really matter?**
Mindy Ebrahimoff, Sourasky Medical Centre, Israel

Title: **Women's experiences of undiagnosed breech birth and the effects on future thinking around childbirth**
Katie Lightfoot, University of East Anglia, UK

Title: **A reflection on psychosocial care as a component of routine holistic antenatal care**
Johanna Mathibe-Neke, University of South Africa, South Africa

Title: **Modern trends of the education in midwives – new methods in practical training in midwifery**
Stefania Andrascikova, Presov University, Slovakia

Title: **Anti-phospholipid antibodies are associated to adverse pregnancy outcome**
Polona Zigon, University Medical Centre Ljubljana, Slovenia

Title: **How does sexual abuse happen to children?**
Indrayani, Akademi Kebidanan Bina Husada Tangerang, Indonesia

Title: **The molecular classification of women's breast cancer, therapeutic interest, experience of Sidi Bel Abbes, Algeria**
Nawel Agher, University Djilali Liabés, Algeria

Video Presentation

Title: **Global Network of Midwives (GNM): a solution for disparate access to health and rights for women**
Narjes Shiraghaei Kootenaei, Mazandaran Midwifery Association, Iran

Bente Dahl et al., J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-005

Lost in a nameless chaos-women's experiences of postpartum depression: a meta-ethnographic study

Bente Dahl, Marthe Sandvoll Hermansen and **Elisabeth Severinsson**
University College of Southeast Norway, Norway

Postpartum depression (PPD) is a common complication related to childbearing with an estimated prevalence of 10%-15%. The disorder is referred to as a major depressive episode with a postpartum onset (ICD-10) or with a peripartum onset (DSM-5). However, it is likely that this time frame should be broadened to include several months after birth. The aim of the study was to explore and synthesize qualitative empirical studies published between 2005 and 2016 that describe women's experiences of postpartum depression. A systematic literature search was conducted and ten qualitative studies were synthesized using Noblit and Hare's 7-step meta-ethnographical method. Four metaphors described women's experiences of postpartum depression: feeling trapped by reality, experiencing a nameless chaos, struggling to find a way out and being a normal but suffering person. The women expected the transition to motherhood to be a joyous experience. Instead, they found it painful, lonely and experienced losing themselves in a nameless chaos. Motherhood is challenged when women experience losing themselves due to depression rather than building a new identity as a mother. Such a situation causes chaos, shame, anxiety and isolation. When seeking professional help, it is essential that the woman is encountered with empathy and professional knowledge, rather than a pat on the back and an underestimation of her problems.

Biography

Bente Dahl is an Associate Professor of Midwifery at the University College of Southeast Norway. She has more than 15 years of clinical experience in Nursing, Midwifery and Professional Development. Her research and teaching interests have focused on issues concerned with midwifery and women's reproductive health as well as qualitative methodology. Her Doctoral degree on the topic "Queer Challenges in Maternity Care" describes lesbian couples' maternity care experiences, and was carried out at the University of Bergen Norway.

Bente.Dahl@usn.no

Notes:

Simon Kayemba-Kay's, J Womens Health, Issues Care 2017, 6:6
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Maternal smoking during pregnancy: reasons to get involved in prevention

Simon Kayemba-Kay's
Centre Hospitalier du Valais Romand, Switzerland

Maternal smoking during pregnancy is a serious health concern with several public health consequences for both the mother and her fetus. Although recent reports suggest a reduction in prevalence, smoking is on the rise among younger adolescents in western countries. The observed shift in smoking trends indicates that women of childbearing age are still exposed despite various measures implemented in several countries to curb this ill-practice. Abundant evidence exists, showing that female smoking affects fertility, interferes with fetal growth, and has known long-term consequences in exposed children namely IUGR, increased risks for SIDS, respiratory tract infection, low rate of maternal breastfeeding and obesity with the consequent metabolic syndrome. To be efficient preventing maternal smoking should be a concern for all health workers. The scarcity of multidisciplinary approaches in efforts to tackle smoking in women of childbearing age will jeopardize our common future and increase the burden on public health expenditures. Working together is one among several solutions to reduce this preventable public health problem.

Biography

Simon Kayemba-Kay's has completed his MD at University of Grenoble, France in 1990 and in 1998, he did a Clinical Fellowship in Neonatal Medicine at Hammersmith Hospital, Imperial College, London. He was trained in Pediatric Endocrinology at Angers and Tours Universities, France from 2000 to 2002 and, in 2004 he did a Senior Clinical Fellowship at Middlesex and Great Ormond Street Hospitals in London. He worked as a Senior Consultant and Honorary Lecturer at Poitiers Univeristy, France for 10 years and he was the Head of Pediatrics, Senior Consultant Pediatric Endocrinologist and Medical Director of Clinical Research Unit URC28 at Victor Jousselin Hospital, Dreux, France. Before joining the Centre Hospitalier du Valais Romand, Sion, Switzerland, he was the Head of Pediatrics Department and Senior Lecturer at Geneva University. He has published more than 50 papers in reputed journals and has been serving as an Editorial Board Member of several medical journals.

kabangu.kayemba-kay's@hopitalvs.ch

Notes:

Mindy Ebrahimoff et al., J Womens Health, Issues Care 2017, 6:6
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Length of labour in 2017; does duration in the 2nd stage really matter?

Mindy Ebrahimoff[1, 2], **Ariel Many**[1] and **Soo Downe**[2]
[1]Tel Aviv Sourasky Medical Centre, Israel
[2]University of Central Lancashire, UK

Identifying normal progression in labour is a key component of intrapartum care. Determining labour onset, measuring labour progress and evaluating the factors influencing normal labour progress are the basic guiding tenets of midwifery practice. Over the last ten years, there has been a significant challenge to accepted interpretations in the nature and length of the first stage of physiological labor, necessitating a reconsideration of normal first stage, and the consequences for the second stage of labour. Along with other related recent data, this new interpretation suggests that labour can be longer before a diagnosis of arrest is made. However, there is a paucity of published data to guide midwives and others in supporting women during longer first and second stages of labour, to optimize outcomes for mother and baby. Particularly, in terms of the second stage, questions in every day practice include when pushing should start in the absence of an active pushing urge. How long is too long in the 2nd stage, if long-term consequences for women, such as incontinence, have not yet been sufficiently researched in the context of longer first and second stages? Currently available data show that longer second stages have been associated with increased spontaneous vaginal deliveries, decreased operative vaginal deliveries and decreased cesarean section deliveries. This, in turn, tends to be associated with better maternal/infant outcomes. To reinforce this point, the recent summary document from Spong et al., (2012) highlights the potentially significant impact misdiagnoses of labour arrest disorders can have on the primary cesarean rate and the opportunity changes in practice might offer birthing women. This presentation describes the current evidence base, and offers insights into the "new" normal first and second stage duration of labour. It focuses on how midwives may use this evidence to guide clinical practice in a frontier of change to improve labour and delivery outcomes. It will pose the possibility that, beyond the scientific evidence, the greatest challenge of all may be changing our behaviour and practice.

Biography

Mindy Ebrahimoff is an Israeli qualified Nurse/Midwife with over 25 years of experience in Maternal/Infant Health Care. She was working as a Midwife in a large hospital in Tel Aviv and she provides care to a diverse group of women. She received her Master of Science in Midwifery and Women's Health from the University of Central Lancashire, UK, where she focused her research on primiparas' intentions and beliefs as a predictor of mode of delivery. Currently, she is pursuing her PhD in Midwifery at UCLan. She teaches midwifery students both in the classroom and in the clinical setting. She is conscientious in giving knowledge to students about physiological births with a strong emphasis on birth as a normal event in an increasingly medicalised setting.

mindyebb@gmail.com

Notes:

Katie Lightfoot, J Womens Health, Issues Care 2017, 6:6
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Women's experiences of undiagnosed breech birth and the effects on future thinking around childbirth

Katie Lightfoot[1, 2]
[1]University of East Anglia, UK
[2]University of West of England, Bristol, UK

Introduction: An unexpected breech birth in labor affects 1 woman in every 100 in the UK. Not only does an undiagnosed breech presentation pose a clinical problem in obstetrics and midwifery, but importantly, it often creates an emergency situation for women where there is little time to plan, prepare or potentially choose what the next steps should be for themselves and their baby. This could have implications for a woman's psychological well-being.

Aim: This qualitative study aims to give voice to women who have experienced an undiagnosed breech birth and will consider the influence this experience may have had on future thinking around childbirth. Above all, women's feelings are the main point of consideration rather than a mode of delivery or clinical outcomes of breech birth; both of which have dominated the research in this area.

