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Proceedings of

5th INTERNATIONAL CONFERENCE ON

GYNECOLOGY AND OBSTETRICS

OCTOBER 08-10
ZURICH, SWITZERLAND
2018



October 2018 | Volume 8 ISSN: 2161-0932
Gynecology & Obstetrics

Scientific Program

Gynecology 2018

DAY-1

October 08, 2018

Meeting Hall: Brussels

08:30-9:00 Registrations

Opening Ceremony 09:00-09:30

KEYNOTE FORUM

09:30-10:05 **Title: Effects of hormone therapy on the uterus**
Liane Deligdisch, Icahn School of Medicine at Mount Sinai, USA

10:05-10:40 **Title: Non-invasive prenatal screening and then some?**
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

GROUP PHOTO

Networking & Refreshments 10:40-11:00 @ Europa Foyer

11:00-11:35 **Title: Diagnosis and management of complex reproductive outflow tract disorders in adolescents**
Rebecca Kimble, University of Queensland, Australia

11:35-12:10 **Title: Early menarche affects development of embryo**
P D Gupta, Manipal University, India

12:10-12:45 **Title: Clinical risk management in Obstetrics**
Gopa Chowdhury, Indian College of Obstetricians & Gynaecologists, India

Lunch Break 12:45-13:30 @ La Place AB

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

Chair: Vijay Nielsen, Nielsen Clinic, Canada

INTRODUCTION

13:30-13:50 **Title: Placental growth factor in first trimester aneuploid pregnancies**
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

13:50-14:10 **Title: A retrospective survey of counselling effects on stress and anxiety in women undergoing IVF in Singapore**
Tanja S. Faessler-Moro, CRG Counselling Research Group, Singapore

14:10-14:30 **Title: The crisis experience among first-time mothers: Preparedness to parenthood and personal coping strategies**
Yeela Tomsis, Zefat Academic College , Israel

14:30-14:50 **Title: Managing abortions in India-a threat to the pregnant woman**
Alka Garg, Carewell Hospital, India

14:50-15:10 **Title: The experience of preconceptional care and pre and postnatal specifying diagnosis as a consistent system of inborn inherited pathology prevention**
Olena Grechanina, Kharkiv Interregional Specialized Medical Genetic Center-Center of Rare (Orphan) Diseases, Ukraine

15:10-15:30 **Title: Effectiveness of breast cancer awareness programme in changing knowledge, attitude and practices among educated women in Raipur**
Anjali Pal, All India Institute of Medical Sciences Raipur, India

Networking & Refreshments 15:30-15:45 @ Europa Foyer

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

Chair: Robert John, Catholic University of Cameroon, Cameroon

15:45-16:05 **Title: Blood type and postpartum hemorrhage**
Mais Ali-Saleh, Carmel Medical Center, Israel

16:05-16:25 **Title: Quality of life in pre and postmenopausal Turkish and Polish women**
Sevgi Ozkan, Pamukkale University of Denizli, Turkey

16:25-16:45 **Title: Management of pain after caesarean section and the maternal implications**
Salam Hadid, Galilee Medical Center, Israel

16:45-17:05 **Title: Determinants of survival of cervical cancer: A hospital based study**
Rita Rani, Mahavir Cancer Sansthan and Research Centre, India

17:05-17:25 **Title: Prevalence and possible risk factors of anaemia in different trimesters of pregnancy**
Harwinder Kaur Cheema, Punjab Institute of Medical Sciences, Jalandhar, India

Panel Discussion

DAY-2

October 09, 2018
Meeting Hall: **Brussels**

KEYNOTE FORUM

10:00-10:35 **Title: The selective effect of NSC-631570 on women reproductive cancers**
Wassil Nowicky, Nowicky Pharma/Ukrainian Anti-Cancer Institute, Austria

10:35-11:10 **Title: What does first trimester biochemistry tell us?**
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

GROUP PHOTO

Networking & Refreshments 11:10-11:30 @ Europa Foyer

11:30-12:05 Title: **Reducing maternal mortality through the prevention of unsafe abortion and their complication in Cameroon**
Robert J I Leke, Catholic University of Cameroon, Cameroon

12:05-12:40 Title: **Integrative endometriosis: New treatment alternatives**
Vijay Nielsen, Nielsen Clinic, Canada

Lunch Break 12:40-13:25 @ La Place AB

Sessions: Prenatal Diagnosis | Midwifery | Gynecological Oncology | Gynecology & Obstetrics

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

INTRODUCTION

13:25-13:45 Title: **Development and application of nanotechnology based multiplexed microELISA system for remote antenatal populations**
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

13:45-14:05 Title: **Effectiveness of awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer in educated women**
Pushpawati Thakur, All India Institute of Medical Sciences Raipur, India

14:05-14:25 Title: **Primary abdominal pregnancy with incisional hernia with previous two caesarean sections**
Parul Nigam, St. Jude's Hospital, Jhansi, India

14:25-14:45 Title: **A classic case of couvelaire uterus: Case report**
Parul Nigam, St. Jude's Hospital, Jhansi, India

POSTER PRESENTATIONS 14:45-15:20 @ EUROPA FOYER

Networking & Refreshments 15:20-15:35 @ Europa Foyer

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

Chair: P D Gupta, Manipal University, India

15:35-15:55 Title: **The analysis of caesarian section patients and their associated newborn conditions as an outlook of fetomaternal health in Indonesia**
Iin Fadhilah Utami and **Ilham Akbar Rahman,** Hasanuddin University, Indonesia

15:55-16:15 Title: **Being a family caregiver of cancer patients: Autoethnographic study**
Pinar Sercekus Ak, Pamukkale University, Turkey

16:15-16:35 **Title: Further evidence of psychological factors underlying choice of elective caesarean delivery (ECD) by primigravidae**
Nasrin Matinnia, Islamic Azad University, Iran

16:35-16:55 **Title: The level of follistatin and activin in follicular fluid of long protocol in *in vitro* fertilization**
Nejla Gultekin, Mersin Sehir Hospital, Turkey

VIDEO PRESENTATION

16:55-17:15 **Title: Spontaneous acute intussusception in a pregnant woman: Clinical and therapeutic particularity**
Radhouane Achour, Tunis-El Manar University, Tunisia

PANEL DISCUSSION

Awards & Closing Ceremony

DAY-3

October 10, 2018

Networking Lunch 12:30-13:30 @ La Place AB

Bookmark your Dates

5th International Conference on

Gynecology and Obstetrics

October 07-08, 2019 | Madrid, Spain

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Agrotechnology	2168-9881
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International Journal of Economics and Management Science	2162-6359
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Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

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

Microbiology

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

Neuroscience

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

Health Care & Nursing

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

Pharmaceutical Sciences

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

Physics

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

Social & Political Sciences

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

Veterinary Sciences

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

Impact Factors* (IF)

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

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

Impact Factor Calculation:

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







5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland

Supporting Journals

Supporting Journals

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

Journal of Women's Health Care
www.omicsonline.org/womens-health-care.php

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



Agri, Food, Aqua & Veterinary





21st Euro-Global Summit on Food and Beverages
March 08-10, 2018 Berlin, Germany
E: eurofood@foodtechconferences.com
W: food.global-summit.com/europe

10th Euro-Global Summit on Aquaculture & Fisheries
May 28-29, 2018 London, UK
E: aquaeurope@aquaconferences.com
W: aquaculture-fisheries.conferenceseries.com/europe

8th International Conference on
Food Safety & Regulatory Measures
June 11-12, 2018 Barcelona, Spain
foodsafety@foodtechconferences.com
W: foodsafety-hygiene.conferenceseries.com

11th International Veterinary Congress
July 02-03, 2018 Berlin, Germany
E: veterinary@veterinaryseries.com
W: veterinary.conferenceseries.com

3rd International Conference on
Food and Beverage Packaging
July 16-18, 2018 Rome, Italy
E: foodpackaging@foodtechconferences.com
W: foodpackaging.conferenceseries.com

5th Annual Congress on
Plant & Soil Science
August 16-17, 2018 London, UK
E: plant-soil@plantscienceconferences.com
W: plantscience-biology.agriconferences.com

13th International Conference on
Agriculture & Horticulture
September 10-12, 2018 Zurich, Switzerland
E: agri@foodtechconferences.com
W: agriculture-horticulture.conferenceseries.com

21st International Conference on
Food Technology & Processing
October 02-04, 2018 London, UK
E: foodtechnology@foodtechconferences.com
W: foodtechnology.conferenceseries.com

22nd International Conference on
Food Processing & Analysis
October 11-13, 2018 Moscow, Russia
E: eurofoodprocessing@foodtechconferences.com
W: foodprocessing.foodtechconferences.org

6th Global Summit on Plant Science
October 29-30, 2018 Valencia, Spain
E: plantscience@plantscienceconferences.com
W: plantscience.global-summit.com

9th European Food Safety & Standards Conference
November 29-30, 2018 Dublin, Ireland
E: eurofoodsafety@foodtechconferences.com
W: foodsafety-hygiene.conferenceseries.com/europe

3rd International Conference on Food Microbiology
November 26-28, 2018 Dublin, Ireland
E: foodmicrobiology@foodtechconferences.com
W: foodmicrobiology.conferenceseries.com

Alternative Healthcare





9th International Conference and Exhibition on
Chinese Medicine, Ayurveda & Acupuncture
March 12-13, 2018 Barcelona, Spain
E: chinesemedicine@healthconferences.org
W: chinesemedicine.conferenceseries.com

5th International Conference and Exhibition on
Herbal and Traditional Medicine
June 14-15, 2018 Rome, Italy
E: herbalmedicine@annualconferences.org
W: herbalconference.annualcongress.com

8th International Conference & Exhibition on
Traditional & Alternative Medicine
November 01-03, 2018 Valencia, Spain
E: traditionalmedicine@healthconferences.org
W: traditionalmedicine.conferenceseries.com






Biochemistry





3rd International Conference on
Enzymology and Molecular Biology
March 05-06, 2018 London, UK
E: enzymology@annualconferences.org
W: enzymology.conferenceseries.com

13th International Conference on
Metabolomics and Systems Biology
June 11-12, 2018 London, UK
E: eurometabolomics@annualconferences.org
W: europe.metabolomicsconference.com

4th International Conference on
Lipid Science & Technology
July 23-24, 2018 Birmingham, UK
E: lipids@biochemconferences.org
W: lipids.conferenceseries.com

4th Glycobiology World Congress
September 17-19, 2018 Rome, Italy
E: glycobiology@annualconferences.org
W: glycobiology.conferenceseries.com

14th International Conference on Structural Biology
September 24-26, 2018 Berlin, Germany
E: structuralbiology@biochemconferences.org
W: structuralbiology.conferenceseries.com

12th International Conference on
Advancements in Bioinformatics and Drug Discovery
November 29-30, 2018 Dublin, Ireland
E: bioinformatics@annualconferences.org
W: bioinformatics.conferenceseries.com

12th International Conference and Expo on
Proteomics and Molecular Medicine
November 26-28, 2018 Dublin, Ireland
E: proteomics@annualconferences.org
W: www.proteomicsconference.com

Cardiology





24th Annual Cardiologists Conference
June 11-13, 2018 Barcelona, Spain
E: cardiologists@cardiologyconference.org
W: annualmeeting.conferenceseries.com/cardiologists

26th Annual Conference on
Clinical & Medical Case Reports in Cardiology
July 05-06, 2018 Berlin, Germany
E: cardiologycasereports@annualconferences.org
W: casereports.cardiologymeeting.com

3rd International Conference on
Cardiovascular Medicine and Cardiac Surgery
July 05-06, 2018 Berlin, Germany
E: cardiovascular@cardiologyconference.org
W: cardiovascular.conferenceseries.com

4th International Conference on
Hypertension & Healthcare
September 10-11, 2018 Zurich, Switzerland
E: hypertension@cardiologymeetings.com
W: hypertension.conferenceseries.com

27th European Cardiology Conference
October 22-24, 2018 Rome, Italy
E: eurocardiology@cardiologyconference.org
W: cardiology.conferenceseries.com/europe

29th World Cardiology Conference
November 19-20, 2018 Edinburg, Scotland
E: worldcardiology@annualconferences.org
W: worldcardiology.conferenceseries.com






Chemical Engineering





8th International Conference on
Petroleum Engineering
May 17-18, 2018 Rome, Italy
E: petroleumengineering@chemseries.com
W: petroleumengineering.conferenceseries.com

8th World Congress on
Biopolymers
June 28-30, 2018 Berlin, Germany
E: biopolymercongress@chemseries.com
W: biopolymers.conferenceseries.com

11th World Bioenergy Congress and Expo
July 02-04, 2018 Berlin, Germany
E: bioenergy@chemseries.com
W: bioenergy.conferenceseries.com

