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Scientific Program

Gynecology 2017

Day 1 October 02, 2017

09:00-09:30 Registrations

Hall-Barajas+ La Guardia

conferenceseries.com 09:30-10:00 **Opening Ceremony**

Keynote Forum

10:00-10:40	Introduction **Title: The Selective Effect of NSC-631570 on Women Reproductive Cancers** **Wassil Nowicky,** Nowicky Pharma - Director, Ukrainian Anti-Cancer Institute, Austria

Networking and Refreshments Break 10:40-11:00 @ Meeting Hall

11:00-11:40	**Title: SASOG (South African Society of Obstetricians and Gynaecologists) BetterObs Initiative** **Johannes van Waart,** SASOG-President, South Africa
11:40-12:20	**Title: Use of home ovulation tests in women trying to conceive** **Sarah Johnson,** SPD Development Company Ltd, UK
12:20-13:00	**Title: Combination therapy; An effective approach for endometriosis management** **AboTaleb Saremi,** Sarem Women's Hospital, Iran

Group Photo

Lunch Break 13:00-14:00 @ Mediteraneo

Special Session

14:00-14:40	**Title: Successful complete laparoscopic staging of ovarian cancer in a patient with a 17cm malignant ovarian tumor** **Greg Marchand** and **Rachel Pile,** Obstetrician-Gynecologist in Mesa, Arizona, USA

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

Session Chair: Wassil Nowicky, Director of Nowicky Pharma, Ukrainian Anti-Cancer Institute, Austria

Session Co-chair: Abo Taleb Saremi, Sarem Women's Hospital, Iran

Session Introduction

14:40-15:10	**Title: Pregnancy blood pressure and exercise-results from a randomized controlled trial** **Lene A H Haakstad,** Norwegian School of Sports Sciences, Norway
15:10-15:40	**Title: The closure non closure of the parietal peritoneum in the caeserean section** **Nejla Gultekin,** Mersin Sehir Hospital, Turkey
15:40-16:10	**Title: Reflection on the experiences of maternity in Brazilian prisons and consequences to children´s development** **Lana Jocasta de Souza Brito,** University of São Paulo, Brazil

Networking and Refreshments Break 16:10-16:30 @ Meeting Hall

16:30-17:00	**Title: Prevalence and outcome of teenage hospital births at the buea health district, South West Region, Cameroon** **Thomas Obinchemti Egbe,** University of Buea, Cameroon
17:00-17:30	**Title: Mean difference of transcerebellar diameter on ultrasound in third trimester of pregnancy: Useful indicator of growth retardation** **Sonia Naqvi,** Karachi University, Pakistan
17:30-18:00	**Title: Comparison of total laparoscopic hysterectomy versus total abdominal hysterectomy: An assessment of the learning curve; randomized control study** **Sardar Muhammad Al Fareed Zafar,** SOGP- President, Pakistan

Panel Discussion

Day 2 October 03, 2017

Hall-Barajas+ La Guardia

Keynote Forum

10:00-10:40	**Title: Medical and ethical challenges in fertility and pregnancy in the peri-and post menopause** **Johannes van Waart,** SASOG-President, South Africa
	Networking and Refreshments Break 10:40-11:00 @ Meeting Hall
11:00-11:40	**Title: Uterine Fundectomy; A novel surgical technique for uterine preservation instead of hysterectomy** **AboTaleb Saremi,** Sarem Women's Hospital, Iran
	Special Session
11:40-12:40	**Title: A comparison of lesbian, bisexual and heterosexual college women on reproductive health screenings and sexual behaviors** **Dianne L Kerr** and **Amy J Thompson,** Kent State University, University of Toledo, USA
	Sessions: Infertility | Gynecologic Surgery | Health-Related Behaviours In Women | Uro- Gynecology | Prenatal Diagnosis
	Session Chair: Dianne kerr, Kent State University, USA **Session Co-Chair: Amy Thompson,** University of Toledo, USA
	Session Introduction
12:40-13:10	**Title: Transverse perineal support: A novel surgical treatment for perineal descent in patients with obstructed defecation syndrome** **Adolfo Renzi,** Villa delle Querce Hospital, Italy
	Lunch Break 13:10-14:10 @ Mediteraneo
14:10-14:40	**Title: Assessment of the attention of childbirth by professionals in public maternity hospitals** **Leila Bernarda Donato Göttems,** Escola Superior de Ciências da Saúde, Brazil
14:40-15:10	**Title: Pregnancy with large intra-abdominal tumor – case report** **Gabriela Bushinoska-Ivanova,** Gynecology and Obstetrics Clicic-Skopje, Macedonia
15:10-15:40	**Title: Early ultrasound screening for fetal malformations in the second pregnancy after combined modality treatment for hodgkin's disease: A case report** **Jordancho Ivanov,** Clinical Hospital Acibadem Sistina, Skopje, Macedonia
	Networking and Refreshments Break 15:40-16:00 @ Meeting Hall
16:00-16:30	**Title: The effect of nifedipine used as tocolytic agent on postpartum blood loss among Filipino pregnant patients in a tertiary hospital: A prospective cohort study** **Ma Sheryll de Jesus,** University of Phillipines, Phillipines
16:30-17:00	**Title: Does an antenatal educational programme improve maternal outcomes among obese pregnant women in the kurdistan region of iraq?** **Aveen Hajimam,** De Montfort University, UK
17:00-17:30	**Title: Impact of routine hysteroscopy (HS) prior to intrauterine insemination (IUI) on pregnancy rates (PR) in infertile couples at Al-Amal hospital, Misurata, Libya** **Aisha M Elbareg,** Misurata University, Libya
	Panel Discussion
	Awards & Closing Ceremony

Day 3 October 04, 2017

Networking Lunch 12:30-13:30 @ Mediteraneo

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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







4th International Conference on

GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Supporting Journals

Gynecology 2017

Supporting Journals

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

Gynecology & Obstetrics
www.omicsonline.org/gynecology-obstetrics.php

Andrology & Gynecology: Current Research
www.scitechnol.com/andrology-gynecology-current-research.php



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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

2nd International Conference on
Food Microbiology
Nov 09-11, 2017 Madrid, Spain

5th International Food Safety, Quality & Policy Conference
Nov 27-28, 2017 Dubai, UAE

ALTERNATIVE HEALTHCARE

23rd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

BIOCHEMISTRY

3rd International Conference on
Genetic and Protein Engineering
Nov 08-09, 2017 Las Vegas, USA

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

CARDIOLOGY

21st International Conference on
Clinical & Experimental Cardiology
Nov 06-07, 2017 Las Vegas, USA