Methods: Pre-existing textual data from discussion boards on Mumsnet, a UK parenting website, were examined. Inductive thematic analysis of 83 messages using the 6-step process advocated by Braun and Clarke (2006) was carried out and five key themes were identified: 'I was unlucky though, dc3 [darling child number 3] was undiagnosed breech', 'Obstetricians are not the enemy!', 'They told me it is not my decision but the decision of the consultants', 'His head was pretty misshapen and his legs were up by his head' and 'Feeling like a crap mum'. Two sub-themes were also identified, 'Just got to work through it and keep on swimming' and 'You just don't know what will happen!'

Findings: The findings suggest that women generally regard undiagnosed breech birth as a negative experience that gives rise to feelings of fear, anxiety, and anger. They feel they are not listened to by healthcare professionals and lose all choices regarding their own care. Future thinking around childbirth is also impacted, with some women deciding to have no more children due to their undiagnosed breech birth. The role of health psychologists is key in providing support for women who are experiencing negative emotional impacts as a result of an undiagnosed breech birth.

Biography

Katie Lightfoot is a Lecturer in Health Psychology and Medical Education at Norwich Medical School, University of East Anglia. She is also a Trainee Health Psychologist and is pursuing her Doctorate degree at University of West England, Bristol. This research has been submitted for her final thesis. She is also a qualified teacher and has had over 10 years of teaching experience teaching Psychology at all levels in schools, colleges and at university. She also contributes as a presenter, trainer and examiner for a national examination awarding body.

k.lightfoot@uea.ac.uk

Notes:

Johanna M Mathibe-Neke et al., J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-005

A reflection on psychosocial care as a component of routine holistic antenatal care

Johanna M Mathibe-Neke[1] and **Seipati Susan Masitenyane**[2]
[1]University of South Africa, South Africa
[2]Ebony Park Maternity Unit, South Africa

Introduction: While not neglecting physical safety, antenatal care should be emotionally, socially, culturally and religiously acceptable to the woman. Holistic health is multidimensional health care, characterized by an assessment of all determinants of health. A holistic philosophy, as applied to antenatal care, involves a focus on the pregnant woman as a whole being. It emphasizes the connection of body, mind, spirit, emotions and social position. In order for midwives to provide holistic care to pregnant women, the women's psychosocial, social, spiritual and physical needs should be taken into consideration. Furthermore, the midwife should acknowledge that pregnancy and birth does not affect the woman as an individual but also her family.

Aim: The purpose of the study was to explore the academic and theoretical content of psychosocial care in the context of midwifery curriculum, midwifery education and midwifery practice with the aim of closing a gap between routine physical care offered to women, to enhance holistic antenatal care.

Methods: Document analysis was conducted to critically evaluate the content designed to midwifery students regarding holistic principles of health care at the curriculum and teaching stages. Qualitative data were obtained through focus group discussions with midwives and pregnant women and in-depth interviews with midwifery experts to establish their perceptions on psychosocial antenatal care. Data analysis included summary statistics and Cronbach's alpha coefficients of internal consistency. Thematic analysis of qualitative data occurred concurrently with data collection.

Results: Holistic care is regulated at the SANC level in a broad perspective; a gap exists between midwifery regulation, curriculum, learning guides and the theoretical and clinical facilitation of students, impacting negatively on the clinical implementation of psychosocial care.

Recommendations: The findings represent a call to midwifery education to close this gap by incorporating psychosocial care into the content that is taught (as recommended by SANC), to enable midwives at the clinical level to empower women by providing holistic care in order for women to overcome barriers to safe motherhood. Recommendations for midwifery regulation, curriculum, research and practice were provided.

Biography

Johanna M Mathibe-Neke has completed her PhD in 2012 from WITS University and Master of Science in Medicine, Bioethics and Health Law from WITS University in 2015. She further holds a BACur Degree in Nursing Education and Community Health, a BACur Honours in Nursing Education, a Diploma in Midwifery and a Diploma in General Nursing. She is grant recipient for Women in Research (2017-2019). She is managing a project on psychosocial antenatal care with a focus on holistic care, in Gauteng Province, South Africa through funding granted by the University of South Africa. She is Chair of the Scientific Committee of the Department of Health Studies since 2016, administrating the process of research proposal review and ethical clearance. She is serving on following Departmental Committees: World Health Organization Charter, The Department of Health Studies Higher Degree Ethics Committee, Masters and Doctoral Committee, Research and Innovation Committee. She is a Reviewer of the Africa Journal of Nursing and Midwifery, International Journal of Nursing and Midwifery and International Journal of Africa Nursing since 2012, 2013 and 2016 respectively. She has published 12 articles and currently submitted four manuscripts which are still under review and presented 25 research papers at National and International conferences. She currently supervises 8 Master's and 11 Doctoral students, having supervised 9 Master's and 2 Doctoral students from 2012 to date. Her Research expertise includes Women's Health, Midwifery, Health Sciences Education, Ethics and Health Law.

mathijm@unisa.ac.za

Notes:

Stefania Andrascikova et al., J Womens Health, Issues Care 2017, 6:6
DOI: 10.4172/2325-9795-C1-005

Modern trends of the education in midwives – new methods in practical training in midwifery

Stefania Andrascikova and **Lubica Rybarova**
University of Prešov, Slovakia

Introduction: The paper focuses on the innovative teaching methods for clinical training in midwifery, suggests their advantages and disadvantages, and demonstrates their use in the teaching process by means of examples. The traditional teaching approach still persists and exploits standard methods of learning and rote memorization, whereby a teacher explains the topic, and assigns students learning tasks. The teacher manages and controls the education – he is the object of the process, and students are only its subject. However, the current practice shows that it is necessary to alter the methods.

Objective: The main aim of this presentation is to show, how we should lead students to critical thinking, independent decision-making, use of prior knowledge, and active learning, and thus limit obtaining knowledge by memorizing. An innovative approach means that students should acquire their abilities, skills, and competences independently, and become able to search different ways and options while performing tasks and solving problems.

Methods: The educational process should be based on the teacher-student cooperation. Implementation of the new teaching methods such as cooperative learning (the jigsaw technique), practice-oriented workshops, interactive evaluation, group discussions, e.g. colloquia, mind maps, clinical case studies, problem-based teaching, role plays, and E-learning could help to improve the quality of the educational process in midwifery. It means that teachers should offer tasks and issues to their students, but students should be main problem–solvers under their teachers´ supervision. A significant characteristic feature of the new methods is educational activities without teachers´ directive attitudes including students´ independent work under supervision.

Results & Conclusion: It can be proved that modern methods introduced to the education of midwives make the learning process more effective and students acquire skills and knowledge, which they can use in clinical practice. True-to-life conditions, model situations, issues of clinical practice used during teaching in laboratory conditions, analyzing situations and phenomena that students can experience later time reliably simulate situations in the clinical practice. Thus, students obtain abilities to deal with them within the patient-health care provider encounter, search problems actively and independently, and solve them in their clinical practice.

Biography

Stefania Andrascikova has completed her Graduation in Nursing at the Faculty of arts, Comenius University in Bratislava- Slovakia in 1988. In 1998, she completed Bachelor degree in Midwifery; Master's degree in Public Health in 2002 and; PhD degree and received her Habilitation in Nursing in 2009. Since 2004, she works in Faculty of Healthcare of Prešov University as a Teacher in the Department of Midwifery and held the position as Vice Dean for Education. She guarantees the subjects of Midwifery, Public Health, and Applied Psychology for Nursing and Midwifery study programmes. She worked as a Teacher for 20 years and Supervisor for the clinical practice in faculty´s hospital in Presov. She is member of committee for professional projects especially for e-learning education and other fields in health care professions in thematic areas - new technologies, methods and forms in health care education in the national cultural and educational grant agency. She is member of committee for young doctors and researchers in Presov University and member of committee for accreditation of study programmes in Nursing and Midwifery in the Ministry of Health Slovak Republic. She was participated in professional mobility in Israel, Germany, Slovenia, Portugal, Malta and Czech Republic. She has published three monographies and several articles in Slovak and foreign journals and she is main investigator of educational projects especially in midwifery e-learning.

stefania.andrascikova@unipo.sk

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Polona Žigon et al., J Womens Health, Issues Care 2017, 6:6
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Anti-phospholipid antibodies are associated to adverse pregnancy outcome

Polona Žigon[1], **A Ambrožič**[1], **M Tomšič**[1,2], **S Sodin Šemrl**[1,3] and **S Čučnik**[1,2]
[1]University Medical Centre Ljubljana, Slovenia
[2]University of Ljubljana, Slovenia
[3]University of Primorska, Slovenia

Background: Obstetric complications including spontaneous abortions, intrauterine growth retardation, and preeclampsia often occur in women with antiphospholipid antibodies (aPL), suggesting that these antibodies may influence embryonic implantation and induce thrombosis of the uteroplacental vasculature. aPL represents a heterogeneous group of immunoglobulins detected by coagulation tests as lupus anticoagulants (LA) or by an enzyme-linked immunosorbent assay (ELISA) as anticardiolipin antibodies (aCL), antibodies against β2-glycoprotein I (anti-β2GPI) or anti-prothrombin antibodies. The last is not yet included in the laboratory criteria for antiphospholipid syndrome (APS) despite many studies demonstrated their importance in the diagnosis of APS. We developed an in-house aPS/PT ELISA reporting it as an optimal method for determination of clinically relevant anti-prothrombin antibodies exhibiting the highest proportion of LA. Clinical relevance of aPL was mainly reported for patients with APS and thrombosis. However, there is still little information on the association between these antibodies and adverse pregnancy outcomes.