12th Global Summit and Expo on
Biomass and Bioenergy
September 04-05, 2018 Zurich, Switzerland
E: eurobiomass@chemseries.com
W: materials.conferenceseries.com

13th World Congress on
Biofuels and Bioenergy
September 04-06, 2018 Zurich, Switzerland
E: biofuelscongress@chemseries.com
W: biofuels-bioenergy.conferenceseries.com/europe

5th International Conference on
Advances in Chemical Engineering & Technology
October 04-05, 2018 London, UK
E: eurochemengineering@chemseries.com
W: chemicalengineering.conferenceseries.com/europe

Chemistry





4th European Organic Chemistry Congress
March 01-03, 2018 London, UK
E: euroorganicchemistry@chemistryconference.org
W: organicchemistry.conferenceseries.com/europe

6th International Conference and Exhibition on
Materials Science and Chemistry
May 17-18, 2018 Rome, Italy
E: materialschemistry@chemistryconference.org
W: materialschemistry.conferenceseries.com

4th International Conference on
Electrochemistry
June 11-12, 2018 Rome, Italy
E: electrochemistry@chemistryconference.org
W: electrochemistry.conferenceseries.com

10th World Congress on
Medicinal Chemistry and Drug Design
June 14-15, 2018 Barcelona, Spain
E: medicinalchemistry@chemistryconference.org
W: medicinalchemistry.pharmaceuticalconferences.com/europe

7th World Congress on
Mass Spectrometry
June 20-22, 2018 Rome, Italy
E: euromassspectrometry@chemistryconference.org
W: massspectra.com/europe

6th International Conference and Exhibition on
Advances in Chromatography & HPLC Techniques
August 02-03, 2018 Barcelona, Spain
E: hplc@chemistryconference.org
W: hplc.conferenceseries.com

7th International Conference and Exhibition on
Pain Research and Management
September 04-05, 2018 Zurich, Switzerland
E: painmanagement@chemistryconference.org
W: painmanagement.conferenceseries.com






9th International Conference and Expo on
Separation Techniques
September 13-14, 2018 Zurich, Switzerland
E: separationtechniques@chemistryconference.org
W: separationtechniques.conferenceseries.com

8th International Conference on
Environmental Chemistry and Engineering
September 20-22, 2018 Berlin, Germany
E: environmentalchemistry@chemistryconference.org
W: environmentalchemistry.conferenceseries.com

5th International Conference on
Physical and Theoretical Chemistry
October 11-13, 2018 Edinburgh, Scotland
E: physicalchemistry@chemistryconference.org
W: physicalchemistry.conferenceseries.com

3rd International Conference on
Pharmaceutical Chemistry
October 29-31, 2018 Brussels, Belgium
E: pharmaceuticalchemistry@pharmaceuticalconferences.org
W: pharmaceuticalchemistry.conferenceseries.com

Dentistry





24th Global Dentists and Pediatric Dentistry Annual Meeting
June 11-12, 2018 London, UK
E: dentists@dentalcongress.com
W: annualmeeting.conferenceseries.com/dentists/

25th World Congress on
Dentistry and Oral Health
July 09-10, 2018 Berlin, Germany
E: dentistrycongress@dentistryconferences.com
W: dentalevent.conferenceseries.com

23rd International Conference on
Dentistry and Dental Materials
July 19-20, 2018 Rome, Italy
E: dentalmaterials@dentalcongress.com
W: dentalmaterials.dentistryconferences.com

4th International Conference on
Dental and Clinical Dentistry
September 10-11, 2018 Copenhagen, Denmark
E: clinicaldentistry@dentistryconferences.com
W: clinicaldentistry.dentistryconferences.com

3rd International Conference on
Advanced Dental Education
November 15-16, 2018 Edinburgh, Scotland
E: advdentaleducation@annualconferences.org
W: advanced-dental-education.dentistryconferences.com

26th Euro Congress and Expo on
Dental and Oral Health
December 10-11, 2018 Rome, Italy
E: eurodentalcongress@dentistryconferences.com
W: www.dentalcongress.com/europe

Dermatology





13th Global Dermatologists Congress
July 23-24, 2018 Moscow, Russia
E: dermatologists@dermatologyconference.org
W: annualmeeting.conferenceseries.com/dermatologists

14th International Conference and Exhibition on
Cosmetic Dermatology and Hair Care
August 13-14, 2018 Madrid, Spain
E: cosmeticdermatology@dermatologyconference.org
W: cosmeticdermatology.conferenceseries.com

Diabetes







27th European Diabetes Congress
June 20-21, 2018 Rome, Italy
E: eurodiabetes@endocrineconferences.com
W: www.diabetesexpo.com/europe






3rd International Conference on
Metabolic Syndrome & Clinical Management
June 18-19 , 2018 Dublin, Ireland
E: metabolicsyndrome@endocrineconferences.com
W: metabolicsyndromes.conferenceseries.com

29th International Congress on
Prevention of Diabetes and Complications
September 27-28, 2018 Berlin, Germany
E: diabetesmeeting@endocrineconferences.org
W: diabetesmeeting.conferenceseries.com

13th European Diabetes and Endocrinology Congress
November 26-27, 2018 Dublin, Ireland
E: euroendocrinology@endocrineconferences.com
W: europe.endocrineconferences.com

Engineering



2nd International Conference on
3D Printing Technology and Innovations
March 19-20, 2018 London, UK
E: 3dprinting@conferenceseries.net
W: 3dprinting.conferenceseries.com

4th International Conference and Business Expo on
Wireless, Telecommunication & IoT
May 28-29 2018 London, UK
E: wireless@enggconferences.com
W: wirelesscommunication.conferenceseries.com

2nd World Congress on
Wind and Renewable Energy
June 14-15, 2018 London, UK
E: windenergy@enggconferences.com
W: winenergy.conferenceseries.com

3rd International Conference on
Power and Energy Engineering
June 18-19, 2018 Rome, Italy
E: powerengineering@annualconferences.org
W: power-energy.conferenceseries.com

4th International Conference and Exhibition on
Satellite & Space Missions
June 18-20, 2018 Rome, Italy
E: satellite@annualconferences.org
W: satellite.conferenceseries.com

5th International Conference on
Big Data Analysis and Data Mining
June 20-21, 2018 Rome, Italy
E: bigdata@enggconferences.com
W: datamining.conferenceseries.com

4th Global Summit and Expo on
Multimedia & Artificial Intelligence
July 19-21,2018 Rome, Italy
E: multimedia@enggconferences.com
W: multimedia.global-summit.com

International Conference on
Aerospace and Aerodynamics
August 02-03, 2018 Barcelona, Spain
E: aerospace@annualconferences.org
W: aerospace-engineering.conferenceseries.com

9th Euro Biosensors and Bioelectronics conference
September 13-14, 2018 London, UK
E: eurobiosensors@conferenceseries.net
W: biosensors.conferenceseries.com/europe

5th International Conference and Exhibition on
Automobile Engineering
September 20-21, 2018 Rome, Italy
E: automobile@enggconferences.com
W: automobile.conferenceseries.com/europe

International Conference on
Cloud Computing and Data Analysis
September 06-07, 2018 London, UK
E: cloudcomputing@annualconferences.org
W: cloud-computing.conferenceseries.com

3rd International Conference on
Battery and Fuel Cell Technology
September 10-11, 2018 London, UK
E: batterytech@enggconferences.com
W: batterytech.conferenceseries.com



2nd International Conference on
Membrane Science and Technology
September 13-14, 2018 London, UK
E: membranescience@annualconferences.org
W: membranescience.conferenceseries.com

2nd International Conference on
Mechatronics, Automation and Control Systems
September, 17-18, 2018 Berlin, Germany
E: mechatronics@enggconferences.com
W: mechatronics.conferenceseries.com

3rd International Conference on
Fluid Dynamics & Aerodynamics
October 25-26, 2018 Berlin, Germany
E: fluiddynamics@enggconferences.com
W: fluid-aerodynamics.global-summit.com

International Conference on
Agricultural Engineering and Food Security
November 12-13,2018 Frankfurt, Germany
E: foodsecurity@annualconferences.com
W: agri-foodsecurity.agriconferences.com

3rd International Conference on
Design and Production Engineering
December 03-04, Valencia, Spain
E: productionengineering@annualconferences.org
W: design-production.conferenceseries.com

Environmental Sciences





World Conference on Ecology
March 19-20, 2018 Berlin, Germany
E: ecology@annualconferences.org
W: ecology.conferenceseries.com

8th World Congress and Expo on
Recycling
June 25-26, 2018 Berlin, Germany
E: recyclingexpo@conferenceseries.net
W: recycling.conferenceseries.com

5th World Congress and Expo on
Green Energy
June 14-16 ,2018 London, UK
E: greenenergycongress@earthscienceconferences.com
W: greenenergy.conferenceseries.com/europe

4th International Conference on
Pollution Control and Sustainable Environment
July 26-28, 2018 Rome, Italy
E: pollutioncontrol@conferenceseries.net
W: pollutioncontrol.conferenceseries.com

5th World Conference on
Climate Change
October 04-06, 2018 London, UK
E: climatechange@annualconferences.org
W: climatechange.conferenceseries.com

Gastroenterology





12th Global Gastroenterologists Meeting
March 15-16, 2018 Barcelona, Spain
E: gastro@gastroconferences.org
W: gastro.conferenceseries.com

6th World Congress on
Hepatitis & Liver Diseases
June 18-20, 2018 Dublin, Ireland
E: hepatitis@gastroconferences.com
W: hepatitis.conferenceseries.com

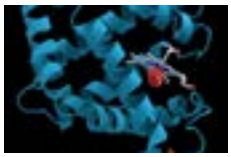
13th Euro-Global Gastroenterology Conference
August 20-21, 2018 Rome, Italy
E: gastrocongress@gastroconferences.com
W: gastroenterology.conferenceseries.com/europe

3rd International conference on
Digestive Diseases
October 22-24, 2018 Berlin, Germany
E: digestivediseases@gastroconferences.com
W: digestivediseases.conferenceseries.com






Genetics and Molecular Biology


7th International Conference and Exhibition on
Cell and Gene Therapy
March 15-17, 2018 London,UK
E: celltherapy@conferenceseries.net
W: cellgenetherapy.conferenceseries.com

20th Global Congress on
Biotechnology
March 05-07, 2018 London, UK
E: biotechcongress@geneticconferences.com
W: biotechnology.conferenceseries.com

6th International Conference on
Integrative Biology
May 21-23, 2018 Barcelona, Spain
E: integrativebiology@conferenceseries.net
W: integrativebiology.conferenceseries.com

10th International Conference on
Genomics and Molecular Biology
May 21-23, 2018 Barcelona, Spain
E: genomics@conferenceseries.net |
W: genomics.conferenceseries.com

4th International Conference on
Synthetic Biology and Tissue Engineering
June 11-12, 2018 Rome, Italy
E: syntheticbiology@conferenceseries.net
W: syntheticbiology.conferenceseries.com

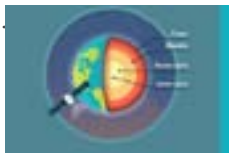
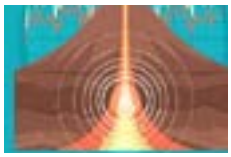
4th International Conference on
Bioscience
July 02-03, 2018 Vienna, Austria
E: bioscience@conferenceseries.net
W: bioscience.conferenceseries.com

10th Annual Conference on
Stem Cell and Regenerative Medicine
August 13-14, 2018 London, UK
E: stemcellcongress@conferenceseries.net
W: stemcell-regenerativemedicine.conferenceseries.com

21st Euro Biotechnology Congress
October 11-12, 2018 Moscow, Russia
E: eurobiotechnology@geneticconferences.com
W: www.biotechnologycongress.com/europe

11th International Conference on
Tissue Engineering & Regenerative Medicine
October 18-20, 2018 Rome, Italy
E: regenerativemedicine@geneticconferences.com
W: tissuescience-regenerativemedicine

Geology and Earth Sciences


2nd Annual Congress on
Soil and Water Sciences
June 14-15, 2018 Dublin, Ireland
E: soilscience@annualconferences.org
W: soilscience.conferenceseries.com

4th International Conference on
GIS and Remote Sensing
September 27-28, 2018 Berlin, Germany
E: giscongress@earthscienceconferences.com
W: gis-remotesensing.conferenceseries.com/europe

Healthcare





3rd World Congress on
Public Health & Nutrition
February 26-28, 2018 London, UK
E: publichealthcongress@healthconferences.org
W: publichealth.global-summit.com

5th International Conference on
Tropical Medicine & Infectious Diseases
May 21-22, 2018 Barcelona, Spain
E: tropicalmedicine@healthconferences.org
W: tropicalmedicine.annualcongress.com