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

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

3rd Global Summit on **Heart Diseases**
Nov 02-04, 2017 Thailand, Bangkok

CHEMICAL ENGINEERING

7th World Congress on
Petrochemistry and Chemical Engineering
Nov13-15, 2017 Atlanta, USA

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 International Conference on
Medicinal Chemistry & Computer Aided Drug Designing
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on
Nuclear Chemistry
Nov 06-07, 2017 Las Vegas, USA

2nd International Conference and Exhibition on
Polymer Chemistry
Nov 06-08, 2017 Las Vegas, USA

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

DENTISTRY

37th Global Summit on
Dental Surgeons & Dental Materials
Nov 02-04, 2017 San Antonio, USA

38th Annual Congress on
World Dentistry
Nov 06-08, 2017 San Antonio, USA

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

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

37th Asia Pacific Dental and Oral Care Congress
Nov 20-22, 2017 Australia, Melbourne

DIABETES AND ENDOCRINOLOGY

International Conference on
Diabetes, Metabolism & Obesity
Nov15-17, 2017 Las Vegas, USA

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

2nd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

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

ENVIRONMENTAL SCIENCES

4th International Conference on **GreenEnergy & Expo** Nov 06-08, 2017 Las Vegas, USA

5th International Conference on
Recycling: Reduce, Reuse and Recycle
Nov 06-08, 2017 Las Vegas, USA

EEE & ENGINEERING

6th International Conference on
Biostatistics & Bioinformatics
Nov13-14, 2017 Atlanta, USA

GASTROENTEROLOGY

2nd International Conference on
Hepatology & Gastroenterology
Nov 13-14, 2017 Las Vegas, USA

GENETICS & MOLECULAR BIOLOGY

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

GEOLOGY & EARTH SCIENCE

2nd International Convention on
Geophysics and Geo technics
Nov 08-09, 2017 Las Vegas, USA

2nd International Convention on
Geosciences and Remote Sensing
Nov 08-09, 2017 Las Vegas, USA

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

HEALTHCARE MANAGEMENT

2nd International Conference on
Health & Hospital Management
Nov 06-07, 2017 Vienna, Austria

International Conference on
Medical Education
Nov 06-08, 2017 Vienna, Austria

IMMUNOLOGY

3rd Antibodies and Bio Therapeutics Congress
Nov 08-09, 2017 Las Vegas, USA

5th International conference on
HIV/AIDS, STDS & STIS
Nov 13-14, 2017 Las Vegas, USA

9th World Congress and Expo on
Immunology
Nov 02-03, 2017 Atlanta, USA

3rd International Conference on
Immunity, Inflammation and Immunotherapies
Nov 02-03, 2017 Atlanta, USA

2nd International Conference on
Autoimmunity
Nov 09-10, 2017 Madrid, Spain

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

INFECTIOUS DISEASES

3rd International conference on
Flu & Emerging Infectious Diseases
Nov 06-07, 2017 Las Vegas, USA

MATERIALS SCIENCE

13th International Conference and Exhibition on
Materials Science and Engineering
Nov13-15, 2017 Las Vegas, USA

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

MICROBIOLOGY

2nd International conference on
Human Papillomavirus
Nov13-14, 2017 Las Vegas, USA

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

4th World Congress and Expo on
Applied Microbiology
Nov 09-11, 2017 Madrid, Spain

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

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

NANOTECHNOLOGY

22th International Conference and Expo on
Nanoscience and Molecular Nanotechnology
Nov 13-14, 2017 Vienna, Austria

19th International Conference on **Nanotek and Expo** Nov13-15, 2017 Atlanta, USA

17th Nanotechnology products and Summit
Nov13-15, 2017 Atlanta, USA

3rd Biomedical Engineering and Expo
Nov 07-08, 2017 Barcelona, Spain

NEUROSCIENCE

8th International Conference and Exhibition on
Addiction Research & Therapy
Nov 13-15, 2017 Las Vegas, USA

6th International Conference on
Brain Disorders and Therapeutics
Nov 06-08, 2017 Madrid, Spain

18th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 16-17, 2017 Vienna, Austria

13th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 27-28, 2017 Dubai, UAE

NURSING

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

World Congress on
Nursing Pharmacology and Nursing Education
Nov 20-21, 2017 Melbourne, Australia

Meet Inspiring Speakers and Experts at our 3000+ Global Events Every year on Medical, Pharma, Engineering, Science, Technology, Business and 40 Varient fields

NUTRITION & OBESITY

16th International conference and Exhibition on **Obesity & Weight Management**
Nov16-17, 2017 Atlanta, USA

17th World Fitness Expo
Nov 16-17, 2017 Atlanta, USA

ONCOLOGY & CANCER

World Medical and Clinical Oncology Congress Nov13-15 , 2017 Las Vegas, USA

9th International Conference on **Hematology and Hematological Oncology**
Nov 08-09, 2017, Las Vegas, USA

International Conference on **Epigenetics**
Nov 06-07, 2017 Madrid, Spain

World Cancer Convention
Nov 27-28, 2017 Dubai, UAE

International Conference on **Cancer Diagnostics**
Nov 27-28, 2017 Dubai, UAE

OPHTHALMOLOGY

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

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

17th Global Ophthalmology and Glaucoma Conference
Nov 27-28, 2017 Dubai ,UAE

PATHOLOGY

2nd International conference on **Digital Pathology**
Nov 02-03, 2017 San Antonio, USA

PEDIATRICS

5th Annual Conference on **Translational Medicine** Nov15-16, 2017 Las Vegas, USA

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

PHARMACEUTICAL SCIENCES

European Biopharma Congress
Nov 16-17, 2017 Vienna, Austria

17th International Conference on **Nanomedicine and Nanotechnology in Health Care**
Nov 23-24, 2017 Melbourne, Australia

10th International Conferences on **Immunopharmacology and Immunotoxicology**
Nov 20-21, 2017 Melbourne, Australia

PHYSICAL THERAPY & REHABILITATION

6th International Conference on **Physiotherapy**
Nov 27-28, 2017 Dubai, UAE

PHYSICS

8th International Conference and Exhibition on **Lasers, Optics & Photonics**
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on **Atomic and Nuclear Physics**
Nov 8-9, 2017 Las Vegas, USA

International Conference on **High Energy Physics**
Dec 11-12, 2017 Madrid, Spain

PSYCHIATRY

International Conference on **Psychiatry and Mental Health**
Nov 20-21, 2017 Melbourne, Australia