Aim: The aim of our cross-sectional retrospective study was a) to evaluate the association of different aPL with a history of pregnancy complications and b) to investigate the levels of aPL in a cohort of unselected Slovenian patients with a history of pregnancy complications treated in 2014 at the Department of Rheumatology, University Medical Center Ljubljana.

Materials & Methods: The first cohort comprised systematically collected sera from 169 female patients (mean age 33±5 years) with pregnancy loss defined by APS criteria. The second cohort comprised sera from 95 consecutive female patients (mean age 38±9 years) with a history of obstetric APS manifestations visiting our clinic in 2014. All sera were screened for LA and IgG/IgM subtypes of aCL, anti-β2GPI, and aPS/PT1,2.

Results: In the first systematically collected cohort 41/169 patients (24%) were positive for at least 1 measured aPL. Among those, the highest prevalence was found for aCL and aPS/PT (13%) followed by anti-β2GPI and LA (7%). We found (11/169) of patients with adverse pregnancy outcome with solely aPS/PT positivity, therefore, additional 7% patients could be evaluated for APS when considering aPS/PT as an additional diagnostic marker. In the second cohort of 95 consecutive visits of female patients with obstetric APS manifestations, 28 (27%) were positive for at least 1 measured aPL with the highest prevalence found for aCL (18%). aPS/PT was found in 10% of patients.

Conclusion: aPL were present in approximately one-quarter of patients with adverse pregnancy outcome with aCL antibodies being the most prevalent. aPS/PT are associated with adverse pregnancy outcome irrespective of other aPL and could detect additional cases of APS.

Biography

Polona Žigon is currently working as Research Analyst in the Department of Rheumatology at University Medical Center Ljubljana. She graduated from Interdisciplinary Studies of Microbiology at Biotechnical Faculty of the University of Ljubljana and in 2003, she took her professional examination at the Ministry of Health. She completed her Master's degree in 2008 with the thesis entitled "Characteristics of antiprothrombin antibody binding in vitro and in vivo" at the same university. During her Postgraduate studies in Biomedicine, geared towards Clinical Biochemistry, she completed six months of research training in the laboratory of Professor Takao Koike at University of Hokkaido, School of Medicine in Sapporo, Japan. In July 2014, she completed her Doctoral thesis titled "Antiprothrombin antibodies binding using in vitro and ex vivo models indicate their clinical relevance for autoimmune patients" under Professor Dr. Borut Božič, Chairman, Faculty of Pharmacy as mentor. Since 2010, she has authored more than 15 original articles, two chapters, one patent application and has acted as co-mentor for Bachelors' and Masters' thesis. She was invited as a Lecturer/Speaker to several conferences and shows more than 30 published scientific contributions. She is currently a member of the Chamber of Laboratory Medicine of Slovenia.

polona.zigon@guest.arnes.si

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How does sexual abuse happen to children?

Indrayani[1], **Dian Mayasari**[2], **Nandry Indryana**[2], **Moudy E U Djami**[1] and **Ong Tjandra**[3]
[1]Akademi Kebidanan Bina Husada, Indonesia
[2]Akademi Kebidanan Harapan Bunda Bima, Indonesia
[3]STIKES Bina Permata Medika, Indonesia

Generally, sexual abuse of children happens repeatedly and it is revealed only after a prolonged period so that it gives worse negative impacts towards children's psychology in the future. This study aims to describe the sexual abuse of children. The qualitative study with phenomenological approach was used and data collecting was done through interviews from February to March 2016. Selection of participants was carried out using snowball sampling technique. The participants were prisoners of children's sexual abuse who had been proven guilty and jailed in IIB Class Custody of Raba Bima. There were eight cases of girls' sexual abuse and 22 persons were involved through interviews. They were 11 convicts, three convicts' families (children and wives), one victims' lawyer, two victims' companions, four victims' families (mother, brother, aunty, relative), and one victim. Findings of the study revealed the relationship between the convicts and victims; time, place and frequency of sexual abuses; wives' occupations; reasons of committing sexual abuses; how the sexual abuses were revealed, the handling of victims and intervention to the convicts. Children's sexual abuse can happen to anybody, anytime, anywhere, and by anybody. Parents need to closely guard their children, be more careful in choosing the children's environment, and tell them how to get help when they are sexually abused.

Biography

Indrayani is a Midwife with several years of working experiences as a Nurse of Public Health Center, Midwife Practitioner, Midwife Lecturer, Researcher, and Writer. She has completed her Master's degree in Midwifery from Universitas Padjadjaran. Currently, she works at Akademi Kebidanan Bina Husada, Tangerang. Her work has introduced her to many collaborative partners such as the Ministry of Health, governmental and non-governmental institution, association, and community. She has published four books on Midwifery and more than 15 papers on proceedings, in both national and international journals.

indrayani_akbid@yahoo.co.id

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Nawel Agher, J Womens Health, Issues Care 2017, 6:6
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The molecular classification of women's breast cancer, therapeutic interest, experience of Sidi Bel Abbes, Algeria

Nawel Agher[1, 2]
[1]University Djilali Liabés, Sidi Bel Abbes, Algeria
[2]Ben Hamida Laboratory, Algeria

The heterogeneity of molecular abnormalities presented by breast cancers and the in-depth knowledge of these potential targets is a promising source of targeted therapy. The development of these therapeutic targets makes it possible to envisage the development of customized therapeutic combinations adapted to the intrinsic cancer characteristics. The aim of our work is to carry out a descriptive, histopathological study and to apply the molecular classification. We selected 237 women with breast cancer at the Pathology Department of the Sidi Bel Abbés Hospital Center, Algeria. We could identify for each cancer, the molecular class according to its immunohistochemical profile by the study of hormonal receptors oestrogen and progesterone, the status of the oncogene HER2/neu and completed by the in-situ hybridization by fluorescence (FISH) technique for the cases with HER2 score 2. According to the molecular classification of breast cancers, our sample presents: HER2 positive tumors, whose prognosis was significantly modified by targeted therapies: 35%, Two major types of tumors expressing hormonal (HR) receptors: weakly proliferating and of good prognosis luminal A, and proliferating with a lower luminal B prognosis with: Luminal A- 16% and Luminal B- 29%, Triple-negative tumors (RE-, RP- and HER2-): 20%, completed by studying the markers: CK5/6, P63. The "intrinsic" genomic expression signature that distinguishes several major categories of breast cancers has clearly shown its prognostic and even therapeutic interest in clinical practice. This necessitates the importance of developing the appropriate care for these patients and the installation of the techniques necessary for the choice of therapeutics.

Biography

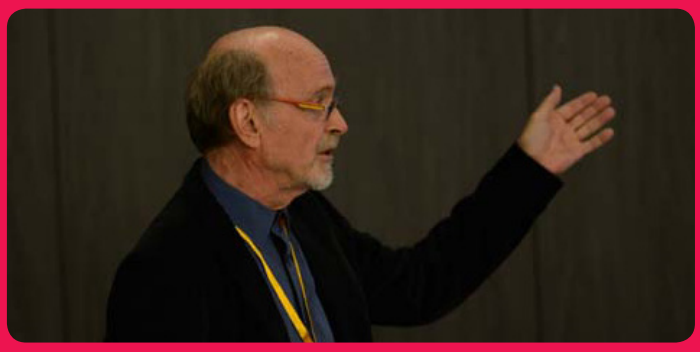
Nawel Agher has completed his PhD from Djilali Liabés, Sidi Bel Abbes University, Algeria and Postdoctoral studies from Algiers University of Science. She holds the position of Head of Unit of Molecular Biology in the Department of Pathology University Hospital, Sidi bel Abbes and she is a Member of several research laboratories. She has published more than eight papers in reputed journals and over 40 national and international oral communications in several scientific opportunities in the field of Oncology and Molecular Biology. She published her first book under the name "Interest of the Testing of HER-2 in Oncology" in Edition European University. She is Product Specialist (Technical commercial) of Molecular Biology at BH LAB of medical equipment and laboratory reagents.

nag.bhlab@bhinvest.net

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Video Presentation

Euro Midwifery 2017

Narjes Shiraghaei Kootenaei, J Womens Health, Issues Care 2017, 6:6
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Global Network of Midwives (GNM): A solution for disparate access to health and rights for women

Narjes Shiraghaei Kootenaei
Mazandaran Midwifery Association, Iran

The rise of the Internet and online platforms paved the path for knowledge and information to be reached to the remotest places around the world and saved so many lives by connecting people together and to each other's knowledge and expertise. But unfortunately, that connectivity in the field of midwifery hasn't reached its full potential. Midwives are not connected in the same way as the other professions are and this is harmful. For example, in developing countries such as Iran, Afghanistan, and Turkey in which the government has its own agenda regarding women's rights, midwives' lack of access to new knowledge and connectivity, results in spreading ideas which are in line with government's agenda and not the women's best of interest. And this is not only happening in the public sector but the private sector as well. In these societies, associations and private organizations have to follow the same policies and usually, the knowledge and information are distributed from top to the grassroots. I believe midwives are the first line of defense for women's rights in a lot of societies. And having educated, knowledgeable, up-to-date midwives would help not only to improve women's health but also society's wellbeing. Under this light I propose a new network; a network of midwives who are connected from all around the world with a simple click on social media platforms; a network of people who are keen to learn and teach and exchange ideas beyond the borders and policy frameworks. Let's use this fascinating tool that we have in our hands and make sure we make the best of it. The best for our societies and our future.