13th World Congress on
Healthcare & Technologies
June 14-15, 2018 Dublin, Ireland
E: healthcaresummit@healthconferences.org
W: healthcare.global-summit.com/europe

2nd International Conference on
Social Sciences & Interdisciplinary Studies
June 18-19, 2018 Rome, Italy
E: socialsciences@healthconferences.org
W: socialsciences.conferenceseries.com

6th International Conference on
Medical Informatics & Telemedicine
July 05-06, 2018 Berlin, Germany
E: medicalinformatics@healthconferences.org
W: medicalinformatics.conferenceseries.com

8th International Conference on
Geriatrics Gerontology & Palliative Nursing
July 30-31, 2018 Barcelona, Spain
E: geriatrics@healthconferences.org
W: geriatrics-gerontology.conferenceseries.com

3rd Internationl Conference on
General Practice & Primary Care
August 16-17, 2018 Madrid, Spain
E: generalpractice@healthconferences.org
W: generalpractice.conferenceseries.com

4th World Congress on Health Economics, Health Policy and Healthcare Management
September 13-14, 2018 Zurich, Switzerland
E: health-economics@healthconferences.org
W: healtheconomics.healthconferences.org

7th International Conference on
Epidemiology & Public Health
September 17-19, 2018 Rome, Italy
E: epidemiology@healthconferences.org
W: epidemiology.conferenceseries.com

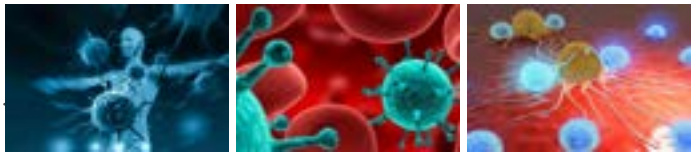
3rd International Conference on
Environmental Health & Preventive Medicine
October 15-16, 2018 Warsaw, Poland
E: environmentalhealth@healthconferences.org
W: environmentalhealth.conferenceseries.com

3rd International Conference on
Advances in Skin, Wound Care and Tissue Science
October 18-19, 2018 Rome, Itlay
E: woundcongress@healthcarevents.com
W: woundcare.conferenceseries.com/europe

7th International Conference on
Medical & Nursing Education
October 29-30, 2018 Brussels, Belgium
E: medicaleducation@healthconferences.org
W: medicaleducation.conferenceseries.com

5th International Conference on
Healthcare and Hospital Management
December 03-05, 2018 Rome, Italy
E: hospitalmanagement@healthconferences.org
W: hospital-management.healthconferences.org

Immunology



9th Molecular Immunology & Immunogenetics Congress
March 08-09, 2018 London, UK
E: molecularimmunology@immunologyconferences.org
W: molecularimmunology.conferenceseries.com

9th European Immunology Conference
June 14-16, 2018 Rome, Italy
E: euroimmunology@conferenceseries.net
W: immunology.conferenceseries.com/europe

10th International Conference on
Clinical and Cellular Immunology
August 06-07, 2018 Madrid, Spain
E: immunologyworld@annualconferences.org
W: immunology.immunologyconferences.org

11th Annual Congress on
Immunology & Immunotechnology
September 13-14, 2018 Zurich, Swtizerland
E: immunologycongress@annualconferences.org
W: immunologycongress.immunologyconferences.org

12th International Conference on
Allergy, Asthma & Clinical Immunology
October 01-02, 2018 Moscow, Russia
E: allergy@immunologyconferences.org
W: allergy.conferenceseries.com



3rd International Conference on
Autoimmunity
November 26-27, 2018 Dublin, Ireland
E: autoimmunity@immunologyconferences.org
W: autoimmunity.conferenceseries.com

Infectious Diseases





5th International Congress on
Infectious Diseases
March 01-02, 2018 Berlin, Germany
E: infectioncongress@infectiousconferences.com
W: infectioncongress.conferenceseries.com

4th World Congress on
Rare Diseases and Orphan Drugs
June 11-12, 2018 Dublin, Ireland
E: rarediseasecongress@infectiousconferences.com
W: rarediseases.conferenceseries.com/europe

4th International Conference on
Influenza and Zoonotic Diseases
July 02-03, 2018 Vienna, Austria
E: influenza@infectiousconferences.com
W: influenza.conferenceseries.com

9th International Conference on
Emerging Infectious Diseases
August 27-28, 2018 Zurich, Switzerland
E: emerginginfections@annualconferences.org
W: emerging-diseases.infectiousconferences.com

6th World Congress on
Control and Prevention of HIV/AIDS, STDs & STIs
August 27-29, 2018 Zurich, Switzerland
E: std@infectiousconferences.com
W: globalhiv-aids-std.infectiousconferences.com

10th Euro-Global Conference on Infectious Diseases
September 27-29, 2018 Rome, Italy
E: europe@infectiousconferences.com
W: infection.conferenceseries.com/europe

13th World Congress on
Infection Prevention and Control
October 11-12, 2018 Moscow, Russia
E: ipcc@infectiousconferences.com
W: infectionprevention.conferenceseries.com

7th International Chronic Obstructive
Pulmonary Disease Conference
October 22-23, 2018 Rome, Italy
E: copdconferences@annualconferences.org
W: copd.conferenceseries.com/europe

Materials Science





3rd Annual Conference and Expo on
Biomaterials
March 05-06, 2018 Berlin, Germany
E: biomaterials@materialsconferences.org
W: biomaterials.conferenceseries.com

16th International Conference on
Emerging Materials and Nanotechnology
March 22-23, 2018 London, UK
E: emergingmaterialscongress@materialsconferences.org
W: emergingmaterials.materialsconferences.com

4th International Conference and Expo on
Ceramics and Composite Materials
May 14-15, 2018 Rome, Italy
E: ceramics@materialsconferences.org
W: ceramics.conferenceseries.com

19th World Congress on
Materials Science and Engineering
June 11-13, 2018 Barcelona, Spain
E: materialscongress@materialsconferences.org
W: materialsscience.conferenceseries.com/europe

7th International conference on
Smart Materials and Structures
July 02-03, 2018 Vienna, Austria
E: smartmaterialscongress@annualconferences.org
W: smartmaterials.materialsconferences.com






20th International Conference on
Advanced Energy Materials and research
August 13-14, 2018 Dublin, Ireland
E: advancedenergymaterials@annualconferences.org
W: energymaterials.materialsconferences.com

21st International Conference on
Advanced Materials & Nanotechnology
September 04-06, 2018 Zurich, Switzerland
E: materials@materialsconferences.org
W: materials.conferenceseries.com

International Conference on
Advanced Materials and Simulations
September 11-12, 2018 University of Derby, UK
E: materialssimulation@materialsconferences.org
W: advanced-materials-simulation.materialsconferences.com

3rd International Conference on
Graphene, Carbon Nanotubes, and Nanostructures
September 17-18, 2018 Berlin, Germany
E: carboncongress@materialsconferences.org
W: carbon.materialsconferences.com

Microbiology



16th International Pharmaceutical Microbiology and
Biotechnology Conference
May 21-23, 2018 Vienna, Austria
E: pharmaceutical@microbiologyconferences.org
W: pharmaceuticalmicrobiology.conferenceseries.com/europe

10th International Virology Congress and Expo
July 02-04, 2018 Vienna, Austria
E: eurovirology@microbiologyconferences.org
W: virology.conferenceseries.com/europe

13th International Congress on
Microbial Interactions and Microbial Ecology
July 19-20, 2018 Rome, Italy
E: microbialinteraction@microbiologyconferences.org
W: microbialinteraction.conferenceseries.com

47th World Congress on Microbiology
September 10-11, 2018 London, UK
E: microbiology@microbiologyconferences.org
W: microbiology.conferenceseries.com/europe

9th international summit on
Clinical Microbiology
October 08-09, 2018 Zurich, Switzerland
E: microbiologysummit@microbiologyconferences.org
W: clinicalmicrobiology.conferenceseries.com/europe

5th World Congress and Expo on
Applied Microbiology
November 15-16, 2018 Frankfurt, Germany
E: appliedmicrobiology@microbiologyconferences.org
W: microbiology.conferenceseries.com

Nanotechnology



23rd International Conference on
Nanomaterials and Nanotechnology
March 15-16, 2018 London, UK
E: nanomaterials@nanotechconferences.org
W: nanomaterials.conferenceseries.com

24th World Nano Conference
May 07-08 | 2018 Rome, Italy
E: nano@nanotechconferences.org
W: nano.conferenceseries.com

25th Nano Congress for Future Advancements
August 16-17, 2018 Dublin, Ireland
E: nanocongress@nanotechconferences.org
W: nanocongress.conferenceseries.com

26th International Conference on
Advanced Nanotechnology
October 04-05, 2018 Moscow Russia
E: advancednano@nanotechconferences.org
W: advancednano.nanotechconferences.org



3rd World Congress and Expo on
Graphene and 2D Materials
November 26-28, 2018 Barcelona, Spain
E: graphene@nanotechconferences.org
W: graphene.conferenceseries.com/europe

28th International Conference on
Nanosciences and Nanotechnology
November 26-28, 2018 Barcelona, Spain
E: nanoscience@nanotechconferences.org
W: nanotechnology.conferenceseries.com

Nephrology



17th International Conference on
Nephrology & Urology
March 12-13, 2018 London, UK
E: nephrology-urology@annualconferences.org
W: nephrology-urology.nephroconferences.com

19th Global Nephrologists Annual Meeting
May 14-15, 2018 Rome, Italy
E: nephrologists@nephroconferences.com
W: annualmeeting.conferenceseries.com/nephrologists/

22nd European Nephrology Conference
October 15-16, 2018 Warsaw, Poland
E: euronephrology@nephroconferences.com
W: nephrology.conferenceseries.com/europe

Neuroscience



21st World Congress on Neurology and Therapeutics
March 15-17, 2018 London, UK
E: neurology@neuroconferences.com
W: neurologyconference.com

22nd International Conference on
Neurology & Neurophysiology
April 23-24, 2018 Rome, Italy
E: neurophysiology@neuroconferences.com
W: neurophysiology.conferenceseries.com

23rd International Conference on
Neurology and Neurosurgery
April 23-24, 2018 Rome, Italy
E: neurosurgery@neuroconferences.org
W: neurosurgery.conferenceseries.com

24th International Conference on
Neuroscience and Neurochemistry
May 21-22, 2018 Birmingham, UK
E: neurochemistry@neuroconferences.com
W: neurochemistry.conferenceseries.com

11th International Conference on
Alzheimers Disease & Dementia
May 24-25, 2018 Vienna, Austria
E: dementiacongress@neuroconferences.com
W: alzheimers-dementia.neurologyconference.com

3rd International Conference on Spine and Spinal Disorders
June 11-12, 2018 London, UK
E: spine@neuroconferences.com
W: spine.conferenceseries.com

25th World Congress on Neurology & Neuroscience
June 18-19, 2018 Dublin, Ireland
E: neurosciencecongress@neuroconferences.com
W: neuroscience.neurologyconference.com

27th Euro-Global Neurologists Meeting
July 23-25, 2018 Moscow, Russia
E: neurologistsconference@neuroconferences.com
W: neurologists.neurologyconference.com

11th International Conference on Vascular Dementia
July 23-25, 2018 Moscow, Russia
E: vasculardementiacongress@neuroconferences.com
W: vasculardementia.neurologyconference.com

7th World Congress on
Addictive Disorders & Addiction Therapy
July 16-18, 2018 London, UK
E: addiction@neuroconferences.com
W: addictiontherapy.conferenceseries.com/europe



26th European Neurology Congress
August 6-8, 2018 Madrid, Spain
E: neurologycongress@neuroconferences.com
W: neurologyconference.com/europe

4th International Conference on Epilepsy & Treatment
August 29-30, 2018 Zurich, Swtizerland
E: epilepsy@neuroconferences.com
W: epilepsytreatment.conferenceseries.com

4th World Congress on Parkinsons & Huntington Disease
August 29-30, 2018 Zurich, Swtizerland
E: parkinson@neuroconferences.com
W: parkinsons.neurologyconference.com

6th International Conference on
Brain Disorders and Therapeutics
September13-15, 2018 Copenhagen, Denmark
E: braindisorders@neuroconferences.com
W: braindisorders.conferenceseries.com

7th International Conference on Neurological Disorders & Stroke
September 20-21, 2018 Rome, Italy
E: strokecongress@neuroconferences.com
W: stroke.neurologyconference.com

27th International Conference on
Neurology and Cognitive Neuroscience
October 18-19, 2018 Warsaw, Poland
E: neurocognitive@neuroconferences.com
W: neurocognitivedisorders.conferenceseries.com