10th World Psychiatrists Meet
Dec 07-08, 2017 Dubai, UAE

VACCINES

29th Global Vaccines & Vaccination Summit And Expo
Nov 30-Dec 1, 2017 Dubai, UAE

VETERINARY

9th Global Veterinary Summit
Nov15-16, 2017 Las Vegas, USA







4th International Conference on

GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Keynote Forum

Day 1

Wassil Nowicky, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-020



Wassil Nowicky

Ukrainian Anti-Cancer Institute, Austria

The selective effect of NSC-631570 on women reproductive cancers

First indications on the selective effect of NSC-631570 on the cancer cells were provided in an early study when different oxygen consumption by normal liver cells and Ehrlich's tumor ascitic cells after the incubation with NSC 631570 was revealed. In the tests on the Jurkat lymphoma model, NSC-631570 has been proven to be a strong apoptosis inductor. Profound research showed NSC-631570 brought about the depolarisation of mitochondrial membranes and consequently the activation of caspases. NSC-631570 induced apoptosis in a panel of cancer cell lines (ovarial and cervical cancer HeLa, HeKB, HeKS32, HeBcl3, HeNFR and HeIKK, human colon cancer SW480, human renal carcinoma HEK293, human osteosarcoma MG-63) by activating the caspases of the intrinsic cell death pathway. Interestingly, non-transformed fibroblasts (hTERT) cell line was insensitive to the drug. In the tests on human ovarian and cervix carcinoma cells HeLa, squamous carcinoma cells WHCO5, normal kidney cell line Graham 293, and transformed kidney cell line Vero from African green monkey, NSC-631570 inhibited the tubulin polymerization and caused a metaphase block in cancer cells which is characterized by abnormal chromosomal distribution, and results in the for-mation of micronuclei and apoptosis.

Biography

Wassil Nowicky completed his Diplom-Ingenieur degree at Technical University of Lviv, Ukraine and Doctor of Technology degree. He is the Director of Nowicky Pharma and Presi-dent of the Ukrainian Anti-Cancer Institute, Austria. He is Inventor of anticancer preparation on basis of celandine alkaloids "NSC-631570"; author of over 300 scientific articles dedicat-ed to cancer research. He is the member of the New York Academy of Sciences, member of the European Union for Applied Immunology and American Association for scientific pro-gress.

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Notes:

Johannes van Waart, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-020



Johannes van Waart

South African Society of Obstetricians and Gynecologists, South Africa

South African Society of Obstetricians and Gynaecologists (SASOG) BetterObs initiative

Obstetric indemnity insurance in South Africa has spiraled out of control and the cost to obtain indemnity insurance for private practice obstetrics in 2017 is R 850000 (€ 60000) per year. This compared to obstetric indemnity insurance costs of R 250000 (€ 17000) per year in 2013. 15% of obstetricians in private practice have stopped their private practice obstetrics in 2016, with a further 20% most likely to stop in 2017. If this spiraling trend is not halted, it is estimated that private practice obstetrics in RSA will collapse/be unavailable in 2020. 140000 private deliveries are done annually in RSA. The main driver of these unfortunate events is the depletion of the road accident fund that had the effect that the legal profession has focused on obstetrics as an alternative to litigate. Due to some inherent administrative weaknesses in private practice obstetrics in RSA, SASOG championed the BetterObs initiative to counter this unfortunate turn of events. The key players in this initiative are: obstetricians, pediatricians, private hospital groups and private patients. Obstetric protocols, complete discharge notes by obstetricians and pediatricians, the newly formed Expert Opinion and Mediation Committee (EOMC), the SASOG peer review committee, two monthly maternal and pediatric mortality and morbidity (M and M) meetings as well as the mediation before litigation principle (supported by the RSA minister of health) started the turnaround process. This initiative is led by the SASOG BetterObs management team. The functioning and initial results of this initiative will be discussed and highlighted.

Biography

Johannes van Waart matriculated at Oudtshoorn High School in 1978. He completed his BSc and MSc in Nuclear Physics at University of Stellenbosch. He worked as a Senior Scientist at Atomic Energy Corporation in Pretoria from 1984-1988. He completed two years of compulsory military training at the School of Engineers in Kroonstad. He started his medical studies at University of Stellenbosch and completed his MBChB in 1994. He worked in the UK for six months and returned to RSA to work as a Medical Officer until 1997. He started as a Registrar in the Department of O+G at the Tygerberg Hospital and completed his MMed/FCOG (SA) in 2001. He joined private practice in Stellenbosch and lectured part time at University of Stellenbosch Medical School. He completed his fellowship in Reproductive Medicine in 2007 and started the Wijnland Fertility Unit in 2010. During his career, he authored and co-authored 19 national and international publications and has given numerous talk at national and international congresses. He is the current Secretary of the South African Menopause Society (SAMS) and served on the South African Society of Obstetricians and Gynaecologists (SASOG) since 2012, currently serving as the SASOG President (2015-2018). He is currently pursuing one year Post-graduate Diploma in Business Management and Administration at the University of Stellenbosch Business School.

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Sarah Johnson, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Sarah Johnson

SPD Development Company Ltd., UK

Use of home ovulation tests in women trying to conceive

Women's attitudes to achieve pregnancy differ and a multinational study has shown that expectations vary between countries. In USA and Germany, women expect pregnancy to occur quickly and are more prepared to take actions to increase their chances early, compared to Brazil where there is a desire for the route to pregnancy to be as natural as possible. There are only a limited number of days on which intercourse can lead to pregnancy, and these vary both within and between women. Surveys of women have found many are unaware of basic fertility information, such that mistiming of intercourse can be a primary reason for failing to conceive. Home ovulation tests provide a simple, user-friendly method for enabling women to identify their fertile period. Qualitative assessment of women's experience in using these tests has found several positive themes relating to their use; understanding their menstrual cycle, confirming ovulation, emotional support, and improved relationship with their partner. Some less positive themes were also found; impact on sex life, dependency with long-term use, self-blame when they failed to become pregnant. A randomized controlled study examining stress in women using home ovulation tests found that test usage did not introduce additional stress, and indeed more women in the test group achieved pregnancy. Therefore home ovulation tests can provide a useful early intervention for women who are hoping to become pregnant.

Biography

Sarah Johnson is Head of regulatory and clinical affairs at SPD Development Company Ltd. Since joining Clearblue in 1999, she had gained over 15 years of experience in the medical devices industry, initially in research and more recently in clinical and regulatory affairs. She has over 15 peer reviewed publications in women's health. She now leads the clinical and regulatory affairs and statistics departments for SPD. Clinical affairs involve the management of clinical and laboratory research connected with biomarkers of women's health, and their application to medical devices. Recent important studies include the US based gestational age study and the UK based stress study, early pregnancy studies and fertility monitor usage studies. Regulatory affairs oversees the international registration of SPD's products, with successful registrations in USA, Europe, Australia, Russia, China, Brazil and many other countries.