Biography

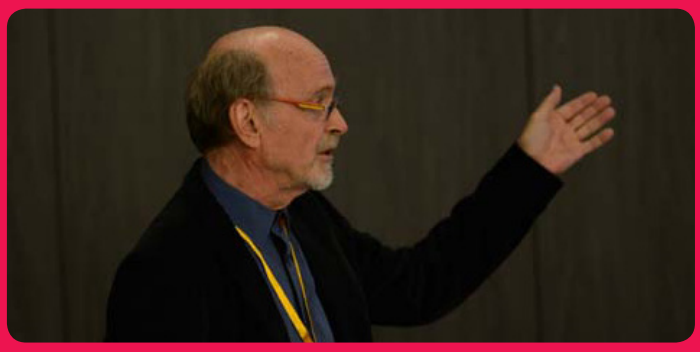
Narjes Shiraghaei Kootenaei is a freelance speaker and trainer and Head of Mazandaran Midwifery Association, Iran since 2015. Her research work is based on "Evidence Based Midwifery" and her book "Is It Safe in Pregnancy?" is the first in the field in Persian language, has been praised both by midwives and moms. For her, sex education and family planning are two pillars of a healthy society and although in Iran both topics are sensitive and in most cases forbidden, she managed to start and successfully continue her informative and frontier workshops on these topics for the last five years. It's never been easy, neither the government nor the society in general is keen to openly talk about these issues. She didn't stop on teaching the midwives and colleagues on these topics. She managed to convince school's deans and parents of teenagers to agree to sex education and in the last five years she regularly has sexual health workshops at five schools. Also she has a strong presence on online platforms especially on Telegram (the leading social media platform in Iran) for sex education.

narges8989@gmail.com

Notes:







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Euro Midwifery 2017

Wdad Alanazy et al., J Womens Health, Issues Care 2017, 6:6
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Why do women not attend antenatal care in Saudi Arabia?

Wdad Alanazy, Jaynei Rance and **Amy Brown**
Swansea University, UK

Background: Pregnancy and childbirth related complications are a critical issue. The World Health Organization estimates that complications during this time contribute to over 300,000 deaths of women and adolescent girls worldwide each year. 99% of these deaths occur in women with low income in developing countries. In Saudi Arabia complications during pregnancy and childbirth are high. 12% of maternal deaths worldwide occur here. The infant mortality rate in 2014 was 7.4%, with a stillbirth rate of 12.9%. However, many of these complications are thought to be preventable through better access to antenatal care. Antenatal care facilitates health workers doctors, midwives and the other obstetric technicians to detect prevent and treat pregnancy complications during pregnancy. Improved antenatal care is associated with decreased maternal mortality. However, despite antenatal care being offered in Saudi Arabia, more than 4% of women are not accessing it and presenting to the hospital for the first time while in labour. This increases the risk of complications.

Aim: The main aim of this research was to explore and understand the reasons and barriers behind missing appointment and not attending antenatal care among Saudi women.

Methods: Semi structured interviews were conducted with 21 Saudi Women and nine doctors at three tertiary hospitals in Riyadh. For women, questions explored their attitudes towards antenatal care and any barriers they faced. For health care providers, questions explored their perceptions of why women do not attend antenatal care.

Results: The findings highlighted integration of social and cultural factors, such as themes as to the barriers women face in attending antenatal care. Women felt that, the transportation, poor health care system and employment condition, are the main barriers. The results also showed that women and relative's believes were barriers for women to attend. Professionals highlighted that the level of education and awareness regarded the importance of antenatal care, transportation accessibility and women's believes were the barriers affecting women to take advantage from antenatal care.

Conclusion: Based on the finding of study, a number of recommendations will be made to help women around the word to overcome the barriers that were identified to them accessing antenatal care. There is no magic belt to overcoming constrains, instead, a comprehensive package of social and public health care approach is required.

Biography

Wdad Alanazy completed her Bachelor's degree from King Saud University in Saudi Arabia; Post-graduate Midwifery Diploma from Prince Sultan Medical City in Riyadh and; Master's degree from King Saud University in Saudi Arabia. She is pursuing her PhD at Swansea University in UK in Nursing Department. She is a Lecturer at Majmaah University in Saudi Arabia. She was Clinical Director of Maternity building at Prince Sultan Medical City in Riyadh.

w.m.s.alanazy.806810@swansea.ac.uk

Notes:

Mindy Ebrahimoff et al., J Womens Health, Issues Care 2017, 6:6
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Agreement between maternal recall of distant first birth events with hospital birth records: a cohort study

Mindy Ebrahimoff[1,2], **Ariel Many**[1], **Soo Downe**[2], **Svetlana Tishkovskaya**[2] and **Victoria Hall Moran**[2]
[1]Tel Aviv Sourasky Medical Center, Israel
[2]University of Central Lancashire, UK

Background: Childbirth is a memorable event in women's lives. Birth outcomes, such as birth weight (BW) and gestational age (GA), are frequently obtained from maternal self-report. Mothers' recall of previous births is generally assumed to be medically accurate and is often relied upon for clinical decisions. This study compares distant maternal intrapartum recall of first births with hospital records.

Objective: To determine agreement of maternal recall of gravidity, parity, onset of labour, use of pain relief, delivery outcome, BW, and GA with hospital birth records.

Method: Detailed questionnaire information on delivery events of first-borns births between 1967 and 1997 was collected from a cohort of 101 women. At the time of interview women were aged 37-70 and had varied levels of education. These maternally recalled birth events, 17-49 years postpartum, were compared to hospital birth records. Agreement between the two sources was evaluated by Bland-Altman's plots and Kappa coefficients. Logistic regression modeling was used to assess predictors of inaccurate reporting.

Findings: Agreement between maternally recalled first pregnancy and first birth events was high ± 33 years post-partum.

Discussion: Maternal recall is confirmed as a reliable source of perinatal information and sufficiently accurate for clinical use even many years after delivery.

Biography

Mindy Ebrahimoff is an Israeli qualified Nurse/Midwife with over 25 years of experience in Maternal/Infant Health Care. She is working as a Midwife in a large hospital at Tel Aviv. She provides care to a diverse group of women. She received her Master of Science degree in Midwifery and Women's Health from University of Central Lancashire (UCLan), UK, where she focused her research on primiparas' intentions and beliefs as a predictor of mode of delivery. She is currently pursuing her PhD in Midwifery at University of Central Lancashire. She teaches midwifery students both in the classroom and in the clinical setting, and is conscientious in giving knowledge to her students about physiological births with a strong emphasis on birth as a normal event in an increasingly medicalised setting.

mindyebb@gmail.com

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The sexual function of medroxyprogesterone acetate users

Moudy E U Djami[1], **Yanasita Mafluha**[1], **Indrayani**[1], **Ong Tjandra**[2], **Prilly Astari**[2] and **Erna J Simatupang**[2]
[1]Akademi Kebidanan Bina Husada, Indonesia
[2]Sekolah Tinggi Ilmu Kesehatan Bina Permata Medika, Indonesia

Sexual function is an important factor which will influence the integrity of a family. The use of injection contraception is presumed to give impacts of sexual function disturbance. Medroxyprogesterone acetate (MPA) is the kind of contraception mostly used for years. This study aims to compare the sexual function of medroxyprogesterone acetate users with those who use non-hormonal contraception. Historical cohort design was used in this study to analyze 94 samples taken from systematic random sampling. Data collecting was done using Female Sexual function Index (FSFI). Samples were 47 respondents who used three month-injection contraception and 47 respondents who used non-hormonal contraception. This study was carried out from January to June 2016 in the region of Community Health Center, Emas Street, Tangerang. Statistical examinations used were Mann Whitney examination and unpaired t examination. The result of Mann Whitney statistical examination proved that there was no difference of sexual function between MPA users and non-hormonal contraception users (p=0.883), but the score of orgasm and pain during sexual intercourse was higher on non-hormonal contraception acceptors compared to MPA users (12.6-14 vs. 11.7-14), (9.5-4 vs. 8;4-13). On the contrary, score of MPA acceptors was higher on arousal dimension (12.9-16 vs. 6.2-8) and lubrication dimension (16.10-20 vs. 12.8-16). The result of unpaired t examination showed significant difference on sexual function between the age of respondents (score p=0.029) and the age of couples (score p=0.015). Further studies are expected to observe other factors which influence the sexual function of MPA injection acceptors.