12th International Conference on
Alzheimer's Disease & Dementia
October 29-31, 2018 Valencia, Spain
E: dementia@neuroconferences.com
W: alzheimers-dementia.conferenceseries.com

4th International Conference on Spine Surgery
November 1-2, 2018 Brussels, Belgium
E: spinesurgeryconference@neuroconferences.com
W: spinalsurgery.neurologyconference.com

28th Global Neurologists Annual Meeting on
Neurology and Neurosurgery
November 1-3, 2018 Brussels, Belgium
E: neurologists@neuroconferences.com
W: annualmeeting.conferenceseries.com/neurologists

4th International Conference on Spine and Spinal Disorders
November 12-13, 2018 Frankfurt, Germany
E: spinecongress@neuroconferences.com
W: spine.conferenceseries.com/europe

4th International Conference on
Central Nervous System Disorders & Therapeutics
November 12-14, 2018 Edinburgh, Scotland
E: cns@neuroconferences.com
W: cns.conferenceseries.com

Nursing





47th Global Nursing & Healthcare Conference
March 01-03, 2018 London, UK
E: nursingglobal@nursingconference.com
W: global.nursingconference.com/europe

7th World Congress on Breast Cancer
May 10-11, 2018 Frankfurt, Germany
E: breastcancer@conferenceseries.net
W: breastcancer.conferenceseries.com

3rd International Conference on
Reproductive Health and Medicine
May 21-22, 2018 Vienna, Austria
E: reproductivemedicine@healthconferences.org
W: reproductivehealth.conferenceseries.com/europe

48th World Congress on
Advanced Nursing Research
June 14-15, 2018 Dublin, Ireland
E: nursingresearch@annualconferences.org
W: nursingresearch.nursingmeetings.com

2nd World Congress on
Patient Safety & Quality Healthcare
June 21-22, 2018 Dublin, Ireland
E: patientsafety@healthconferences.org
W: patientsafety.conferenceseries.com






49th International Congress on
Nursing Care Plan and Health
16 -18 July 2018 Rome, Italy
E: nursingcareplan@annualconferences.org
W: nursingcareplan.nursingmeetings.com

50th World Congress On Men in Nursing
July 16-17, 2018 Rome, Italy
mennursing@annualconferences.org
W: men.nursingmeetings.com

5th Annual Congress on
Emergency Nursing & Critical Care
July 16-17, 2018 London, UK
E: emergencynursing@annualconferences.org
W: emergency.nursingmeetings.com

26th Cancer Nursing & Nurse Practitioners Conference
July 16-17, 2018 London, UK
E: cancernursing@nursingconference.com
W: cancernursing.nursingconference.com

31st World Congress on
Advanced Nursing Practice
August 16-18, 2018 Madrid, Spain
E: nursingpractice@nursingconference.com
W: nursingpractice.nursingconference.com

29th International Conference on
Pediatric Nursing & Healthcare
August 16-17, 2018 Madrid, Spain
E: pediatricnursing@nursingconference.com
W: pediatric.nursingconference.com

17th World Congress on
Clinical Nursing and Practice
August 29-30, 2018 Zurich, Swtizerland
E: clinicalnursing@annualconferences.org
W: clinical.nursingmeetings.com

5th World Congress on
Midwifery & Women's Health
September 13-14, 2018 Frankfurt, Germany
E: euromidwifery@nursingconference.com
W: midwifery.conferenceseries.com/europe

24th World Nursing and Healthcare Conference
September 13-15, 2018 Copenhagen, Denmark
E: worldnursing@annualconferences.org
W: world.nursingconference.com

51st World Nursing Leadership & Management Conference
October 04-05, 2018 Moscow, Russia
E: nursingleadership@annualconferences.org
W: nursingleadership.nursingmeetings.com

5th International Conference on
Gynecology and Obstetrics
October 8-10, 2018- Zurich, Switzerland
E: gynecology@nursingconference.com
W: gynecology.conferenceseries.com

33rd Euro Nursing & Medicare Summit
October 8-10, 2018 Edinburgh, Scotland
E: euronursing@nursingconference.com
W: europe.nursingconference.com

27th World Nursing Education Conference
November 12-14, 2018 Frankfurt, Germany
E: nursingeducation@nursingconference.com
W: nursingeducation.nursingconference.com

Nutrition



15th International Conference on Clinical Nutrition
May 24-26, 2018 Vienna, Austria
E: clinicalnutrition@nutritionalconference.com
W: clinicalnutrition.conferenceseries.com

21st European Nutrition and Dietetics Conference
June 11-13, 2018 Dublin, Ireland
E: nutritioncongress@nutritionalconference.com
W: nutritionalconference.com/europe

14th International Congress on Advances in Natural Medicines, Nutraceuticals & Neurocognition
July 19-20, 2018 London, UK
E: nutraceuticals@nutritionalconference.com
W: nutraceuticals.pharmaceuticalconferences.com



6th International Conference on
Sports Nutrition & Fitness
August 16-17, 2018 Dublin, Ireland
E: sports-nutrition@annualconferences.org
W: sportsnutrition.nutritionalconference.com

17th World Congress on
Nutrition and Food Chemistry
September 13-15, 2018 London, UK
E: nutri-foodchemistry@nutritionalconference.com
W: nutrition-foodchemistry.conferenceseries.com

22nd European Nutritional Science Congress
November 26-27, 2018 Barcelona, Spain
E: nutritionalscience@nutritionalconference.com
W: nutritionalscience.nutritionalconference.com

Obesity



11th International Conference on
Childhood Obesity and Nutrition
March 15-16, 2018 Barcelona, Spain
E: childhoodobesity@annualconferences.org
W: childhoodobesity.conferenceseries.com

14th Euro Obesity and Endocrinology Congress
September 13-14, 2018 London, UK
E: euroobesity@obesityconference.org
W: obesity.nutritionalconference.com

Oncology & Cancer



12th World Hematologists Congress
March 15-16, 2018 London, UK
E: hematologists@oncologymeet.com
W: hematology.conferenceseries.com/europe

6th International Congress on
Gynecology & Gynecologic Oncology
July 23-24, 2018 Rome, Italy
E: gynecologyconference@annualconferences.org
W: gynecologyconference.annualcongress.com

29th Euro-Global Summit on
Cancer Therapy & Radiation Oncology
July 23-25, 2018 Rome, Italy
E: eurocancer@oncologyseries.com
W: cancer-radiationoncology.conferenceseries.com

28th Euro Congress on Cancer Science & Therapy
August 09-10, 2018 Madrid, Spain
E: cancerscience@oncologyseries.com
W: cancerscience.conferenceseries.com

4th World Congress on
Medical Imaging and Clinical Research
September 03-04, 2018 London, UK
E: medicalimaging@oncologyseries.com
W: clinical-medicalimaging.conferenceseries.com

4th International Congress on
Epigenetics and Chromatin
September 03-04, 2018 London, UK
E: epigenetics@oncologyseries.com
W: epigenetics.conferenceseries.com

3rd Cancer Diagnostics Conference & Expo
September 20-21, 2018 Berlin, Germany
E: cancerdiagnotics@oncologyseries.com
W: cancerdiagnostics.conferenceseries.com

36th World Cancer Conference
October 11-13, 2018 Zurich, Switzerland
E: worldcancer@annualconferences.org
W: cancer.global-summit.com

13th World Biomarkers Congress
November 29-30, 2018 Dublin, Ireland
E: worldbiomarkers@oncologyseries.com
W: molecular-cancer-biomarkers.conferenceseries.com

Ophthalmology





19th Ophthalmology Summit
Feb 26-27, 2018 Berlin Germany
E: ophthalmologysummit@ophthalmologyconferences.com
W: ophthalmologysummit.conferenceseries.com

3rd Global Pediatric Ophthalmology Congress
March 22-23, 2018 London, UK
E: pediatricophthalmology@ophthalmologyconferences.com
W: pediatricophthalmology.conferenceseries.com

2nd International Conference on
Cataract and Advanced Eye Care
June 14-16, 2018 Rome, Italy
E: cataract@ophthalmologyconferences.com
W: cataract.conferenceseries.com

2nd Global Meeting and Expo on
Vision Science & Eye
August 29-30, 2018 Zurich, Swizeland
E: visionscience@ophthalmologyconferences.com
W: visionscience.conferenceseries.com

3rd International Conference and Expo on
Optometry and Vision Science
October 8-9, 2018 Edinburg, Scotland
E: optometry@ophthalmologyconferences.com
W: optometry.conferenceseries.com

17th International Conference on
Clinical & Experimental Ophthalmology
October 1-3, 2018 Moscow, Russia
E: ophthalmology@ophthalmologyconferences.org
W: ophthalmology.conferenceseries.com

28th European Ophthalmology Congress
November 26-28, 2018 Dublin, Ireland
E: ophthalmologycongress@ophthalmologyconferences.com
W: ophthalmology.conferenceseries.com/europe

Pathology





13th International Conference on
Laboratory Medicine and Pathology
June 25-26, 2018 Berlin, Germany
E: laboratorymedicine@pathologyconferences.org
W: laboratorymedicine.conferenceseries.com

14th International Conference on
Surgical Pathology & Cancer Diagnosis
May 17-18, 2018 Rome, Italy
E: surgicalpathology@annualconferences.org
W: surgicalpathology.conferenceseries.com

8th European Conference on Predictive, Preventive, Personalized Medicine & Molecular Diagnostics
August 20-21, 2018 Rome, Italy
E: europersonalizedmedicine@conferneceseries.net
W: personalizedmedicine.conferenceseries.com/europe

Pediatrics





3rd International Conference on Pediatric Surgery
May 7-8, 2018 Frankfurt, Germany
E: pediatricsurgery@annualconferences.org
W: pediatricsurgery.conferenceseries.com

17th International Conference on Clinical Pediatrics
June 14-16, 2018 Rome, Italy
E: clinicalpediatrics@pediatricsconferences.org
W: clinicalpediatrics.conferenceseries.com

Advances in Neonatal and Pediatric Nutrition
July 19-21, 2018 London, UK
E: neonatalnutrition@annualconferences.org
W: pediatricnutrition.pediatricsconference.com

20th International Conference on
Pediatrics Primary Care
September 03-04 2018 Zurich, Switzerland
E: pediatricprimarycare@annualconferences.org
W: primarycare.pediatricsconferences.com

18th International Conference on
Pediatrics Health
August 06-07, 2018 Madrid, Spain
E: pediatricshealth@annualconferences.org
W: health.pediatricsconferences.com

24th European Pediatrics Conference
September 10-12, 2018 Copenhagen, Denmark
E: europediatrics@pediatricsconferences.org
W: pediatrics.conferenceseries.com/europe






24th World Pediatrics Conference
October 18-20, 2018 Warsaw, Poland
E: worldpediatrics@annualconferences.org
W: worldpediatrics.pediatricsconferences.org

26th International Conference on
Neonatology and Perinatology
November 15-17 2018 Edinburgh, Scotland
E: neonatology@pediatricsconferences.com
W: neonatology.conferenceseries.com

Petroleum





9th International Conference and Expo on
Oil and Gas
August 9-10, 2018 Madrid, Spain
E: petroleum@oilgasconferences.org
W: oil-gas.conferenceseries.com

Physical Therapy & Rehabilitation





5th International Conference and Expo on
Novel Physiotherapies
March 19-20, 2018 Berlin, Germany
E: novelphysiotherapies@annualconferences.org
W: novelphysiotherapies.conferenceseries.com

6th International Conference & Exhibition on
Physiotherapy & Physical Rehabilitation
August 13-14, 2018 London, UK
E: physiotherapy@annualconferences.org
W: physiotherapy.annualcongress.com

Pharma





12th World Congress on
Pharmaceutical Sciences and Innovations in Pharma Industry
February 26- 27, 2018 London, UK
E: pharmaindustry@pharmaceuticalconferences.org
W: industry.pharmaceuticalconferences.com

16th International Conference and Exhibition on
Pharmaceutics & Novel Drug Delivery Systems
March 19-21, 2018 Berlin, Germany
E: pharmaceutica@pharmaceuticalconferences.org
W: novel-drugdelivery-systems.pharmaceuticalconferences.com

11th European Biosimilars Congress
April 26-27, 2018 Rome, Italy
E: eurobiosimilars@pharmaceuticalconferences.org
W: biosimilars-biologics.pharmaceuticalconferences.com/europe

15th Annual European Pharma Congress
May 07-09, 2018 Frankfurt, Germany
E: pharmaeurope@pharmaceuticalconferences.org
W: europe.pharmaceuticalconferences.com

4th World Congress and Exhibition on
Antibiotics and Antibiotic Resistance
June 14-15, 2018 Barcelona, Spain
E: antibiotics@pharmaceuticalconferences.org
W: antibiotics.pharmaceuticalconferences.com