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Notes:

AboTaleb Saremi, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-020



AboTaleb Saremi

Sarem Women's Hospital, Iran

Combination Therapy Approach; A Necessity for Endometriosis Management

Endometriosis can be managed effectively by medication, surgery, or a combination of both. Numerous studies have been conducted on surgical and medication treatment options, but their results are still under discussion. In Sarem Women's Hospital, we developed a protocol for combinational treatment for various stages of endometriosis. Based on our experiences, it could be a more effective approach for endometriosis management rather than surgical or medical treatments alone. It must be mentioned that the surgical methods even if the modern methods like robotic surgery and laparoscopic surgeries, have some excessive complications that can prevent by combinational approach. In other way, the medication therapy alone is not sufficient and the pathology (endometriosis spots or cyst) remained with higher relapse rate. Based on the casualty studies in the endometriosis field; lifestyle, nutrition, pollutions, Immunologic, genetics and epigenetics effects are lead to rises of endometriosis incidence significantly as the endometriosis is going to be "The Disease of the Century". So, the prevention, early detection and also the effective management methods must be improved. In the case of disease management, Instead of improving in surgical techniques and interventions, we recommend the improvement of the conservative and combinational management techniques, by low damage strategy.

Biography

Dr. AboTaleb Saremi born in 1947 received MD degree from Jondishapour and Tehran Universities, Iran in 1975. He trained at the Obstetrics and Gynecology department of Münster University, Germany, and got subspecialty in IVF at Vienna University, Austria from 1981 to 1986 and then participated in complementary assisted reproductive technology (ART) courses in the USA and Australia. His specialization includes laparoscopic surgery and his efforts led to the birth of the first Iranian assisted reproduction baby by gamete intra-Fallopian transfer (GIFT) in 1989. He founded his first IVF center in Iran in 1993 and received the International Federation of Fertility Societies' (IFFS) 30th anniversary recognition award in 1998. Currently, He is the president of the Sarem Women's Hospital, which he founded in 2006, and also the president of the Sarem Cell Research Center (SCRC) & Sarem Fertility and Infertility Research Center (SAFIR).

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Notes:







4th International Conference on

GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Special Session

Day 1

Gynecology 2017

Greg J Marchand, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021



Greg J Marchand

Marchand OBGYN Department of Minimally Invasive Surgery, Mesa, USA

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

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

Biography

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

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4th International Conference on

GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Scientific Tracks & Abstracts

Day 1

Sessions:

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

Session Chair
Wassil Nowicky
Nowicky Pharma - Director, Ukrainian Anti-Cancer Institute, Austria

Session Co-Chair
Abo Taleb Saremi
Sarem Women's Hospital, Iran

Session Introduction

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

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

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

Nejla Gultekin, Mersin Sehir hospital, Turkey

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

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

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

Thomas Obinchemti Egbe, University of Buea, Cameroon

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

Sonia Naqvi, Karachi University, Pakistan

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

Sardar Muhammad Al Fareed Zafar, SOGP- President, Pakistan

Lene A H Haakstad, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Lene A H Haakstad
Norwegian School of Sports Sciences, Norway

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

Biography

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

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Notes:

Nejla Gultekin, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Nejla Gultekin
Mersin City Hospital, Turkey

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

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

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

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

Biography

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

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Notes:

Lana Jocasta de Souza Brito, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Lana Jocasta de Souza Brito
University of São Paulo, Brazil

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

Biography

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

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Notes:

Thomas Obinchemti Egbe, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Thomas Obinchemti Egbe
University of Buea, Cameroon

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

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

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

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

Biography

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

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Notes:

Sonia Naqvi, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Sonia Naqvi
Baqai Medical University Karachi, Pakistan

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

STUDY DESIGN: Cross sectional study

STUDY PLACE AND DURATION: Department of Obstetrics & Gynaecology in collaboration of Department of Radiology, Sir Syed Hospital Karachi, a private tertiary care center. Over six months from 15th June 2016 to 15th December 2016.

PATIENTS AND METHODS: Total 120 pregnant women were recruited in the study referred for ultrasound scan between 28-40 weeks of gestationduring the antenatal period (60 normal fetuses and 60 growth restricted fetuses) were included. All the observations included maternal age, parity, history of any medical disorder, gestational age, last menstrual period, ultrasonographic findings (i.e. Normal growth or IUGR) and transcerebellar diameter were recorded on proforma. SPSS version 20.0 was used for data analysis. All continuous response variables like maternal age, gestational age, parity and transcerebellar diameter were presented as Mean±SD. Unpaired T-test wasapplied to see mean difference of maternal age, parity, gestational age, transcerebellar diameter between normal and growth restricted fetuses.

RESULTS: Overall mean maternal age was 28.61±4.72 years and mean gestational age was 33.8±2.93 weeks. Mean transcerebeller diameter of fetus by scan of Normal group was 34.40±3.70cm and 32.93±2.47 cm of IUGR group (p=0.012). In the gestational age 37-40 weeks, mean TCD 36.11±1.537 of IUGR group was less than 38.93±2.086 of normal growing fetus group (p=0.001). Pearson's correlation (r=0.892) between TCD and actual gestational age. The correlation between gestational age and TCD in normal growth fetus was r = 0.876 and in IUGR group was r = 0.901.

CONCLUSION: Measurement of TCD with expert hands is a useful indicator of growth retardation with regards to strong correlation between TCD & GA and mean difference of TCD of normal growth versus intrauterine growth restricted fetuses, particularly in gestational age group 37-40 weeks.

KEYWORDS: Transcellebral diameter, growth retardation, gestational age, biometric measurement,

Biography

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

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Notes:

Sardar Muhammad Al Fareed Zafar, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Sardar Muhammad Al Fareed Zafar
SOGP- President, Pakistan

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

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

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

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

Study Design: Randomized control Study.

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

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

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

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

Biography

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

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4th International Conference on

GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Keynote Forum

Day 2

Johannes van Waart, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-020



Johannes van Waart

South African Society of Obstetricians and Gynaecologists, South Africa

Medical and ethical challenges in fertility and pregnancy in the peri- and post menopause

Fertility and pregnancy in the later years of female life (especially in the peri-and post-menopause) poses unique challenges to the clinician and the patient. Although, with the help of donor oocytes, pregnancy is still possible in these later years, the ethical and clinical challenges need to be carefully considered by an expert team consisting of a fertility specialist, a physician and a psychologist working in the reproductive field. A joint decision by this team and the patient can pave the way for successful pregnancy. A thorough health check, a complete socio-economic evaluation of the instructing parent/s, Single Embryo Transfer (SET), female upper age cut off of 50 years and careful consideration of the rights of the unborn child forms the basis of such a decision. The ASRM 2016 guidelines are very helpful in this decision making. An overview, with reference to the African context, as well as two brief case reports will be discussed.