Biography

Moudy E U Djami has completed her Master's degree on Educational Management from Sekolah Tinggi Ilmu Kesehatan Ganesha, in the field study of Reproduction Health from Universitas Indonesia, and Midwifery from Universitas Padjadjaran. Currently, she is In-charge as the Director of Akademi Kebidanan Bina Husada Tangerang. She has published several books and papers both nationally and internationally.

moudyamo@gmail.com

Notes:

Erna Juliana Simatupang et al., J Womens Health, Issues Care 2017, 6:6
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Women sexual experience after having mastectomy

Erna Juliana Simatupang[1], **Ong Tjandra**[1] and **Moudy E U Djami**[2]
[1]Sekolah Tinggi Ilmu Kesehatan Bina Permata Medika, Indonesia
[2]Akademi Kebidanan Bina Husada, Indonesia

Mastectomy has proved to be reducing the mortality risk of breast cancer. At the same time, however, it may lower women self-confidence since it relates to feminity and body image which in turn will affect their sexual life. On the other hand, sexuality is one crucial factor of sexual life needed to defend survivor's physical function and psychology to fight against cancer. This study aims to explore women sexual experience after having mastectomy. It is a qualitative study using phenomenological approach. Data collecting was carried out from July to August 2017 on mastectomy patients from two hospitals at Siloam and Hermina Hospitals in Tangerang District. Purposive sampling was used in sample selection. Samples in this study were women who had mastectomy at least three months after surgery. Thorough interviews were held, involving 20 women. Data verification was done using triangulation method. Findings of the study described the women sexual passion, desire, and pleasure as well as orgasm when having sexual intercourse; women psychology when having sexual intercourse; and changing of mindset on sex. Husbands play a big part in women sexual experience after having mastectomy. Health personnel need to facilitate husbands' involvement in making efforts to increase women quality of life after having mastectomy.

Biography

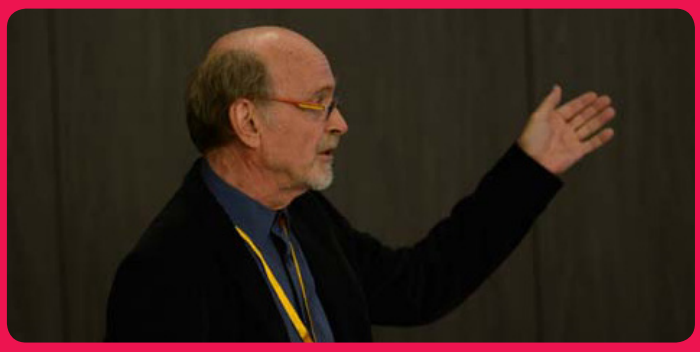
Erna Juliana Simatupang is a Midwife Lecturer, Practitioner and Writer. She completed her Master's degree in Reproduction Health from Universitas Indonesia. Currently, she works at Sekolah Tinggi Ilmu Kesehatan Bina Permata Medika, Tangerang. She has published several books and papers both nationally and internationally.

ernajuliana50@gmail.com

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Accepted Abstracts

Euro Midwifery 2017

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Protecting the public: An investigation of midwives' perceptions of regulation and the regulator

Jacqueline Wier
Canterbury Christ Church University, England

The purpose of the study was to investigate the perceptions of a group of midwifery registrants about the influence of regulation and the regulatory body, the Nursing and Midwifery Council, on the practice of midwives in the United Kingdom. The study employed both quantitative and qualitative research methods which included an online survey and semi-structured interviews to explore the views and opinions of a cohort of midwives working in both urban and rural practice settings within the South East of England. 132 participants took part in the online survey which achieved a 70% response rate as a result, whilst 20 midwives participated in the semi-structured interviews. Thematic analysis was utilized to examine the data from both the online survey and the semi-structured interviews. The findings revealed that midwives were generally supportive of the need to regulate practice; however, some participants had an uneasy relationship with the Nursing and Midwifery Council and claimed to practice defensively, due to a fear that they could be removed from the register, and believed the regulator to be remote and punitive. For other participants concerns were raised about fitness to practice procedures, particularly in terms of decision making. Importantly the participants felt that in order for midwifery regulation to be effective the regulator needs to have detailed knowledge and appreciation of the role of the midwife, and the needs of the pregnant woman.

Effect of homeopathy on pain, anxiety and self-efficacy during child birth: Randomized controlled trial

Neha Sharma[1, 2]
[1]NMP Medical Research Institute, India
[2]Warwick Research Services, Leicester, UK

Background & Aim: Pain relief in labour is complex and often challenging. Complementary therapies have been widely used during labour, however, scientific evidences still limited. This study was undertaken to evaluate the effects of individualized homeopathy on pain, anxiety and self-efficacy during labour

Methods: 112 primiparous women expected to have a normal childbirth were recruited at a regional hospital in Jaipur. 80 participants were randomly assigned to either the homeopathy (n=40) or the control (n=40) group. The homeopathy group received individualized homeopathy remedies based on the symptoms presented by qualified homeopath whereas the control group did not. When cervical dilations were two centimeters and eight centimeters, the assessments were completed using the Childbirth Self-Efficacy Inventory (CBSEI), the visual analogue scale for anxiety (VASA) and the nurse-rated present behavioural intensity (PBI).

Results: In both groups, there was a steady increase in pain intensity and anxiety as labour progressed. Homeopathy group had lower pain state in active and transition phase ($p<0.01$), lower anxiety levels in all three phases of latent ($p<0.05$), active ($p<0.01$) and transition ($p<0.01$) in comparison with control group and self-efficacy was higher homeopathy group in all phases ($p<0.001$). Active phase was shorter in homeopathy group ($p<0.001$).

Conclusions: Study suggests that homeopathy can decrease pain and anxiety during labour and increase overall self-efficacy. This can positively influence the quality of women's birth experiences.

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Effectiveness of individualised homeopathic treatment for women with endometriosis: Randomised controlled trial

Neha Sharma[1, 2]
[1]Warwick Research Services, UK
[2]NMP Medical Research Institute, India

Endometriosis is a chronic condition affecting 2 to 10% of women at reproductive age. It adversely impacts on physical, emotional, psychological and social well-being. The treatment for endometriosis remains controversial between surgical and medical options. Treatment of emotional symptoms along with physical may constitute the most powerful therapeutic result. Therefore, the present study was undertaken to observe the effect of individualized homeopathy treatment of depression, levels of stress and pain in patients with endometriosis. The prospective randomized controlled trial included 162 diagnosed with endometriosis in Jaipur, India. Informed consent was taken and all the patients were randomized into Individualized Homeopathy (IH) and Control Group (CG). Outcome measures were assessed using Brief COPE, beck depression inventory, perceived stress scale and visual analogue scale. Assessments were taken at baseline and three-months post-treatment. Patients with endometriosis who used Homeopathy had better adaptation to stress ($p<0.002$) and less depression ($p<0.001$). The intensity of dysmenorrhea was reduced in the intervention group ($p<0.001$). The results of this study indicate that pain can be improved through individualized homeopathy treatment in women with endometriosis.

Self-esteem and stress levels of female prisoners in West Sumatra Indonesia

Rika Sarfika, Syarifatul Aini and **Dewi Eka Putri**
Andalas University, Indonesia

Being a prisoner is a severe stressor in the life of the culprit. The sad feelings of convicts after receiving punishment and other things such as guilt, loss of freedom, embarrassment, economic and social sanctions and life in a prison filled with psychological pressure can aggravate and intensify previous stressors. This study aims to examine the relationship between self-esteem and stress levels of female prisoners in West Sumatra Indonesia. The type of this research is analytical with cross-sectional study approach. The research was conducted from February to July 2017. The sampling method used was a census with a total of 102 respondents. Data were collected using a Perceived Stress Scale (PSS-14) questionnaire to see the level of stress of female prisoners and Rosenberg self-esteem scale to see women prisoners' self-esteem. Data was analysed using chi-square test. The results showed that 66.7% of female prisoners had high self-esteem, 43.1% female prisoners had mild stress level, and there was a significant relationship between self-esteem and stress of female prisoners in West Sumatra (p value=0.000). Based on the results of the research, it is suggested to prisons to pay attention to the psychosocial health of prisoners through early detection of mental health to provide education and provide opportunities for prisoners to hone their talents and skills routinely so that prisoners can raise self-awareness of prisoners about his life's worth.