9th International Conference and Exhibition on
Pharmacovigilance
June 21-22, 2018 London, UK
E: pharmacovigilance@pharmaceuticalconferences.org
W: pharmacovigilance.pharmaceuticalconferences.com

4th International Conference and Exhibition on
Natural Products, Medicinal Plants & Marine Drugs
June 11-12, 2018 Rome, Italy
E: naturalproducts@pharmaceuticalconferences.org
W: naturalproducts.pharmaceuticalconferences.com

16th International Conference and Exhibition on
Pharmaceutical Formulations
July 26-27, 2018 Rome, Italy
E: formulations@pharmaceuticalconferences.org
W: formulation.pharmaceuticalconferences.com

10th World Congress on Pharmacology
July 30-Aug 01, 2018 Barcelona, Spain
E: pharmacology@pharmaceuticalconferences.org
W: pharmacology.pharmaceuticalconferences.com






4th International Conference and Expo on
Drug Discovery, Designing & Development
September 06-07, 2018 London, UK
E: drugdiscovery@pharmaceuticalconferences.org
W: drug-discovery.pharmaceuticalconferences.com

6th International Conference on
Advanced Clinical Research and Clinical Trials
September 10-11, 2018 Zurich, Switzerland
E: clinicalresearch@pharmaceuticalconferences.org
W: clinicalresearch.pharmaceuticalconferences.com

18th World Pharma Congress
October 18-19, 2018 Warsaw, Poland
E: pharmacongress@pharmaceuticalconferences.org
W: world.pharmaceuticalconferences.com

18th Annual Pharmaceutical and Chemical Analysis Congress
November 05-06, 2018 Madrid, Spain
E: analysis@pharmaceuticalconferences.org
W: analysis.pharmaceuticalconferences.com

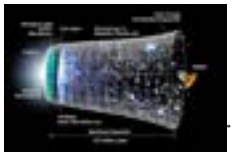
3rd International Conference on
Generics Drugs and Biosimilars
November 15-17, 2018 Frankfurt, Germany
E: genericpharma@pharmaceuticalconferences.org
W: generic-market.pharmaceuticalconferences.com

9th Global Experts Meeting on
Neuropharmacology
November 15-16, 2018 Frankfurt, Germany
E: neuro@pharmaceuticalconferences.org
W: neuro.pharmaceuticalconferences.com

23rd International Conference on
Pharmaceutical Biotechnology
December 10-11, 2018 Rome, Italy
E: pharmabiotech@pharmaceuticalconferences.org
W: biotech.pharmaceuticalconferences.com

Physics



3rd International Conference on Nuclear and Plasma Physics
June 07-08, 2018 London, UK
E: plasmaphysics@annualconferences.org
W: plasmaphysics.physicsmeeting.com

5th International Conference on
Theoretical and Applied Physics
July 02-03, 2018 Vienna, Austria
E: appliedphysics@annualconferences.org
W: appliedphysics.physicsmeeting.com

9th International Conference on
Optics, Photonics & Lasers
July 02-04, 2018 Berlin, Germany
E: eurooptics@annualconferences.org
W: optics.physicsmeeting.com

4th International Conference on
Condensed Matter and Materials Physics
August 16-17, 2018 London, UK
E: materialsphysics@annualconferences.org
W: materialsphysics.physicsmeeting.com

3rd International Conference on
Quantum Optics and Quantum Computing
September 10-11, 2018 London, UK
E: quantumoptics@annualconferences.org
W: quantumoptics.physicsmeeting.com

4th International Conference on Physics
September 17-18, 2018 Berlin, Germany
E: physics@physicsconferences.org
W: physics.conferenceseries.com

4th International Conference on
Quantum Physics and Quantum Technology
October 18-19, 2018 Rome, Italy
E: quantumphysics@physicsconferences.org
W: quantumphysics.conferenceseries.com

3rd International Conference on
Astronomy and Space Science
October 18-19, 2018 Rome, Italy
E: astrospace@physicsconferences.org
W: astronomy-space.physicsmeeting.com

3rd International Conference on
Magnetism and Magnetic Materials
October 22-23, 2018 Rome, Italy
E: magneticmaterials@annualconferences.org
W: magneticmaterials.physicsmeeting.com

4th International Conference on
High Energy & Particle Physics
December 03-04, 2018 Valencia, Spain
E: highenergy@physicsconferences.org
W: highenergyphysics.conferenceseries.com






Psychiatry





4th International Conference on
Mental Health & Human Resilience
April 26-27, 2018 Rome, Italy
E: mentalhealth@conferenceseries.net
W: mentalhealth.conferenceseries.com

4th International Conference on
Depression, Anxiety and Stress Management
May 10-11, 2018 Frankfurt, Germany
E: stress@psychiatrycongress.com
W: stressmanagement.global-summit.com

27th World Congress on
Psychiatry & Psychological Syndromes
June 21-23, 2018 London, UK
E: psychiatrycongress.com

28th Euro Congress on
Psychiatrists and Psychologists
July 05-06, 2018 Vienna, Austria
E: europsychiatry@psychiatrycongress.com
W: psychiatry.global-summit.com/europe

33rd International Conference on
Adolescent Medicine & Child Psychology
Sep 04-05, 2018 Zurich, Switzerland
E: childpsychology@conferenceseries.net
W: childpsychology.conferenceseries.com

35th International Conference on
Psychiatry & Psychosomatic Medicine
November 01-03, 2018 Brussels, Belgium
E: psychosomaticmedicine@psychiatrycongress.com
W: psychosomatic.conferenceseries.com

Surgery





3rd International Conference on
Metabolic and Bariatric Surgery
March 15-16, 2018 Barcelona, Spain
E: bariatricsurgery@annualconferences.org
W: bariatricsurgery.conferenceseries.com

7th International Conference and Exhibition on Surgery
June 21-23, 2018 Dublin, Ireland
E: surgery@surgeryconferences.org
W: sugery.conferenceseries.com

3rd International Conference on Anesthesia
June 21-22, 2018 Dublin, Ireland
E: anesthesia@annualconferences.org
W: anesthesia.conferenceseries.com

13th International Conference on
Arthroplasty and Orthopedics
August 08-09, 2018 Rome, Italy
E: arthroplasty@annualconferences.org
W: orthopedics.surgeryconferences.com

8th International Conference and Expo on
Cosmetology, Trichology & Aesthetic Practices
August 13-14, 2018 Madrid, Spain
E: cosmetologycongress@surgeryconferences.org
W: cosmetology.surgeryconferences.com

World Congress on
Neurology and Neuromuscular Disorders
September 13-14, 2018 Frankfurt, Germany
E: neuromuscular@annualconferences.org
W: neuromuscular.neuroconferences.com

3rd European Otolaryngology-ENT Surgery Conference
October 08-10, 2018 London, UK
E: ent@surgeryconferences.org
W: ent.conferenceseries.com

2nd International Conference on
Craniofacial Surgery
October 08-09, 2018 London, UK
E: craniofacial@annualconferences.org
W: craniofacial.surgeryconferences.com

9th European Congress of Rheumatology,
Autoimmunity and Orthopedics
October 16-17, 2018 Warsaw, Poland
E: rheumatology@annualconferences.org
W: rheumatology.conferenceseries.com






Toxicology





15th Euro-Global Summit on
Toxicology and Applied Pharmacology
July 02-04, 2018 Berlin, Germany
E: eurotoxicology@annualconferences.org
W: toxicology.global-summit.com/europe

16th Annual Meeting on
Environmental Toxicology and Life Sciences
August 13-14, 2018 London, UK
E: euroenvitox@annualconferences.org
W: environmentaltoxicology.toxicologyconferences.com

Vaccines





29th International Conference on
Vaccines and Immunization
March 19-20, 2018 London, UK
E: vaccinessummit@immunologyconferences.org
W: vaccines-immunization.conferenceseries.com

31st Euro Global Summit and Expo on
Vaccines & Vaccination
June 14-16, 2018 Barcelona, Spain
E: eurovaccines@vaccineconference.com
W: europe.vaccineconferences.com












5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland

Keynote Forum

Day 1

Liane Deligdisch, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-032

5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland



Liane Deligdisch

Icahn School of Medicine at Mount Sinai, USA

Effects of hormone therapy on the uterus

Hormone therapy is widely prescribed to women of all ages throughout the world. Younger women are using oral contraceptives, or hormonal ovulation stimulation for infertility. Peri and postmenopausal women are treated with hormone replacement therapy, a controversial issue with challenging new aspects. For breast cancer and uterine neoplastic lesions, there is hormonal adjuvant therapy. The effects on the uterus, especially on the endometrium are multiple, usually prompt and highly versatile due to the presence of binding steroid receptors. The most commonly used hormones are Estrogens (E) and Progesterone (P), normally present and responsible for reproductive functions in premenopausal women. Prolonged and unopposed E may result in abnormal proliferation, hyperplasia and neoplasia of endometrial tissue, and can be reverted to some extent by P therapy. Endometrial Carcinoma (EC), the most common gynecologic malignancy in the USA and in most of the industrialized world, often associated with overweight, diabetes and increased longevity, is also related to hyperestrogenism in the majority of cases. Type I hyperestrogenism-associated EC has a much better clinical outcome than type II which is possibly independent from hormones. A potential viral cofactor (HMTV) has recently been demonstrated in the latter. Tamoxifen, a non-steroidal estrogen derivative is successfully used in breast cancer due to its antiestrogenic effect on breast tissue but can have an estrogen-agonist effect on the endometrium especially in elderly patients who may develop endometrial polyps, hyperplasia and cancer, as demonstrated in the large series of 700 patients by this author and team. Uterine leiomyomas, the most common benign uterine tumors can be effectively treated with hormones, especially GnRH agonists as analyzed by the same team, due to a reversible menopausal effect manifested by shrinking of the volume of these sometime very large tumors.

Biography

Liane Deligdisch has completed her Graduation at Medical School in Bucharest, Romania, trained in Obstetrics-Gynecology and Pathology in Israel where she became an Associate Professor of Pathology at the Tel Aviv Medical School. In USA, she was a Visiting Professor at the Magee Women's Hospital in Pittsburgh, Pa and trained in Gynecologic Pathology at the Boston Free Hospital for Women (Harvard Medical School) and in Perinatal Pathology at The Mount Sinai School of Medicine in New York where she is an attending and tenured full Professor since 1986. She founded the Division of Gynecologic Pathology and the Course of Gynecologic Pathology at the Medical School of the Mount Sinai Medical Center. She has published 148 peer-reviewed articles of which numerous studies are focused on uterine pathology related to hormonal effects and carcinogenesis, and on ovarian pathology. She has edited and authored seven textbooks on Gynecologic Pathology including child and adolescent disorders, early diagnosis of gynecologic malignances, uterine and ovarian neoplasms. She gave numerous courses and lectures at national and international meetings, received awards and in 2007 became an elected member of the French National Academy of Medicine.

Liane.Deligdisch@mountsinai.org

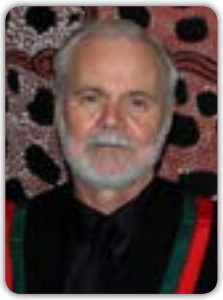
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DOI: 10.4172/2161-0932-C4-032

5th International Conference on

Gynecology and Obstetrics

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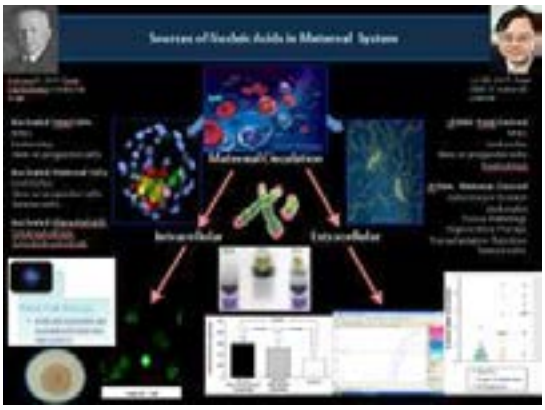


Michael J Sinosich

Douglass Hanly Moir Pathology, Australia

Non-invasive prenatal screening and then some?