Biography

Johannes van Waart matriculated at Oudtshoorn High School in 1978. He completed his BSc and MSc in Nuclear Physics at University of Stellenbosch. He worked as a Senior Scientist at Atomic Energy Corporation in Pretoria from 1984-1988. He completed two years of compulsory military training at the School of Engineers in Kroonstad. He started his medical studies at University of Stellenbosch and completed his MBChB in 1994. He worked in the UK for six months and returned to RSA to work as a Medical Officer until 1997. He started as a Registrar in the Department of O+G at the Tygerberg Hospital and completed his MMed/FCOG (SA) in 2001. He joined private practice in Stellenbosch and lectured part time at University of Stellenbosch Medical School. He completed his fellowship in Reproductive Medicine in 2007 and started the Wijnland Fertility Unit in 2010. During his career, he authored and co-authored 19 national and international publications and has given numerous talks at national and international congresses. He is the current Secretary of the South African Menopause Society (SAMS) and served on the South African Society of Obstetricians and Gynecologists (SASOG) since 2012, currently serving as the SASOG President (2015-2018). He is currently pursuing one year Post-graduate Diploma in Business Management and Administration at the University of Stellenbosch Business School.

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AboTaleb Saremi, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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AboTaleb Saremi

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Uterine fundectomy; A novel surgical technique for uterine preservation instead of hysterectomy

Some benign uterine etiologies like uterine fibroids, adenomyosis, endometrial hyperplasia, abnormal or dysfunctional uterine bleeding are leading to hysterectomy. The hysterectomy as a radical surgery that resect a main internal sexual organ is not acceptable for many women even if they are not deciding for child bearing, because of their body images and their belief about sexuality and effects on quality of life. So, the alternative surgical techniques that can improve the satisfaction of the patients are important and must be developed for the purpose of harm reduction in the therapeutic options. In this paper, we present a novel surgical technique entitled "Uterine Fundectomy" that can minimize the harm of the hysterectomy and preserve a part of the uterine that can keep the sexual satisfaction, body images and menstruation periods for patients. In this study, we describe the details of surgical technique and present the outcomes and satisfaction of the 50 candidate volunteer patients. Based on our experience in this study, uterine fundectomy technique has a good outcomes and high satisfaction in patients and is more acceptable for the patients with benign pathologies compare with hysterectomy.

Biography

AboTaleb Saremi born in 1947 received MD degree from Jondishapour and Tehran Universities, Iran in 1975. He trained at the Obstetrics and Gynecology department of Münster University, Germany, and got subspecialty in IVF at Vienna University, Austria from 1981 to 1986 and then participated in complementary assisted reproductive technology (ART) courses in the USA and Australia. His specialization includes laparoscopic surgery and his efforts led to the birth of the first Iranian assisted reproduction baby by gamete intra-Fallopian transfer (GIFT) in 1989. He founded his first IVF center in Iran in 1993 and received the International Federation of Fertility Societies' (IFFS) 30th anniversary recognition award in 1998. Currently, He is the president of the Sarem Women's Hospital, which he founded in 2006, and also the president of the Sarem Cell Research Center (SCRC) & Sarem Fertility and Infertility Research Center (SAFIR).

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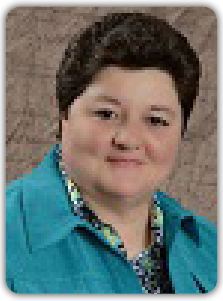
GYNECOLOGY & OBSTETRICS

October 02-04, 2017 Barcelona, Spain

Special Session

Day 2

Dianne L Kerr, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Dianne L Kerr

Kent State University, USA

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

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

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

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

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

Biography

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

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4th International Conference on

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Scientific Tracks & Abstracts

Day 2

Sessions:

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

Prenatal Diagnosis

Session Chair
Dianne kerr
Kent State University, USA

Session Co-Chair
Amy Thompson
University of Toledo, USA

Session Introduction

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

Adolfo Renzi, Villa delle Querce Hospital, Italy

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

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

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

Gabriela Bushinoska-Ivanova, Gynecology and Obstetrics Clicic-Skopje, Macedonia

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

Jordancho Ivanov, Clinical Hospital Acibadem Sistina, Skopje, Macedonia

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

Ma. Sheryll de Jesus, University of Phillipines, Phillipines

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

Aveen Hajimam, De Montfort University, UK

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

Aisha M Elbareg, Misurata University, Libya

Adolfo Renzi, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Transverse perineal support: A novel surgical treatment for perineal descent in patients with obstructed defecation syndrome

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

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

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

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

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

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

Biography

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

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Leila Bernarda Donato Göttems, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Assessment of the attention of childbirth by professionals in public maternity hospitals, Brasilia, Brazil

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Introduction: The model of organizing attention to childbirth and birth proposed by the Ministry of Health (MS) in Brazil, since the decade of 1990, reinforced by means of the Rede Cegonha (RC) in 20111, follows international recommendations: to adopt practices that provide pregnant women, recent mothers and newborns with full and quality care, access to health practices based on scientific evidence and recognition of pregnant women and their families as main actors in this scenario[2-3].

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

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

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

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

Biography

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

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Gabriela Bushinoska-Ivanova, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Pregnancy with Large Intra-Abdominal Tumor – Case Report

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

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

Biography

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Jordancho Ivanov, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Early ultrasound screening for fetal malformations in the second pregnancy after combined modality treatment for Hodgkin's disease: A case report

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

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

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

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

Biography

Dr.Jordancho Ivanov is specialized in Gynecology and Obstetrics at the Medical Faculty in Skopje University of Saints Cyril and Methodius- Skopje, Republic of Macedonia

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Ma Sheryll R De Jesus, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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The Effect Of Nifedipine Used As Tocolyic Agent On Postpartum Blood Loss Among Filipino Pregnant Patients In A Tertiary Hospital: A Prospective Cohort Study

Ma Sheryll R De Jesus
University of the Philippines, Philippines

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

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

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

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

Biography

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

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Aveen Hajimam, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
DOI: 10.4172/2161-0932-C1-021

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

Aveen Hajimam
Hawler Medical University, UK

Maternal obesity is associated with health risks for mother and new-born Obesity during pregnancy has increased dramatically in Iraqi Kurdistan. The aim for this study is to assess the influence of an educational program on the maternal pregnancy outcomes of obese women attending primary health centres in a large city in the Kurdistan region of Iraq. A randomized controlled trial was undertaken. 292 pregnant women who attended one of three health centres for their antenatal care prior to 20 weeks gestation were recruited to the study. 99 women were recruited of normal weight women were of normal weight with a BMI of 20-25Kg/m2, (baseline group), 96 women had a BMI â‰¥ 30 and were randomised to receive normal care (control group) and 97 obese women were allocated to received normal antenatal care and invited to participate in an antenatal education programme (intervention group). Maternal outcomes measured were gestational weight gain during pregnancy, pregnancy induced hypertension, Gestational Diabetes Mellitus and duration of pregnancy. Obese women were older and were more likely to have had more pregnancies than normal weight women. Regarding maternal outcomes there was no statistically significant difference among the three groups regarding pregnancy induced hypertension, and Gestational age at onset of labor. In relation to Gestational Diabetes Mellitus findings indicated that the prevalence of Gestational Diabetes Mellitus was reduced among those obese women who received the educational programme compared to the control and baseline groups. In addition all obese women (intervention and control groups) had a statistically significant lower weight gain in pregnancy compared to baseline group. The antenatal education programme made a small difference to maternal outcomes. One factor which may have affected the results of this study was the low attendance rate among women who were randomized to receive the education programme. A higher rate of attendance at education classes may have improved outcomes in others areas.