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Perinatal experiences of lesbian non-biological mothers

Danuta Wojnar
University of Washington, USA

This study was conducted to describe the perinatal experiences of motherhood from the perspective of lesbian non-biological mothers using descriptive phenomenological approach. Twenty-four self-identified lesbian non-biological mothers in a committed relationship participated. All of the participants were from urban or suburban areas in the Pacific Northwest in the USA and Canada. Women participated in semi-structured in person interviews that were audio recorded and transcribed verbatim for analysis. Colaizzi's method guided the process. An overarching theme of feeling different permeated the perinatal experiences for the participants. The women's narratives revealed seven themes: Launching pregnancy: A roller coaster ride; having legal and biological concerns: Biology prevails; there is a little person in there: Dealing with pregnancy issues; losing relationships over pregnancy; feeling incomplete as a mother; carving a unique role for oneself; and sadness and regret: non-biological mothers get the postpartum blues, too. The perinatal experience for non-biological lesbian mothers is complicated by the lack of biological and legal substantiation to the infant, few role models, and limited social support for the new role even in countries where lesbian motherhood is legal and generally accepted. Nurse midwives and other health care providers cognizant of these challenges can play an important role in facilitating policy change and positive transition to motherhood for individual members of this population.

Understanding concerns and promoting reproductive health among the migrant population

Caterina Monzagnoli
Klinikum Großhadern, München, Germany

Women are increasingly on the move: in Switzerland almost a third (27.8%) of all women giving birth in Switzerland are of non-Swiss nationality (Swiss Statistics 2015), since 1998 immigration has become the largest contributor to population growth in the UK (National Population Projections: 2012-based Statistical Bulletin), and in most of the other European countries. In general, pregnancy outcomes have improved over the last 30 years in some of the European countries who deal with this population, as shown for Switzerland in Pregnancy outcome of migrant women and integration policy: a systematic review of the international literature by Bollini and Wanner, 2006. However, in some migrant and ethnic minority groups improvements in pregnancy outcomes have been less visible and significant gaps remain. Furthermore, one in three migrant women from low- and middle-income countries has symptoms of perinatal depression (Migration and perinatal mental health in women from low- and middle-income countries: a systematic review and meta-analysis, G Fellmeth et al, 2016). Given that foreigners in general represent up to 64% of the population, Luxemburg (Eurostat 2016), investigating and tackling this issue is imperative. The aim of the study was to assess the healthcare experiences of women with a migrant background during pregnancy, delivery and the postpartum period. The need for further investigation of factors, which may have driven differences between the groups, such as women's expectations, remains a priority local institutions should address. Moreover strongly remain the recommendation to conduct a specific survey, which could directly link pregnancy outcomes and the post-partum follow-up with the migrant mothers' psychosocial wellbeing taking into account how the psychosocial wellbeing affects the physical health.

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Prevalence and pattern of domestic violence against women during pregnancy in Delhi

Kamlesh Kumari Sharma and Manju Vatsa
All India Institute of Medical Sciences, India

This study was aimed to determine the prevalence and pattern of domestic violence against women during pregnancy. This community based, cross-sectional study was carried out among 827 ever married urban and rural women aged up to 60 years, from Delhi selected through cluster sampling followed by systematic random sampling. Data were collected using pre-tested structured questionnaires and the in-depth interview guide. The descriptive and multivariate analysis was done using Stata 11.0. Analysis of the data showed that 42.8% women reported psychological violence, 17.1% reported physical violence followed by 15.6% who reported sexual violence during pregnancy. Overall 18.5% women reported physical or sexual violence and 43.2% reported any form of violence during pregnancy. Severe physical violence was reported by 14.6% of the women. In most cases, various acts of violence were ongoing and husband was the chief perpetrator. Violence was significantly higher among women with living children, low neighborhood support, negative dowry effect and an alcoholic husband. On the other hand, spousal education and dependable family support were protective against violence. Consequent to the physical or sexual violence during pregnancy, 45.2% (66/146) of women were reportedly injured. These findings highlight the need to use multipronged approach including public health interventions for an effective response to violence against women.

Gender and pain

Stefano Coaccioli
Perugia University School of Medicine, Perugia-Terni, Italy

There is a wide evidence about-difference in pain perception and treatment in females in comparison with males. In this presentation, complex factors contributing to differences in the pain perception as well as in the analgesic responses between males and females, ranging from psychosocial to biological processes, are illustrated. A huge body of research demonstrates that females experience greater pain; suffer greater pain-related distress compared with males. The factors showing gender differences in the experience of pain are multifactorial and complex. Gonadal hormone levels in cycling women also have a substantial impact on pain perception and analgesic response. Women perceive more pain during the luteal phase, and estrogen antagonists provide long-term pain relief in certain situations. They may conclude that the understanding of the factors that commonly and differentially affect the disparity in pain perception between genders, as well as analgesic response, are beginning to put a light in research targets and promising areas of therapeutic intervention for improved pain management.

Notes:

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Influence of elective and emergency cesarean delivery on mother emotions and bonding

Francesca Volpe
Policlinico Abano Terme, Italy

Introduction: Previous studies indicated that mode of delivery could have a negative effect on bonding, one of the cornerstones of the optimal relationship between mother and infant.

Methods: At Policlinico Abano Terme, Italy, we assessed mother's feelings towards newborns after vaginal delivery (VD) or cesarean: elective (ELCD) or emergency (EMCD). The study involved 573 consecutive, at term, healthy mothers-infant's dyads. Mothers were divided into three groups: women undergone ElCD (n = 73; 12.73%), women undergone EMCD (n = 81; 14.13%) and women who gave birth vaginally (n = 419; 73.12%). Pre-discharge, they completed Mother-to-Infant Bonding Scale (MIBS), a self-report test to measure mother's feelings toward her baby, based on eight items (Loving, Resentful, Neutral or Felt Nothing, Joyful, Dislike, Protective, Disappointed and Aggressive). High scores indicate worse mother-to infant bonding and a score ≥2, established as cut-off, indicates an altered bonding.

Results: The average global score was 0.50 (±1.05) in VD mothers, 0.67 (±1.14) in ELCD mothers and 0.92 (±1.05) in EMCD mothers, with p=0.001. The percentage of altered bonding was significantly higher in EMCD women (23.45% vs. 11.21%; p<0.006). Moreover, EMCD mothers scored significantly higher in Joyful (p<0.005), Disappointed (p<0.008), and Dislike (p<0 .072).

Conclusion: In conclusion, emergency cesarean delivery could negatively affect mother bonding and opening emotions, and originates in mother feelings like sadness, disappointment and dislike for the unplanned delivery evolution.

Notes:

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Assessment of the associated factors, management and complications of uterine rupture at Mizan-Tepi University Teaching Hospital, Mizan-Aman Town, Bench-Maji Zone, Snnprs, South West Ethiopia, 2016/17: A case control study

Yayehyirad Yemaneh
Mizan-Tepi University, Ethiopia

Background: Uterine rupture is tearing of the uterine wall during labor or delivery. Rupture of a previously unscarred uterus is usually a catastrophic event resulting in death of the baby, extensive damage to the uterus and sometimes even maternal death from blood loss.The overall incidence of uterine rupture is 1 in 2,000 deliveries. In developing countries, uterine rupture is more prevalent and is a serious problem.

Objective: To assess the associated factors, management and complications of uterine rupture in Mizan-Tepi University Teaching Hospital, Mizan-Aman town, Bench-Maji Zone, SNNPRS, South west Ethiopia, 2016/17.

Methodology: A hospital based unmatched multi-factorial case-control study was employed from 1st October - 30th October 2016. The required sample size gave us a total of 352 Delivery Charts by considering case to control ratio of 1:4, of these 71 were delivery charts with uterine rupture and 281 were delivery charts without uterine rupture were selected by using lottery method. Data was retrieved using pre-tested and structured data extraction format from operation notes, delivery registers and patients cards documented from 2013-2015 G.C. Using SPSS version 20 software, descriptive statistics ,bivariate and multivariate logistic regression analysis was done and p-value <0.2 and <0.05 were considered as significant during bivariate and Multivariate logistic regression analysis respectively. AOR with 95% CI was used to control for possible confounders and to interpret the result.

Result: From 1st January 2013 up to 31st December 2015, there were a total of 9878 deliveries from these 71 cases of uterine rupture were recorded giving an incidence of 1 in 139 Deliveries. Predisposing factors for uterine rupture were No antenatal care (AOR 4.08 95% CI 1.924-8.651), Labor Duration>18hrs (OR 2.769 95% CI 1.231-6.226), parity≥5 (AOR 6.16 95% CI 2.886-13.148), having obstructed labor (AOR 2.714 95% CI 1.228-5.720), no use of partograph (AOR 2.248, 95% CI 1.049-4.817). There were seven maternal deaths due to uterine rupture during the study period giving a mortality rate of ~0.07%.