By definition, non-invasive prenatal screening (NIPS) encompasses all testing modalities applied prenatally in order to identify a subset of obstetric population deemed to be at increased risk for disorder being screened. So, if we focus on screening for fetoplacental wellbeing, technically, this includes ALL current screening modalities: proteomic (PAPP-A, FβhCG, AFP), ultrasonographic (NT), extracellular (cf) DNA and fetal cells. Patients with positive screening results should be counseled and advised to seek confirmatory testing, prior to any definitive management action. In figure are shown the various sources of extracellular (cf) and intracellular (g) DNA in the mother. Whilst efficacy of cfDNA screening for trisomy 21 is well established, the physiology and trophoblastic source of cfDNA limits its screening application. More recently, NIPS has been applied to fetoplacental cells as a source of fetal genomic (g) DNA. Cellular targets include nucleated fetal red blood cells (NRBS), mononucleated cytotrophoblast (CT) and polynucleated syncytiotrophoblast (SCT) cells. Cell enrichment may be mediated immunologically or physically, at present fetal cell isolation is achieved by laser dissection. Whilst providing a pure fetal cell, this technology is labor intensive and limited in application to high risk populations. This technology is not applicable to population based screening. Non-invasive prenatal screening has progressed from proteomic, as current first trimester programmes, to ultrasonographic and, more recently, to cfDNA. Whilst limitations of cfDNA are understood and accepted, this has not hampered to uptake of cfDNA based screening. With improvements in molecular technology and application to single cells, we are on the verge of entering into the era of comprehensive prenatal fetal genotyping, including exosome sequencing, based on analysis of gDNA.



Biography

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

msinosich@sonichealthcare.com.au

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Rebecca Kimble, Gynecol Obstet 2018, Volume 8
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5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland



Rebecca Kimble

University of Queensland, Australia

Diagnosis and management of complex reproductive outflow tract disorders in adolescents

Introduction: Outflow tract disorders in the PAG population are sufficiently rare for most general gynaecologists to have had experience and confidence in recognition and management of this highly complex cohort of young women, most of whom will need more than the anatomical correction, with considerable attention to their psychological wellbeing.

Methods: We retrospectively reviewed the medical records of patients with uterine, cervical and vaginal anomalies that presented to the PAG service from 2002 to 2017. The anomalies were classified according to the ESHRE/ESGE classification.

Results: A total of 102 cases of female congenital anomalies of the reproductive tract were identified from a cohort of 635 patients referred, of which 40 were obstructive anomalies. These conditions included patients with lower vaginal atresia managed by creation of surgical neovagina with pull through procedure (2), complete vaginal atresia with partial cervical atresia with the presence of a uterus (2) both requiring hysterectomy for life-threatening sepsis, triad of didelphys, obstructed hemi-vagina, and ipsilateral renal agenesis (17) requiring division of obstructed vaginal septum and in 3 of these cases hemi-hysterectomy for subsequent manifestation of unilateral cervical obstruction, unicornuate uteri with rudimentary functional cavity (2) requiring laparoscopic hemi-hysterectomy, unicornuate uteri with cervical and vaginal atresia requiring hysterectomy, and hypoplastic uteri with vaginal atresia (3) requiring hysterectomy. There were also transverse vaginal septa (6), imperforate hymen (6), bicornuate uterus with unicollis and transverse vaginal septum (1), and hypoplastic uterus with transverse vaginal septum (1) that were all managed with division of septa. Of the 102 patients, there were also 22 cases of mullerian tract agenesis (MRKH), in which there was an over 90% success rate from non-surgical neo-vagina creation, and 10 patients with bladder exstrophy or cloacal anomalies, of which three, had five pregnancies resulting in live late preterm babies. MRI is used to facilitate diagnosis in all cases of suspected congenital anomaly, and our extensive data on concordance and discordance with diagnosis demonstrates accuracy of MRI for diagnosis of uterine anomalies (94%), cervical anomalies (88%) and vaginal anomalies (78 %), with an all structure concordance of 69%.

Conclusion: An understanding of these complex anomalies, which range from minor obstructions to major and life-threatening conditions, is required for appropriate recognition, assessment and management. Timely referral to specialist paediatric and adolescent gynaecologists for investigation, diagnosis, counselling, informed consent, and planning for surgery, would constitute optimal care for this complex cohort of young women.

Biography

Professor Rebecca Kimble is a Paediatric and Adolescent Gynaecologist (PAG) with 18 years' experience establishing and running the Queensland PAG service at the Quatenary Royal Brisbane and Women's and Lady Cilento Children's Hospitals. She has extensive experience with the management of complex congenital conditions of the female reproductive system, and over 25 years' experience with tertiary obstetrics in clinical and leadership positions. She is an Independent Health Advisor to the Australian Federal Government on Women's health. She has multiple publications in complex congenital conditions and is a member of the North American Society for Paediatric and Adolescent Gynaecology. She is medical lead Quality Improvement for the Queensland Government. She is founder and director of Queensland Clinical Guidelines, a globally utilized portal for evidence based Clinical Guidelines in Maternity and Neonatology. She chairs the Queensland Maternity and Neonatal Clinical Network and has achieved a reduction in unnecessary variation in clinical care.

Rebecca.Kimble@health.qld.gov.au

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5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland



P D Gupta

Manipal University, India

Early menarche affects development of embryo

Reducing menarcheal age was set in late 90's worldwide, until this time available data shows that menarche will set in not before 13 years of age in most parts of the world except in polar region where it may go up to 22 years. From our survey in India, we found that in early 50's girls never had menarche before 14 years. However in late 90s, it has come down to 11 years (12.4%) and majority will have (82.5%) at the age between 11and 12 years, 13 and beyond comprises only 5.1%. Many reasons are attributed for early menarche certainly influencing pregnancy. Teenage pregnancy is considered as a social annoyance too affecting both the mother and the unborn child equally. In majority of cases, the premature child born to preteen and/or teen mothers suffer with low birth weight; therefore, it raises the probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, cerebral palsy, dyslexia, and hyperactivity, any one or more. Exposure to sexual activity through electronic media is a drive towards curiosity about sexual intercourse without ample knowledge of contraceptive methods results in early pregnancy. The purpose of this study is to make aware of the ideal menarcheal age as suggested by reproductive biologist. The ideal menarcheal age will pave the way for the best output by the cooperation and contribution of associated reproductive glands with their secretions during gestation. However, some of the factors responsible for lowering the menarcheal age cannot be controlled and the only remedial measure is not to get pregnant soon after the menarche.

Biography

P D Gupta was associated with many prestigious institutions in India and abroad. He has delivered guest and public lectures in India and many other countries, visited about 66 countries on academic assignments. He has delivered Silver Jubilee Commemoration and Oration Award Lectures. He was the Chief Guest at various scientific celebrations and Keynote speaker at conferences. He is a Fellow of many learned societies and has established two research institutions.

pdg2000@hotmail.com

Notes:

Gopa Chowdhury, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-032

5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland



Gopa Chowdhury

Indian College of Obstetricians & Gynaecologists, India

Clinical risk management in obstetrics

Obstetrics is a high-risk specialty with the challenge of wellbeing of mother and baby. Clinical risk management is the best outcome for patient. It aims to reduce mistakes and prevent occurrences. Clinical risk management has importance in providing patient safety, clinical awareness, avoiding psychological trauma of treating clinician and reduce financial burden. There is an incidence of huge geographical variations, unavailable data, and documentation error, under reporting, unreported suboptimal fetal outcome and maternal morbidity. It is an integral part of the clinicians, managers and commissioners clarified principles and its practicality. It implies to look at mother and baby safety, good evidence, best practice, systems not individuals and learn from mistakes and avoid repetition. The four basic principles to focus on the risk management include identification, analysis, treatment and measures to control. Clinical risk management is categorized into proactive (anticipation) and reactive (investigation, occurrence). Proactive identification is risk assessment, staff consultation, workshops, emergency drills and stimulation, national confidential enquiries and guidelines, advice from patient safety organizations. Retrospective identification is collected from trigger lists, complaints incident reporting, claims to legal department, clinical audits. There should be a system analysis to prevent recurrence. Prospective analysis include survey outcomes, relates to other factors. Measures should be taken to prevent recurrence, analysis of root cause, contributory factors, gathering recommendations, implementing solutions and lastly writing reports. Clinical risk management has to control and minimize risk factors, Limit damage and chance of recurrence. Decision making is made by score matrix. Control measures include process of learning lessons, sharing findings at departmental and national level, feedback group discussions, and family suffered counseled about cause and recurrence prevention. Clinical risk management is evolving rapidly as part of obstetrics practice with the aim of improving safety of mother and baby, which is a concern of all clinicians, a multidisciplinary management. Lessons learnt from risk events disseminated to the department to prevent recurrence, psychology of patients, staffs, clinicians, dealt sympathetically, recommendations for change monitored, anticipating risk incidents dealt with caution.

Biography

Gopa Chowdhury is a Retired Associate Professor in Obstetrics and Gynecology. She has her expertise in different areas of Gynecology and Obstetrics and is passionate about spreading her knowledge through papers, articles, knowledge sessions and her work with patients in the rural region of Jharkhand. She is an Executive Member of ROGS and has held different positions as Speaker, Panelist and Chair-person in ROGS and national conferences. She was also the Vice President of FOGSI and ROGS from 2013-2015 and is an ongoing active member of the group. Besides her work as Associate Professor several papers were published in state, national, international journals.

adarsh_26@yahoo.com

Notes:







5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland

Scientific Tracks & Abstracts

Day 1

Day-1

SESSIONS

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

Chair: **Vijay Nielsen,** Nielsen Clinic, Canada

SESSION INTRODUCTION

Title: **Placental growth factor in first trimester aneuploid pregnancies**
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

Title: **A retrospective survey of counselling effects on stress and anxiety in women undergoing IVF in Singapore**
Tanja S. Faessler-Moro, CRG Counselling Research Group, Singapore

Title: **The crisis experience among first-time mothers: Preparedness to parenthood and personal coping strategies**
Yeela Tomsis, Zefat Academic College , Israel

Title: **Managing abortions in India-a threat to the pregnant woman**
Alka Garg, Carewell Hospital, India

Title: **The experience of preconceptional care and pre and postnatal specifying diagnosis as a consistent system of inborn inherited pathology prevention**
Olena Grechanina, Kharkiv Interregional Specialized Medical Genetic Center-Center of Rare (Orphan) Diseases, Ukraine

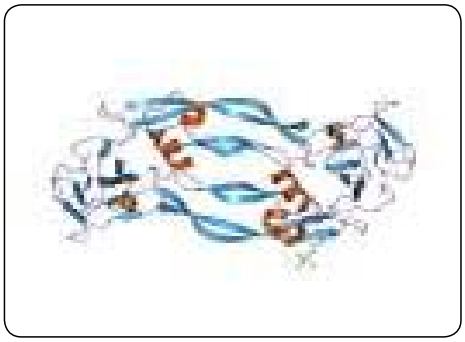
Title: **Effectiveness of breast cancer awareness programme in changing knowledge, attitude and practices among educated women in Raipur**
Anjali Pal, All India Institute of Medical Sciences Raipur, India

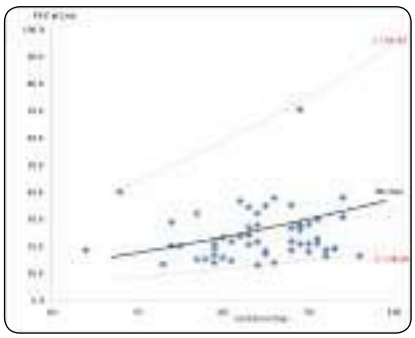
Michael J Sinosich, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Placental growth factor in first trimester aneuploid pregnancies

Michael J Sinosich
Douglass Hanly Moir Pathology, Australia

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





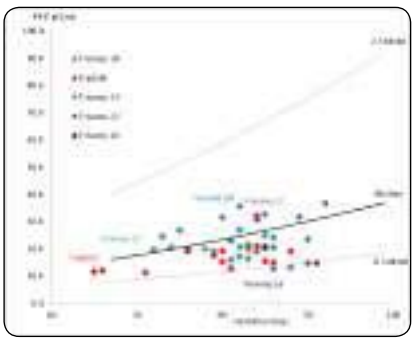


Figure 1A: Regressed median (with 0.5 and 2.5 MoM limits) PlGF levels in normal first trimester pregnancies.