Biography

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Aisha Mohamed Elbareg, Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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Impact of routine hysteroscopy prior to intrauterine insemination on pregnancy rates (PR) in infertile couples at Al-Amal hospital, Misurata, Libya

Aisha Mohamed Elbareg
Misurata University, Libya

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

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

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

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

Biography

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

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Accepted Abstracts

Gynecology 2017

Gynecol Obstet (Sunnyvale) 2017, 7:10(Suppl)
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The effect of early skin to skin contact on neonatal compliance and breastfeeding success in preterm la

Buyukkayaci Duman Nuriye, Kocak Derya Yüksel and **Büyükgönenç Lale**
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Aim: This study is a semi-interventional randomized controlled trial to determine The effect of early skin to skin contact on neonatal compliance and breastfeeding success in preterm labor.

Methodology: The sample of the study consisted of 20 interventions and 30 controls, totally 50 mothers and premature babies. The sample size is calculated by power analysis (80.0% power). Data was used by descriptive data collection form, neonatal compliance form and LATCH Breastfeeding Charting System. Fisher's exact chi-square test, Student's T test and Mann Whitney U test were used in the evaluation of data.

Results: The difference between the groups in terms of the study, The time to start breastfeeding and The duration of breastfeeding was found to be significant in favor of the intervention group ($p<0.05$). Also, LATCH score mean of The intervention group is higher than The control group on the 14th postpartum day ($p<0.05$). It was found that The level of compliance and satisfaction with maternal role of the women in the intervention group was higher than the control group ($p<0.05$). There was no statistically significant difference between groups according to feeding only with breast milk, transition to supplementary food and average increase in birth weight ($p> 0.05$). Body temperature, respiration rate and blood glucose level were found to be statistically insignificant in the intervention and control groups in the first hour postpartum ($p> 0.05$).

Conclusion: It has been determined that The effect of early skin to skin contact have a positive effect on compliance with maternal role, neonatal compliance and breastfeeding success in preterm labor.

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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

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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. Bivariable and multivariable logistic regression analysis 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 cephalo pelvic disproportion 61.3% followed by malpresentation 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 post partum 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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Can mediation resolve medico-legal disputes–Is it a legal alternative?

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Medico-legal disputes in both the first and developing world have become a threat to certain medical disciplines, indemnifiers, hospitals and funders in both the private and public sectors. The impact of the ever-increasing quantity and quantum of disputes has put the above stakeholders under threat. An example; the spiraling cost of indemnity for Obstetricians have become insurmountable, with a rapid decline of the discipline due to clinicians withdrawing from practice and the decline of training institutions, training Obstetricians. More so those that do qualify as Obstetricians and Gynaecologists immediately sub-specialize in a subspecialty avoiding the exposure to deliver babies. This has put increasing strain on the public sector who lack the capacity to compensate for obstetric services in the private sector. The public sector has become overburdened, unable to cope with this workload. This together with the declining quality of service has lead to a ever increasing number of litigations against the state. The backlog of the quantum of medico-legal cases against state can be approximated to be $30 bilj. To help remedy the overall untenable circumstances the South African Society of Obstetrics and Gynaecology (SASOG) implemented a intense program to help remedy the Obstetric problem via the BetterObs program as described by a previous speaker (Dr. Johannes van Waart). Furthermore they together with the legal profession have developed a non-blame legal alternative to remedy disputes rather than litigate. This concept of Mediation has been rolled out on national bases that are legally binding cost effective that resolve conflicts in the sector expeditiously. The legislators and all other stakeholders in the sector of society have adopted this concept. Further more this resolution can serve all medico-legal disputes and is transferable in all countries legal systems.

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Comparing the pregnancy outcome in nulliparous both with and without micro albuminuria at the end of the second trimester of pregnancy

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Introduction: Poor pregnancy outcome and complications during pregnancy such as preeclampsia, preterm delivery, preterm premature rupture of membranes (PPROM) and intra uterine growth restriction (IUGR), are very important and the finding of new methods for their prediction has always been a matter of serious concern.

Objective: The purpose of the present study is to evaluate the poor pregnancy outcome in nulliparous who had micro albuminuria at the end of second trimester of their pregnancy.

Method: The study was conducted as a prospective cohort study on 490 nulliparous women who were at the end of the second trimester of pregnancy. Urine tests for albuminuria and creatinine measurements were performed in all women and an albumin creatinine ratio (ACR) was calculated according to milligram per gram. The women were then divided into 3 categories of severe, moderate and mild micro albuminuria according to the ratio. The women with micro albuminuria (case group) and without micro albuminuria(control group) were monitored to the end of their pregnancy and compared for preterm labor, preeclampsia, intra uterine growth restriction (IUGR) and preterm premature rupture of membranes (PPROM).

Results: Preterm labor [21 (55.26%) cases VS 65 (14.38%), P=0.001], preeclampsia [19 (50%) cases VS 39 (8.62%) cases, P=0.0001], IUGR [15 (39.47%) cases VS 30 (6.63%) cases, P=0.001] and PPROM [11 (28.94%) cases VS 47 (10.39%) cases, P=0.001] showed more in the case group than control group. Gestational diabetes did not show any significant difference between the 2 groups. Using multivariate logistic regression analyses, micro albuminuria showed an increased risk for PTL [Adjusted OR (95% CI) = 2.4 (1.1-5.5), P= 0.03] and preeclampsia [Adjusted OR (95% CI) = 9.5 (4.6-19.3), P= 0.000].

Conclusion: Micro albuminuria at the end of the second trimester of pregnancy may increase the risk of preterm labor, preeclampsia, IUGR and PPROM.