Conclusion: Uterine rupture still remains one of the major causes of maternal and newborn morbidity and mortality. The prenatal mortality for both case and controls is high in Mizan-Tepi University Teaching Hospital.

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Prevalence and associated factors of obstructed labour, and its outcome among mothers delivered at GIMBI public hospital, Wollega, western Ethiopia, 2015: Retrospective cross-sectional study

Daniel Shiferaw[1], **Tefera Belachew**[2] and **Sileshi Toma**[3]
[1]Mizan-Tepi University, Ethiopia
[2]Jimma University, Ethiopia
[3]UNICEF project implemented by Ethiopian midwife association, Ethiopia

Introduction: Obstructed labour is still a major cause of maternal morbidity and mortality and of adverse outcome for women and newborns in developing countries, mainly the problem caused by maternal pelvis or the fetus or both.

Methods: A retrospective cross-sectional study was carried out to assess the magnitude and associated factors of obstructed labour, and its fetal and maternal outcome among women delivered in Gimbi public hospital, Wollega, Western Ethiopia from February to March 2015. A total of 321 deliveries registered from 2012-2014 was reviewed. Single population proportion formula was used to determine sample size. The study participants were selected by systematic sampling technique. Bi-variable and multivariable logistic regression analyses were applied. Independent variables with $p<0.05$ in multivariable logistic regression analysis were considered as predictors of obstructed labour.

Results: Prevalence of obstructed labour was 18.1% and the main causes were Cephalopelvic disproportion 61.3% followed by mal-presentation 27.1%. Risk of Obstructed labour was significantly associated with age, 15-19 year (AOR 11.22, 95% CI: 4.43-28.42), 25-29 year (AOR 1.23, 95% CI: 0.07-2.56); parity (nulipara) (AOR 24.96, 95% CI: 10.73- 56.85) and birth weight, 2.5-4kg, (AOR 4.76, 95% CI: 1.20-18.90). The major maternal complications were postpartum hemorrhage, ruptured uterus, and puerperal sepsis. From the total obstructed deliveries 45 (78.9%) of them were live birth and 13(21.1%) were still birth. Poor perinatal outcome including perinatal mortality was higher among obstructed deliveries. Prenatal complication was related with parity, and prolonged duration of labour. The perinatal mortality rate was 310 per 1000 total births for women who had obstructed labour and 42 per 1000 total births among women non obstructed group. Overall the perinatal mortality rate was 90 per 1000 total births.

Conclusion: The prevalence of obstructed labour was high. Age of the mother, parity and birth weight were significantly associated with obstructed labour. Birth preparedness and complication readiness also need to be addressed within the health system and the community level.

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Parental body mass index and behavioral problems in their offspring: a Danish national birth cohort study

Susanne Hvolgaard Mikkelsen
Aarhus University, Denmark

Maternal obesity has been associated with increased risk of offspring behavioral problems. We examined whether this association could be explained by familial factors by comparing associations for maternal body mass index (BMI) with associations for paternal BMI. We studied 38,314 children born to mothers enrolled in the Danish National Birth Cohort during 1996–2002. Data on maternal BMI was collected at 15 weeks of gestation, and paternal BMI was assessed when the child was 18 months old. When the child was 7 years old, the strengths and difficulties questionnaire was completed by the parents. We estimated odds ratios for behavioral problems in offspring born to overweight/obese parents, and we found that maternal BMI was associated with offspring behavioral problems. Maternal BMI of 25.0–29.9 was associated with a 33% (odds ratio=1.33, 95% confidence interval: 1.13, 1.57) higher risk of total difficulties in offspring, and maternal BMI of ≥30.0 was associated with an 83% (odds ratio=1.83, 95% confidence interval: 1.49, 2.25) higher risk. Paternal obesity was also associated with higher risk of offspring behavioral problems, but stronger associations were observed with maternal pre-pregnancy obesity. Our results suggest that part of the association between maternal BMI and behavioral problems can be accounted for by genetic and social factors, but environmental risk factors may also contribute to the etiology of behavioral problems.

Transforming midwifery education in Somaliland through film

Catherine McCarthy
Medical Aid Films, UK

In many low resource settings, health worker trainers are looking to technology to help deliver meaningful training in remote areas where literacy and language can create barriers to learning and where transport is a challenge for face to face teaching. Education and training films offer a low cost, highly scalable and sustainable method of reaching and teaching large numbers of health workers that is applicable in many low resource settings. Medical Aid Films' partnership with the Somaliland Nursing and Midwifery Association (SLNMA) is an innovative example of how film has been used to help transform midwifery education. This autonomous region in Somalia has among the highest rates of maternal and child mortality in the world - there is urgent need for midwives in Somaliland to provide essential care. Funded by the Pharo Foundation, and using newly developed emergency obstetric and newborn care (EmONC) country protocols, Medical Aid Film created a suite of EmONC films in Somali to help support effective training of midwives working in health facilities and community midwives serving remote areas. There is a lot of evidence of the impact that film and visual media can have on learning: Audio-visual training allows trainers to communicate large amounts of complex information effectively which may be lost through other forms of teaching; a short video can portray 1.8 million words of text and is therefore a reliable and effective method of information-sharing and increasing understanding; using film can also help create a more interactive and engaging teaching environment and increases the viewer's ability to recall information as visual images are linked to long-term memory. Recall is further increased if the film uses story-telling and personal testimonies and; visuals also cause faster and stronger reactions than words, helping users engage emotionally with the content, which in turn influences points of view and behaviours, forms a connection between people and catalyses support. Fouzia Ismail Mohamed, Director of the Somaliland Nursing and Midwifery Association (SLNMA), recognizes the transformational role that educational films can play: "there is a real need to train our nurses and midwives working in health facilities and our health workers who provide essential care to our communities in remote areas. When they see what they are supposed to do in a film, it's so helpful". Catherine McCarthy will present the learning from this project, future aims for the partnership and how it continues transformed midwifery education in Somaliland.

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Effectiveness of an educational intervention in primary care to maintain exclusive breast-feeding; cluster randomized clinical trial; prolact study

M J Santamaria Martín and **S Martín Iglesias**
Spain

Background: The World Health Organization recommends exclusive breast-feeding (EBF) until six months of life. In Spain the rates of EBF at six month are 28.5%. More evidence is needed on the effectiveness of group interventions to maintenance EBF.

Methods: This study involves a community-based cluster randomized trial conducted at 10 Primary Healthcare Centres in the Community of Madrid (Spain). The project aims to evaluate the effectiveness of an educational group intervention performed by primary healthcare professionals in increasing the proportion of mother-infant pairs using exclusive breastfeeding at six months compared to routine practice. The number of patients required is 432 (216 in each arm). All mother-infant pairs using exclusive breastfeeding in the last 24 hours that seek care or information al healthcare centres are included to consecutive sampling, as long as the infant is not older than four weeks, and the mother gives consent to participate. The main response variable is mother-infant pairs using EBF at six months. All statistical tests are performed with intention-to-treat. The estimation is adjusted using an explanatory logistic regression model. A survival analysis is used to compare the two groups using the log-rank test to assess the effect of the intervention on the duration of breastfeeding. The control of potential confounding variables is performed through the construction of Cox regression models.

Results: 434 dyads were included, the mean age of the mother was 32.8 (5), 80% were Spanish nationality, 72.6% were active workers and vaginal delivery was 79.7%. Average weight at birth was 3.303 (0.391), median gestational age 39.5 (RIQ 39-40). 226 dyads were assigned to the intervention and 208 control groups. The 6-month LME was higher in the experimental group RR=2.37 (1.45-3.89) than the control group, RAR 0.13 (0.06-0.19), NNT 8.0.

Discussion: We must implement strategies with scientific to improve the percentage of exclusive breast-feeding at six months in our environment as established by the WHO. Group education is an instrument used by professionals in primary care that favors the acquisition of skills and modification of already-acquired behavior, all making it a potential method of choice to improve rates of exclusive breast-feeding in this period. The prolact intervention has been effective in primary care to maintain LME at six months.

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Negotiating the tensions of having to attach and detach concurrently': A qualitative study on combining breastfeeding and employment in public education and health sectors in New Delhi, India

Shoba Suri
Breastfeeding Promotion Network of India, India

Objective: The aim of this study was to explore the factors involved in combining breastfeeding and employment in the context of six months of maternity leave in India.

Design: Qualitative semi-structured interviews were conducted and analyzed using the grounded theory approach.

Setting: Health and Education sectors in New Delhi, India. Participants: 20 first-time mothers with one 8–12 month-old infant and who had returned to work after six months' maternity leave.

Measurements & Findings: The interviews followed a pre-tested guide with a vignette, one key question and six thematic areas; intentions, strategies, barriers, facilitators, actual experiences and appraisal of combining breastfeeding and employment. Probing covered pre-pregnancy, pregnancy, maternity leaves, the transition and return to work. This study revealed a model of how employed women negotiate the tensions of concurrently having to attach and detach from their infant, work, and family. Women managed competing interests to ensure trusted care and nutrition at home; facing workplace conditions; and meeting roles and responsibilities in the family. In order to navigate these tensions, they used various satisficing actions of both an anticipatory and troubleshooting nature.