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

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

Biography

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

msinosich@sonichealthcare.com.au

Tanja S Faessler-Moro et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

Tanja S Faessler-Moro, Sharon M.C. Lim and **Maria L. Syjuco**
CRG Counselling Research Group, Singapore

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

Biography

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

tanja.faessler@counsellingconnectz.com

Notes:

Yeela Tomsis et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

Yeela Tomsis[1, 2], **Marc Gelkopf**[2], **Hanoch Yerushalmi**[2] and **Yaniv Zipori**[3]
[1]Zefat Academic College, Israel
[2]University of Haifa, Israel
[3]University of Toronto, Canada

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

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

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

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

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

Biography

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

yeelat@zefat.ac.il

Notes:

Alka Garg, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Managing abortions in India-a threat to the pregnant woman

Alka Garg
Carewell Hospital, India

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

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

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

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

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

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

Biography

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

dralkagarg67@gmail.com
dralkagarg@yahoo.co.in

Notes:

Olena Grechanina, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

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

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

Biography

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

mgc@ukr.net

Notes:

Anjali Pal et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

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

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

Biography

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

anjalipal@aiimsraipur.edu.in

Notes:

Day-1

SESSIONS

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

Chair: Robert John, Catholic University of Cameroon, Cameroon

SESSION INTRODUCTION

Title: Blood type and postpartum hemorrhage
Mais Ali-Saleh, Carmel Medical Center, Israel

Title: Quality of life in pre and postmenopausal Turkish and Polish women
Sevgi Ozkan, Pamukkale University of Denizli, Turkey

Title: Management of pain after caesarean section and the maternal implications
Salam Hadid, Galilee Medical Center, Israel

Title: Determinants of survival of cervical cancer: A hospital based study
Rita Rani, Mahavir Cancer Sansthan and Research Centre, India

Title: Prevalence and possible risk factors of anaemia in different trimesters of pregnancy
Harwinder Kaur Cheema, Punjab Institute of Medical Sciences, Jalandhar, India

Mais Ali-Saleh, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Blood type and postpartum hemorrhage

Mais Ali-Saleh
Carmel Medical Center, Israel

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

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

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

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

Biography

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

Mais_2010@hotmail.com

Notes:

Sevgi Özkan et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Quality of life in pre and postmenopausal Turkish and Polish women

Sevgi Özkan[1], Jolanta Lewko[2], İlgün Özen Çınar[1], Sinem Göral Türkçü[1] Dorota Izabela Piechocka[2], Pınar Serçekuş Ak[1] and **Erkan Alataş[1]**
[1]Pamukkale University of Denizli, Turkey
[2]Medical University of Bialystok, Poland

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

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

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

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

Biography

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

ozkansevgi@hotmail.com

Notes:

Salam Hadid et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Management of pain after caesarean section and the maternal implications

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

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

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

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

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

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

Biography

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

SalamH@gmc.gov.il

Notes:

Rita Rani, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Determinants of survival of cervical cancer: A hospital based study

Rita Rani
Mahavir Cancer Sansthan and Research Centre, India

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

Biography

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

docritarani@gmail.com

Notes:

Harwinder Kaur Cheema, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

Harwinder Kaur Cheema
Punjab Institute of Medical Sciences, Jalandhar, India

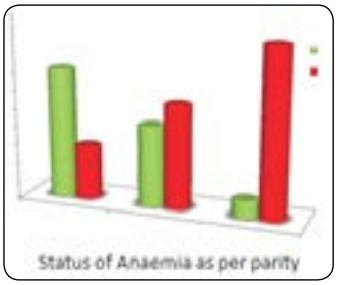
Introduction: Anaemia in pregnancy is a major health issue with adverse maternal and foetal outcomes worldwide, especially in developing countries like India. Nutritional anaemia in pregnant women continues to be a cause of concern despite the fact that this problem is largely preventable and easily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

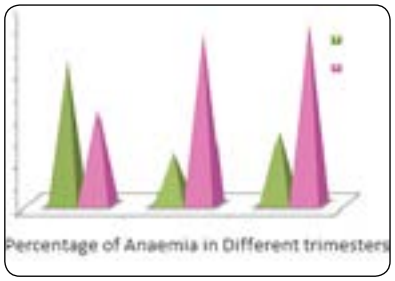
Objective: This cross-sectional descriptive study was to determine the presence of anaemia in pregnant women in different trimesters, and to assess the possible risk factors of anaemia.

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

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

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





Biography

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

drhkcheema@gmail.com







5th International Conference on

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October 08-10, 2018 | Zurich, Switzerland

Keynote Forum

Day 2

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Wassil Nowicky, Gynecol Obstet 2018, Volume 8
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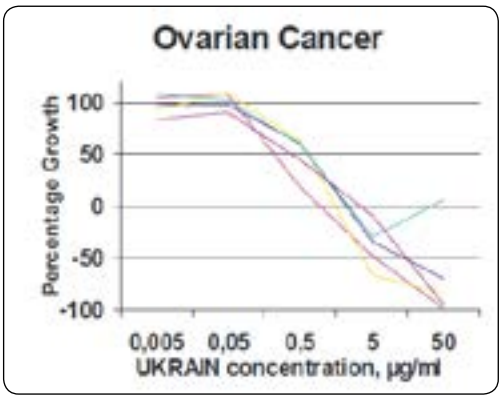
Wassil Nowicky[1, 2]

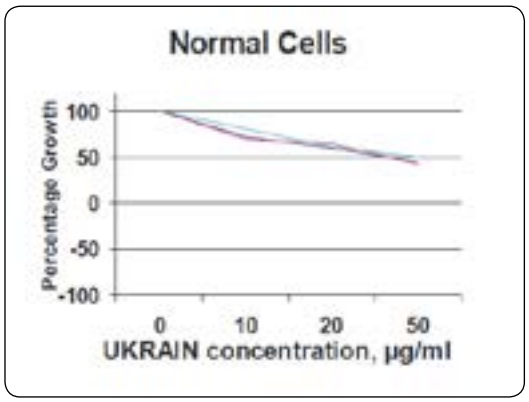
[1]Nowicky Pharma, Austria

[2]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 ascetic 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 depolarization of mitochondrial membranes and consequently the activation of caspases. NSC-631570 induced apoptosis in a panel of cancer cell lines (ovarian 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 formation of micronuclei and in apoptosis.





Biography

Wassil Nowicky is the Director of Nowicky Pharma and President of the Ukrainian Anti-Cancer Institute, Vienna, Austria. He has completed his Graduation to Diplom-Ingenieur at the Radio technical Faculty of the Technical University of Lviv, Ukraine. He is the inventor of the anticancer preparation on the basis of celandine alkaloids "NSC-631570". He is the author of over 300 scientific articles dedicated to cancer research. He is a real member of the New York Academy of Sciences, member of the European Union for Applied Immunology and of the American Association for Scientific Progress, Honorary Doctor of the Yanka Kupala University in Hrodno, and Doctor "honoris causa" of the Open International University on Complex Medicine in Colombo.

dr.nowicky@yahoo.de

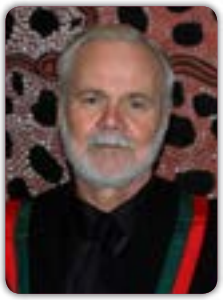
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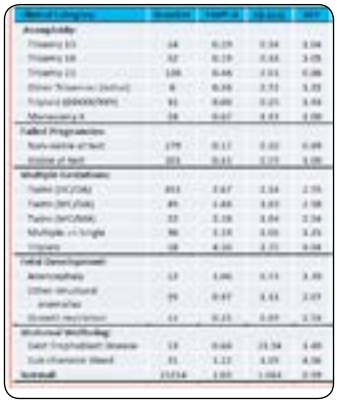


Michael J Sinosich

Douglass Hanly Moir Pathology, Australia

What does first trimester biochemistry tell us?

Prenatal screening for assessment of fetal development has been established for almost half a century. Here is a review of our first trimester screening programme. Study group included: i) aneuploid: trisomy 21 (n=128), trisomy 18 (n=52), trisomy 13 (n=14), triploid (n=31), sex chromosome aneuploidies (n=24) ii) failed pregnancies (n=380), iii) fetal structure: anencephaly (n=12), fetal growth restriction (n=11), iv) maternal health: gestational trophoblastic disease (n=13), sub-chorionic bleeding (n=21). PAPP-A, F hCG and AFP were quantified (DELFIA® DXpress; PerkinElmer) and marker MoM values calculated by LifeCycle v2.2 (Perkin Elmer), using lot specific derived polynomial regression curves. In table median MoM values are presented for three fetoplacental derived markers. A low PAPP-A was associated with poor pregnancy prognosis, including fetal mal development. FβhCG levels were increased in pregnancies carrying Trisomy 21 fetus (2.01+/-0.28), and pregnancies with coexistent trophoblastic disease (21.94+/-66.95. AFP levels were increased in pregnancies which experienced transplacental bleeding (4.06+/-2.79) or pregnancies carrying an anencephalic fetus (1.70+/-0.41). All markers were significantly increased in pregnancies carrying multiple foetuses but not in pregnancies with a demised twin. The above findings confirm: i) low PAPP-A level is the cause for concern requiring assessment of fetoplacental wellbeing, ii) elevated FβhCG level warrants examination of fetal and trophoblast development, and, iii) elevated AFP levels may be due to "leakage" of fetal blood into maternal circulation or to fetal structural maldevelopment, such as, anencephaly.



Biography

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

msinosich@sonichealthcare.com.au

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Robert J I Leke, Gynecol Obstet 2018, Volume 8
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Robert J I Leke

Catholic University of Cameroon, Cameroon

Reducing maternal mortality through the prevention of unsafe abortion and their complication in Cameroon

Cameroon is a country in central Africa with a population of 22 million inhabitants of which 51% are women. Maternal mortality in Cameroon has not followed the expected reduction as elsewhere but on the contrary it has registered an increase passing from 454/100 000 LB in 1991 to 782/100 000 live births in 2011. There has not been any significant reduction in the last years. WHO estimated in 1994 that there were 20 million unsafe abortions in the world per year with about 70,000 maternal deaths from these abortions and their complications. WHO also estimated that 50% of pregnancies resulting in abortion were unwanted hence the high number of unsafe abortions. We have estimated that in the central maternity in Yaounde (Cameroon) about 30% of maternal deaths are due to complications of abortions. In Cameroon the unmet needs for family planning are 22%. The major complications of induced abortions include haemorrhage, perforations, septicemia and intestinal trauma. Long term complications of unsafe abortion include: chronic pelvic pain, tubal obstruction, secondary infertility, ectopic pregnancies and fistulas. The major direct abstetrical causes of maternal deaths in Cameroon are: haemorrhage (24%), infections (15%), complication of abortion (about 30%), preeclampsia-eclampsia (12%) and obstructed labours (8%). The major causes of abortions in Cameroon being: lack of risk, lack of sexual education, lack of family planning, precious marriages restrictive abortion laws, insufficient trained personnel. The real incidence of induced abortions is difficult to estimate in a country with limited legal access to abortions as in Cameroon. Abortions, where they are allowed by law, can be done by medical methods (misoprostol) or by surgical methods of management like uterine aspirations (MVA). In countries where access to abortion is low, unsafe abortions by untrained persons working in inappropriate milieu result to high complications from induced abortions. This is the case of most African countries south of the Sahara and explains the high maternal mortality due to complications of induced abortions in these countries. Interventions to avoid abortion related maternal deaths would include proper management of abortion complications, increased use of family planning and post abortion FP with LARC, reduction of service costs in reproductive health services and modification of restrictive laws on abortion.

Biography

Robert J I Leke is an Emeritus Professor of Gynaecology and Obstetrics. He has 40 years of experience in teaching and practicing gynaecology/obstetrics in universities. He has completed his Graduation with specialised certificate in gynaecology and obstetrics at the University of Montreal in 1978 and also earned a Fellow of the Royal College of Canada, the same year. He has been teaching gynaecology and obstetrics since 1978. He has been Professor and Head of Gynaecology and Obstetrics at the University of Yde 1; Dean of the School of Health Sciences at University of Montagne in Bagante. Currently, he is a Provost in the School of Health and Medical Sciences at the Catholic University of Bamenda in Kumboe.

robertjleker@yahoo.fr

Vijay Nielsen, Gynecol Obstet 2018, Volume 8
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Vijay Nielsen

Nielsen Clinic, Canada

Integrative endometriosis: New treatment alternatives

Endometriosis, a chronic inflammatory disease that affects the pelvic peritoneum and ovaries, is one of the most commonly diagnosed gynecological conditions in women. It represents a debilitating condition for females and a challenging and complex disease for clinicians. Endometriosis often is underdiagnosed and poorly treated, resulting in delayed diagnose, significant pelvic pain and infertility. Multiple studies have shown that endometriosis has a strong affinity towards estrogen, angiogenesis and dysregulation of the immune system. While conventional treatments are used, there is an unmet medical need to not only help improve treatment outcomes but provide treatment with a reduced risk of undesirable side effects. Fortunately, there are a wide variety of therapies available in nutritional and herbal supplements which may be used to treat endometriosis. Certain nutritional and herbal supplements have shown to exert complex actions on endometrial cells as well as regulate inflammation, angiogenesis and aromatase inhibitors. Additionally, nutritional and herbal supplements can safely be integrated with conventional treatments.