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Eight years experiences of gynecological laparoscopic surgeries' in Feni Pvt. Hospital, Bangladesh

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Background: Laparoscopic surgery has revolutionised the field of gynaecological surgery. Gynaecological laparoscopy is an important diagnostic and interventional method and increasingly accepted by the community because it is minimally invasive and is cheaper. The introduction of gynaecological laparoscopy in the Feni pvt. Hospital,Bangladesh an important step forward in service delivery . Presently, all most all gynecological procedures can done in laparoscopic or minimally invasive approach. The aim of the study was to share the my experience of gynecological laparoscopic surgeries performed at Feni pvt. Hospital , Feni Bangladesh.

Methods: A study was carried out at Feni pvt. Hospital from 1st January 2006 to 31st December 2013. All the patients undergoing gynecological laparoscopic surgeries (diagnostic and interventional) were analyzed for the indication, type of procedure, advantage and its complications.

Results: Overall 4200 patients successfully underwent laparoscopic surgeries are, diagnostic laparoscopy, operative laparoscopy. Seven cases contemplated for operative laparoscopy underwent laparotomy. LAVH was converted to abdominal hysterectomy in two cases and laparotomy was done in three cases because of bladder injury.

Conclusions: Laparoscopic gynecological surgery has tremendous potential in Bangladesh. Most of the laparoscopic surgery offers distinct advantages and dealing safely with common gynecological problems. Short hospital stay, reduced morbidity, quick mobilization and comfortable postoperative period are main advantages of the laparoscopic technique. Proper training of the nursing staff as well as the junior doctors can help to reduce the operating time.

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Prospective study evaluating the role of fetal pillow in caesarean section at full dilatation for reducing maternal and fetal morbidity

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Background: Second stage caesarean section (CS) involves maternal and fetal morbidity and poses surgical challenge in terms of safe fetal head delivery. Fetal pillow (FP) is an innovative device designed to atraumatically elevate the deeply impacted fetal head out of pelvis during caesarean section at full dilatation (CSFD), making delivery safer, easier and less traumatic.

Objectives: To evaluate the role of fetal pillow (FP), a novel device designed to atraumatically elevate the deeply impacted fetal head out of pelvis during caesarean section at full dilatation (CSFD), in reducing maternal and fetal complications.

Study Design: This is a prospective observational study conducted at Luton & Dunstable NHS hospital, UK over a period of 6 months. All consecutive women undergoing CSFD using a FP were included. Primary outcomes were uterine extension and ease of fetal head delivery. Secondary outcomes were maternal and fetal morbidities.

Results: A total of 39 cases were performed at full dilatation where FP was used to aid delivery of the fetal head. Majority of women were in age group 30-39 and BMI ranged between 30-39. Instrumental delivery was attempted in 66.7% women and failed instrumental delivery was the most common indication for CS. The median incision to delivery time was 4.8 minutes (range 1-12 minutes). Uterine extension was seen in 33% women (Grade I-20%, Grade II-13%). All surgeons found insertion of balloon prior to CS to be easy and quick. Fetal head delivery was found easy by 77% surgeons. Only 15% women required other methods (e.g. breech extraction, Patwardhan method) for delivery. Blood loss of >1000 ml was recorded in 30% patients and 10% needed blood transfusion. There were no neonatal seizure, intubation and NICU admission. One baby sustained scalp trauma due to metal cup use during trial of instrumental delivery. Median cord pH was 7.24.

Conclusion: Use of FP shows great promise in decreasing maternal and fetal morbidity during CSFD compared to historical data. However, larger prospective studies are required to support its use in routine practice.

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The effects of group counseling on knowledge and performance about cervical cancer screening among rural women in Kaboudarahang city, Iran

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Background & Aim: Cervical cancer has high incidence and mortality rate but the screening program can detect it in early stages. Due to the high prevalence of this cancer counseling sessions to raise awareness and improve screening programs for cervical cancer is essential. This study aimed to determine the effect of group counseling on knowledge and practice regarding cervical cancer screening in rural women.

Materials & Methods: In this quasi experimental study 80 married women under coverage of Kabodrahang health centers in 2015 participated and evaluated in two experimental and control groups (each group n = 40) who were selected for the lottery. Data collection tool was a valid and reliable questionnaire including demographic information, knowledge and women's performance. First, both groups completed a questionnaire then, Intervention group Participated in counseling held by three weekly sessions, using of GATHER steps and using posters and pamphlets with a capacity of 8-10 people per session. It involves consulting about cervical cancer, its symptoms and prevention of cervical cancer. Follow-up period to assess the effects of group counseling on the performance of rural women for cervical cancer screening in two months, both groups completed questionnaires and Pap smears were evaluated in two groups.

Results: Before the intervention, the two groups showed no significant difference in terms of awareness (P=./292). After intervention, the Mean knowledge score in the intervention group significantly increased from 52.72 before intervention to 76/62 after intervention and In the control group ,the Mean knowledge score in increased from 54.67 before intervention to 56.4, but the increasing difference between the two groups after intervention was significant (P < 0.001). Two months after intervention 17 women (42/5%) in the intervention group and 4 (10%) women in the control group (10%) underwent Pap smear test (P < 0.001).

Conclusion: Design and implementation of counseling programs can increase awareness and performance about cervical cancer in rural women.

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Is fertility and its preservation discussed with girls undergoing treatment for cancer?

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Ovarian cryopreservation is an up-and-coming fertility preservation technique. The process involves laparoscopically removing slices of ovary and cryopreserving these sections, with a view to autotransplant back to the patient at a later date. Ovarian cryopreservation has already seen success in women of reproductive age; we now look to determine how it can be used in the context of paediatric oncology. Previously, girls and their parents had very limited options regarding the often-devastating effects of cancer treatment on their reproductive health. Many chemotherapies and radiotherapy have the potential to cause premature ovarian failure: resulting in infertility. Studies have shown that patient and parent groups see infertility as one of the most significant late effects of treatment, so something must be done to address both these concerns and the real risk of sterilising treatment. Therefore, the project explored to what extent a regional centre is considering the late effect of infertility in paediatric cancer patients. We assessed to what extent oncologists are discussing fertility issues, and whether ovarian cryopreservation is being advocated for young girls with cancer. Based on our findings, we suggest improvements for how we can better advocate patient's best interests in the topic of oncofertility.