Conclusion: in spite of a relatively generous maternity leave of six months available to these women, several individual, familial and workplace factors interacted to both hinder and facilitate the process of combining breastfeeding and employment. Tension, negotiation and compromise are inherent to the process.

Implications for Practice: Antenatal and postnatal interventions providing information and support for working mothers need to address factors at the individual, family and workplace levels in addition to the provision of paid maternity leave to enable the successful combination of breastfeeding and employ.

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Are the outcomes of assisted reproduction technologies affected by seasonal changes?

Rasool Hassanzadeh[1], **Maryam Asgharnia**[1], **Zahra Atrkarroushan**[1], **Marzieh Mehrafza**[2], **Mohammad hadi Bahadori1** and **Fatemeh Hosseinzadeh**[1]
[1]Gilan University of Medical Sciences, Iran
[2]Mehr Medical Innovative technologies Institute, Research and Clinical Center for Infertility, Rasht, Iran

Introduction: Several epidemiological studies noted a variation in natural conception and birth rates not only in animals but also in humans. The existence of a seasonal influence on the outcome of human assisted reproduction technologies is still debated. According to conflicting data, we aimed to investigate whether the outcomes of intracytoplasmic sperm injection (ICSI) are affected by seasonal changes or not.

Methods: In a retrospective cohort study, a total of 3670 patients undergoing their first ICSI between the years 2011 and 2015 were divided into four season groups according to the date of beginning of stimulation. The mean of retrieved oocytes, embryo transferred and MII oocytes and percentage of fertilization, implantation, and pregnancy rates were compared among these groups and the influence of each season on these parameters was evaluated. Data analysis was performed using SPSS version 21. Chi-square test and one way analysis of variance (ANOVA) were used for statistical analysis and P value<0.05 was considered significant.

Results: The women were in average age of 34.99±6.55 years. 76 % of them had primary infertility and the rest had secondary infertility. The mean duration of infertility was 6.11±5.34 years. The indications for treatment were female factor, male factor, both male and female factors and unexplained in 44.15%, 37.15%, 10.05% and 8.65%, respectively. The percentage of pregnancy rate was significantly higher during summer than other seasons. (Spring: 36.9%, summer: 44.5%, fall: 38.3, winter: 43.9%, P=0.001). The percentage of implantation rate was significantly higher during summer than other seasons (P=0.0001). There wasn't any statistically significant difference in the groups in terms of fertilization rate and embryo transferred. The mean of retrieved oocytes and MII oocytes varied significantly within the different seasons and was highest in summer (P=0.004 and P=0.015, respectively).

Conclusion: Our study demonstrated statistically significant differences in ICSI outcomes such as pregnancy rate, implantation rate, retrieved oocytes and MII oocytes according to season and we saw better results in summer. Therefore a change of routine fertility treatments concerning the season should be taken into consideration.

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The effect of assertiveness-based sexual counselling on sexual function among married female students in southeast of Iran

Ameneh Safarzadeh, Ali Navidian and **Neda Dastyar**
Zahedan University of Medical Sciences, Iran

Objectives: Sexual decency is one of the false beliefs among women about sexual function, and women who have this belief choose an inactive and passive sexual role. The present study aimed to the investigate effect of decisiveness-based sexuality counselling on sexual function among married female students at the University of Cistan and Baluchistan.

Materials & Methods: This quasi-experimental study used a pre-test-post-test design and was conducted with 80 married female students who were selected and randomly assigned to the intervention (n=40) or control (n=40) groups. The data collection tool was Rosen's Sexual Function questionnaire. The intervention group, after the pre-test, took part in four sessions of assertiveness-based sexual counselling weekly across 2 sessions of 90 to 120 minutes. Both groups filled out the questionnaires after the end of the waiting period (2 months) (post-test). Chi-square, covariance and independent paired t-tests were used to compare the means of the quantitative variables in the two groups.

Results: The results showed that the mean score on the sexual function index increased in the intervention group after sexual counselling and decreased in the control group. An independent t-test also showed that the difference in mean scores on the sexual function index after sexual counselling in the intervention and control groups was not significant. However, the mean change in the total index score was significantly different in the two groups (P=0.0001).

Conclusion: The assertiveness-based sexual counselling method significantly influenced sexual function and expression of sexual rights and reduced the shame and contempt women in the study felt. It is safe to admit that this method can be used as a way to promote sexuality and to establish a more intimate relationship in marital life.

Dietary intake of acrylamide during pregnancy and its relation with birth weight and head circumference of newborns in Egypt

Walaa Mamdouh Reyad El-meidany
High Institute of Public Health-Alexandria University, Egypt

Maternal diet during pregnancy is an important factor for a healthy growing newborn. Acrylamide has been found to be formed in many cooked starchy foods, such as potato chips, French fries, bread, biscuits, breakfast cereals or crackers during frying, roasting, toasting, baking, and grilling. A regular maternal acrylamide intake may affect the nutritional status of the newborn. The study aimed to assess the dietary intake of acrylamide for Egyptian pregnant women and its association with birth weight and head circumference of their newborns. A cross-sectional study was conducted on 200 pregnant women at 3rd trimester attending El-Shatby Obstetrics and Gynecology Hospital for delivery and their newborns as well. Data about socio-demographic characteristics and frequency of foods containing high levels of acrylamide consumption were collected from each pregnant woman. Birth weight and head circumference were measured for each newborn immediately after delivery. Twenty Cord blood samples were collected in heparinized tubes and analyzed using GC-electron capture detector in order to detect the presence of acrylamide. Dietary acrylamide intake was 41.8µg/day. Birth weight and head circumference had a reverse significant association with high intake of acrylamide. Awareness about proper nutrition during pregnancy is an important factor in reducing the dietary intake of acrylamide during pregnancy. The intake of acrylamide during pregnancy should be monitored along with checking any changes in the fetal weight during the antenatal visits. Appropriate nutrition education program for pregnant women is necessary to raise the awareness of pregnant women about the kind of acrylamide-containing foods to decrease its consumption. A healthy diet should be eaten during pregnancy.

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An update on neonatal head ultrasound: optimizing diagnosis

Sarah Johnson
University Health Network-University of Toronto, Canada

Neonatal intracranial hemorrhage (ICH) can be a devastating clinical event. Premature infants are especially at risk. Neonatal ICH is usually initially diagnosed with ultrasound (US); the principles and practice of neonatal head US (also known as transcranial sonography) will be reviewed, with the intention of familiarizing all providers of neonatal care with this important diagnostic tool. US is a radiation-free diagnostic imaging modality which allows direct visualization of the neonatal brain via the open fontanelles. US is admittedly very operator-dependent, which may result in a wide range of quality. However, when performed well, US is an excellent tool for diagnosis of ICH, which otherwise may remain occult. ICH manifests on US as echogenic (bright) material within the fetal brain; US can also be used to assess for the sequelae of ICH, including hydrocephalus and leukoencephalomalacia. The indications, advantages, and limitations of US will be further explored. A standard has been established for US examination of the neonatal brain and a pictorial review will be completed. The contribution of US to clinical management will be discussed. US is an important tool for diagnosing neonatal ICH and its potential complications. Basic familiarity with the indications, scope, findings, and implications of neonatal head US is important for practitioners of neonatal care.

Related factors to sepsis neonatorum for newborn in hospital

Deswita, Febriyanti R T and **Sirait N A**
Andalas University, Indonesia

The occurrence of infection in newborn babies may cause death if left untreated. Sepsis neonatorum is one of the neonatal infection diseases that remain unsolved as WHO also report a high case fatality rate of 40% due to sepsis neonatorum. In most cases, sepsis neonatorum was undetected so it led to death. Based on the Indonesia demography and healthy survey data in 2013, it is mention that the number of the death baby reaches to 32 and 40 per 1000 of the number of birth. The purpose of the research is to describe the factors of Sepsis Neonatorum that is happened earlier such as the age of the mother, kind of the birth, the mother's disease history, the antenatal care, and the gestational age. The research is a documentation study and the method applied is by gaining the sample called total sampling. The subject of the research is 80 babies that diagnose sepsis neonatorum at Government Hospital Dr. M Jamil, Padang. The research begins on February till July 2017. The instrument that is used is observation sheet, Based on the result gained , mother age less than 20 years old and more than 35 years old risk (58.8 %), the kind of birth or baby born with certain actions (45%), the mother's disease history (63.8%), the antenatal care insufficiently (53.8%), baby with low birth weight (47.5%) and the premature baby (53.8%). Suggestion for the medical is to higher the effort of preventive by giving the education related to the mother's factors of the sepsis neonatorum.

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