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Assessment of uterine disorders in Tunisian women with recurrent pregnancy loss: A single center experience

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Recurrent pregnancy loss (RPL) is defined by ESHRE as three or more consecutive pregnancy losses and affects 1– 3% of women attempting to have a child. A variety of possible etiologies have been described. Often, anatomic disorders, both congenital and acquired; are a major cause of clinically recognized miscarriage (15%). Although the role of uterine malformations in RPL is debatable, assessment of uterine anatomy is widely recommended. Moreover clinical management of pregnancy-loss patients with uterine disorders is controversial, and there is no conclusive evidence that surgical treatment reduces the risk of pregnancy loss. The aim of this study was to assess the prevalence of uterine disorders in Tunisian women with history of recurrent pregnancy loss (RPL) and to delineate strategies for clinical management. The study included 158 couples with 2 and more pregnancy loss. In order to explore disorders of the uterine cavity, hysterosalpingography was performed. Of a total of 158 couples, 32 women had uterine abnormalities with an overall incidence of 20.3 %. We have found more acquired than congenital uterine disorders, mainly the intrauterine synechiae. Anatomic disorder is frequent in Tunisian Women with RPL with an overall frequency of 20.3%. Assessment of the uterine anatomy is recommended in women with 2 pregnancy losses, to elucidate the causes of RPL. While hysterosalpingography is useful as screening test, hysteroscopy remains the mainstay of diagnosis and treatment.

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Normalizing VBAC

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Purpose: Normalizing VBACs came from my personal traumatic experiences after receiving birth interventions, and my journey to cope. During my personal research, I came across some alarming facts. Infant mortality rates in America and the application of unnecessary interventions combined with the prevalence of Cesareans. I found the career that I what passionate about and while completing my studies I started a support group for moms. Normalizing VBAC today has grown from that passion to educate and promote change while supporting expecting mothers.

Methods: I have four Normalizing VBAC Groups. Our goal is to reverse VBAC bans and education about VBACs. A lot of people do not realize that they can have a VBAC they think it is an automatic R/ C. Even with ACOGs Guidelines, many hospitals still have VBAC bans. Along with physical trauma, we focus on the Psychology of child bearing. Facilitating support for mothers who react. Some have a sense of failure and disappointment, grieving the loss of the birth they had desired. Emergency caesareans are most traumatic to mothers. We also advocate for informed consent. We believe that if mother consents to a cesarean, she should do so after hearing the facts and not the distorted reality presented by a medical culture that shuns the knowledge gained from generations of midwives across the globe.

Results: Our main goal is to create knowledgeable mothers and families who are educated with VBAC facts. We have (changed hospital policy). We hope to improve the birth community and protocols so that more women can experience a healthy and empowering birth.

Conclusions: With the new ACOG guidelines, TOLAC/VBAC is an appropriate option for most women with a previous cesarean birth. Birth by caesarean is an emotional experience, not just a medical procedure. Having doctors and hospitals follow the ACOG guidelines. Vbac is the safer options for most moms and babies.

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Birth preparedness, complication readiness and other determinants of place of delivery among mothers in Goba district, Bale Zone, South East Ethiopia

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Background: Ethiopia is one of the countries with the highest maternal mortality ratio 676/100,000 LB and the lowest skilled delivery at birth (10 %) in 2011. Skilled delivery care and provision of emergency obstetric care prevents many of these deaths. Despite implementation of birth preparedness and complication readiness packages to antenatal care users since 2007 in the study area, yet an overwhelming proportion of births take place at home. The effect of birth preparedness and complication readiness on place of delivery is not well known and studied in this context.

Methods: A community based case control study preceded by initial census was conducted on a total of 358 sampled respondents (119 cases and 239 controls) who were selected using stratified two stage sampling technique. A pre-tested and standardized questionnaire with a face-to-face interview was used to collect the data, and then data was cleaned, coded and entered in to SPSS version-21 for analysis. Binary logistic regression models were run to identify predictors of place of delivery and Odds ratio with 95 % CI was used to assess presence of associations at a 0.05 level of significance.

Results: The mean (± Standard Deviation) age of respondents was; 27.41(±5.8) and 28.84(±5.7) years for the cases and the controls respectively. Two third (67.1 %) of the childbirths took place in the respondents house while only (32.9 %) gave birth in health facilities. Great proportion (79.7 %) of the cases and two third (34.0 %) of the controls were well-prepared for birth and complication. Maternal education, religion, distance from health facility, knowledge of availability of ambulance transport and history of obstetric complication were significantly associated with place of delivery (P-value <0.01). Birth preparedness and complication readiness practice had an independent effect on place of delivery (AOR =2.55, 95 % CI: 1.12, 5.84).

Conclusion: The study identified better institutional delivery service utilization by mothers who were well-prepared for birth and complication. Strategies that increase the preparedness of mothers for birth and complication ahead of childbirth are recommended to improve institutional delivery service utilization.

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Missed appointments at maternal healthcare centres in Riyadh city: Reasons and associated factors

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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. Ninety nine per cent of these deaths occur in women with low income in developing countries. In Saudi Arabia complications during pregnancy and childbirth are high. Twelve per cents 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 whilst in labour. This increases the risk of complications.

Aims: The main aims of this research were 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 9 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 important 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.

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Craniopagus parasiticus – a parasitic head protruding from temporal area of cranium: a case report

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Background: Craniopagus parasiticus is rare with an incidence of approximately four to six cases in 10,000,000 births. In our case, the head of the parasitic twin protruded from the temporal area of the normal twin's cranium. The parasitic twin had two deformed lower limbs, of which one was rudimentary, and long bones of the bilateral lower limbs and some pelvic bone. Dissection of the mass of the parasitic twin's body revealed the intestine but no chest organs or abdominal organs. There was a rudimentary labium but no vaginal opening. In resource-limited countries, maternal age or nutritional factors may play a role in craniopagus parasiticus.

Case Presentation: A 38-year-old multigravida (gravida V para IV) woman of Amhara ethnicity was referred from a rural health center to our hospital due to prolonged second stage of labor at 42+1 weeks. On her arrival at our hospital, an obstetrician decided to do a caesarean section because she was unable to deliver vaginally. A live baby girl weighing 4200 g was delivered. The placenta was single and normal. Her Appearance, Pulse, Grimace, Activity, and Respiration scores were 7 and 9 at 1 and 5 minutes, respectively. She appeared to be grossly normal except for the parasitic co-twin attached to her cranium. After a week of extensive counselling and investigation, a successful separation operation was done. Postoperation, she comfortably suckled on the breast and had no neurological deficit. Two weeks after separation she was discharged in a good healthy condition with an arrangement for postnatal follow up.

Conclusions: The causes of craniopagus parasiticus are still unknown due to a rarity of cases and a limited number of studies on it. There have been only nine to ten cases of craniopagus parasiticus, of which only three survived past birth and were documented in the literature. Genetic scientists and researchers continue to investigate this case because they might find explanations for the birth defect, and provide answers to improve the prognosis and the life chances of twins with craniopagus parasiticus. Keywords: Craniopagus parasiticus, Parasitic twin, Rare case Abbreviations: APGAR, Appearance pulse grimace activity and respiration; HBV, Hepatitis B virus; HIV, Human immunodeficiency virus

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