Biography

Vijay Nielsen has completed his Diploma in Homeopathic Medicine at Dr. Nielsen's Homeopathic Medical Education and Research Centre Inc. in Winnipeg, Canada; and fellowship at Vinayaka Mission's Hospital in Salem, India. In 2005, he opened Nielsen Clinic where he specializes in women's health and dermatology, combining homeopathic medicine with a clinical approach. His clinic has won numerous awards and he was recently selected as one of the Impact Magazines Top Doctor for 2018. He has published his article in the *Journal of Pharmacy & Pharmaceutical Sciences.*

vnielsen@nielsenclinic.com

Notes:







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Scientific Tracks & Abstracts

Day 2

Gynecology 2018

Day- 2

SESSIONS

Prenatal Diagnosis | Midwifery | Gynecological Oncology | Gynecology & Obstetrics

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

SESSION INTRODUCTION

Title: Development and application of nanotechnology based multiplexed microELISA system for remote antenatal populations
Michael J Sinosich, Douglass Hanly Moir Pathology, Australia

Title: Effectiveness of awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer in educated women
Pushpawati Thakur, All India Institute of Medical Sciences Raipur, India

Title: Primary abdominal pregnancy with incisional hernia with previous two caesarean sections
Parul Nigam, St. Jude's Hospital, Jhansi, India

Title: A classic case of couvelaire uterus: Case report
Parul Nigam, St. Jude's Hospital, Jhansi, India

Michael J Sinosich et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

Michael J Sinosich[1], B Govind[2], A Abhyankar[2], B Rushton[2], N Chau[2], R Sidorov[2], E Ke[2] and **H Moore[2]**
[1]Douglass Hanly Moir Pathology, Australia
[2]Pictor Ltd., New Zealand

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

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

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

Biography

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

msinosich@sonichealthcare.com.au

Pushpawati Thakur et al., Gynecol Obstet 2018, Volume 8
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Effectiveness of awareness programme on knowledge, attitude and practices for early detection and prevention of cervical cancer in educated women

Pushpawati Thakur, Singh S, Pal A, Shristava N and **Singh V**
All India Institute of Medical Sciences Raipur, India

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

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

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

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

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

Biography

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

sakshipushpa10@gmail.com

Notes:

Parul Nigam, Gynecol Obstet 2018, Volume 8
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Primary abdominal pregnancy with incisional hernia with previous two caesarean sections

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

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

Biography

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

parulnigam00@gmail.com

Notes:

Parul Nigam, Gynecol Obstet 2018, Volume 8
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A classic case of couvelaire uterus: Case report

Parul Nigam[1, 2]
[1]Nigam Hospital, Jhansi, India
[2]St. Judes Hospital, Jhansi, India

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

Biography

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

parulnigam00@gmail.com

Notes:

Day- 2

SESSIONS

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

Chair: P D Gupta, Manipal University, India

SESSION INTRODUCTION

Title: The analysis of caesarian section patients and their associated newborn conditions as an outlook of fetomaternal health in Indonesia
Iin Fadhilah Utami and **Ilham Akbar Rahman,** Hasanuddin University, Indonesia

Title: Being a family caregiver of cancer patients: Autoethnographic study
Pinar Sercekus Ak, Pamukkale University, Turkey

Title: Further evidence of psychological factors underlying choice of elective caesarean delivery (ECD) by primigravidae
Nasrin Matinnia, Islamic Azad University, Iran

Title: The level of follistatin and activin in follicular fluid of long protocol in *in vitro* fertilization
Nejla Gultekin, Mersin Sehir Hospital, Turkey

Iin Fadhilah Utami et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

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

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

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

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

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

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

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

Biography

Iin Fadhilah Utami is currently a Clinical student at Wahidin Sudirohusodo Hospital in Indonesia. She has completed her Bachelor of Medicine at Hasanuddin University, Indonesia.

iinfadhilahf@gmail.com

Notes:

Pinar Sercekus Ak, Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C4-033

Being a family caregiver of cancer patients: Autoethnographic study

Pinar Sercekus Ak
Pamukkale University, Turkey

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

Biography

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

pinarsercekus@gmail.com

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Nasrin Matinnia et al., Gynecol Obstet 2018, Volume 8
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Further evidence of psychological factors underlying choice of elective caesarean delivery (ECD) by primigravidae

Nasrin Matinnia[1], Mohammad Haghighi[2], Leila Jahangard[2], Afsoon Kiani[3], Ali Ghaleiha[2], Edith Holsboer-Trachsler[4] and **Serge Brand[4]**
[1]Islamic Azad University, Iran
[2]University of Medical Sciences, Iran
[3]Social Security organization, Shahbazi Clinic, Hamedan, Iran
[4]University of Basel, Switzerland

Objective: Requests for elective caesarean delivery (ECD) have increased in Iran. While some sociodemographic and fear-related factors have been linked with this choice, psychological factors such as self-esteem, stress, and health beliefs are under-researched.

Methods: A total of 342 primigravidae (mean age=25 years) completed questionnaires covering psychological dimensions such as self-esteem, perceived stress, marital relationship quality, perceived social support, and relevant health-related beliefs.

Results: Of the sample, 214 (62.6%) chose to undergo ECD rather than vaginal delivery (VD). This choice was associated with lower self-esteem, greater perceived stress, belief in higher susceptibility to problematic birth and barriers to an easy birth, along with lower perceived severity of ECD, fewer perceived benefits from VD, lower self-efficacy and a lower feeling of preparedness. No differences were found for marital relationship quality or perceived social support.

Conclusion: The pattern suggests that various psychological factors such as self-esteem, self-efficacy and perceived stress, underpin the decision by primigravidae to have an ECD.

Biography

Nasrin Matinnia have completed her PhD at University Putra Malaysia in 2014 and continuied as an Assistant Professor in the Department of Nursing, College of Basic Science, Hamedan Branch, Islamic Azad University. She is the Director of Nursing group. She has published more than 19 papers in reputed journals and has been serving as a Reviewer in some journals. .

nmatinnia@yahoo.com

Notes:

Nejla Gultekin, Gynecol Obstet 2018, Volume 8
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The level of follistatin and activin in follicular fluid of long protocol in *in vitro* fertilization

Nejla Gultekin
Mersin Sehir Hospital, Turkey

Background & Objective: Do we estimate the success of the IVF treatment before the pregnancy test via intra follicular hormonal markers? The level of follistatin and activin is measured and their levels are compared with the oocyte grade in IVF patients.

Study Design: This study has 50 infertile patients. In our study, the best oocyte is taken from each woman. In the IVF treatment, the recombinant FSH doze around 200-300 IU. Human chorionic gonadotropin (HCG) 10.000 IU is administrated. The oocyte pick-up is started. The level of activin and follistatin are measured with ELISA testing. The advanced oocyte morphology grading system is used and the oocytes are divided into four groups.

Results: In this study, the worsening quality of oocyte by declining of level of follistatin and activin in the follicular fluid is demonstrated. In addition, the follistatin and activin level is decreased by rising of the age.

Conclusion: The systemic effects of gonadotropin will be more considerable reason than the fertility in the future. For this reason, we should find the available route of the local injection of gonadotropin to infertile patients. In that point, our study has an important role in the future.

Biography

Nejla Gultekin is a Specialist in Obstetrics and Gynaecology at Mersin Sehir Hospital. She has completed her Education at Marmara University, Faculty of Medicine, in 2003 and worked at the Marmara University Hospital in Obstetrics and Gynaecology Department from 2004-2010. She worked in Pathology Department and Anaesthesiology Department at Maimonides Medical Center, New York-USA, in Obstetrics and Gynaecology Department and in Radiology Department at Weil Cornell Medical Collage, New York Presbyterian Hospital in New York-USA. Currently, she is working in the Obstetrics and Gynaecology Department at Mersin Sehir Hospital, Turkey.

nejlagultekin@yahoo.com

Notes:







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Day 2

Radhouane Achour, Gynecol Obstet 2018, Volume 8
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Spontaneous acute intussusception in a pregnant woman: Clinical and therapeutic particularity

Radhouane Achour
Tunis-El Manar University, Tunisia

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

Biography

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

Radhouane.A@live.com







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Song-Nan Chow et al., Gynecol Obstet 2018, Volume 8
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Anti-GnRH receptor monoclonal antibodies are long acting biosimilar GnRH antagonists

Song-Nan Chow[1,2], **Gregory Lee**[3] and **Chin-Hsiang Chien**[4]
[1]National Taiwan University Hospital, Taiwan
[2]Min-Sheng General Hospital, Taiwan
[3]University of British Columbia, Canada
[4]OncoLock Co.Ltd., Taiwan

Monoclonal antibodies were generated against a synthetic peptide corresponding to N1-29 sequence located in the extracellular domain of human GnRH receptor. Among the fourteen established monoclonal antibodies GHR103 and GHR106 were shown to have the highest affinity (Kd≈2x10-9 M) to the synthetic peptide as well as to the native GnRH receptor in cancer cell extract as well as those from the anterior pituitary in humans. Through immunoglobulin gene analysis, both GHR103 and GHR106 were shown to have identical DNA sequences in both heavy and light chains of IgG1 subclass. GHR106 was shown to be highly specific to N1-29 peptides derived from GnRH receptor of human and money, but not to that from mouse. Immunohistochemical studies were performed with as many as 30 different cancer cell lines and were found to positively stain more than 80% of cases, irrespective of their tissue origins. Consistent results were obtained with other assays such as Western Blot, indirect immunofluorescence and RT-PCR. Similar to GnRH decapeptide antagonist, Antide, GHR106 was shown to induce apoptosis and inhibit cell proliferation to culturing cancer cells by TUNEL and MTT assays, respectively. Furthermore, GHR106 was shown to induce lysis of cancer cells in culture through complement-dependent cytotoxicity reactions (CDC) which are absent with GnRH peptide analogs. Humanized forms of GHR106 (hGHR106) were generated and found to be bioequivalent to murine GHR106 (mGHR106) as well as to GnRH antagonist, Antide in terms of their respective binding affinity and biological properties. Due to widespread expressions of GnRH receptor among various human cancer, hGHR106 can be bioequivalent alternative to GnRH decapeptide analogs and can serve as the antibody-based anti-cancer drugs of much longer half-life as compared to that of GnRH decapeptide analogs (days vs. hrs.). Furthermore, humanized GHR106 can be long-acting substitute to GnRH decapeptide analog for numerous gynecological indications in fertility regulations and women health.

Biography

Song-Nan Chow has completed his Graduation in the College of Medicine at National Taiwan University (NTU) in 1968 and, PhD in Graduate Institute of Clinical Medicine at National Taiwan University in 1983. He has completed an internship at Maimonides Medical Center, New York City, USA during 1972-1973. He was a Senior Investigator at University of British Columbia, Vancouver, Canada and Eastern Virginia Medical School, Norfolk, USA during March 1984 to August 1984. He served as Professor and Head in Department of Obstetrics & Gynecology, College of Medicine and the Hospital of NTU from 1999 to 2005. He was the Principal Investigator of International HPV-008 Cervical Cancer Vaccine Trial (PATRICIA) during 2004-2010 at National Taiwan University Hospital, Taipei, Taiwan. He got a patent of ovarian cancer biomarker from USA and Taiwan in early 21st century.

snchow@ntu.edu.tw

Unya Plodpluang et al., Gynecol Obstet 2018, Volume 8
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Experience of pregnancy prevention among adolescents in Thailand

Unya Plodpluang[1], **Anchalee Srichan**[2] and **Sanya Kaewpraphan**[3]
[1]Boromarajonani College of Nursing, Chakriraj, Thailand
[2]Bangsapan Hospital, Thailand
[3]Public Health Promoting Hospital, Thailand

Teenage pregnancy is one of the major problems in the society. The outcomes of teenage pregnancy have been associated with risks such as obstetric complications, educational risks such as school dropout and socio-economic risks including reduced employment opportunities. In Thailand, the repeated pregnancy phenomenon is really serious. The purpose of this study was to gain an understanding of the experience of repeat pregnancy prevention among adolescents in Kanchanaburi. The key informants who volunteered to participants in this study consisted of 10 adolescents used to be a pregnant teenager and 5 nurses that care for pregnant teenagers. The purposive sampling was used for this study. The data collections and instruments used were a tape recorder, personal documents and in-depth interview. The method described by Hermeneutic phenomenology was employed to analyze the data. The major findings of the research were three categories as follow: Contraceptives temporarily that include the use of contraceptive pills is not regular and do not use condoms. Thai women using oral contraceptives take pills that are easily available at the pharmacy. However, it will not take contraceptive pills. Irregular but husbands do not usually use condoms; Acceptable of Family and; Prevent pregnancy repeat. After childbirth, pregnant women have repeated pregnancy prevention. There are two reasons why pregnancy is prevented because of the thought. Younger children should not have children. I want to go back to school. In order to find the next job. Adolescents have already had a repeat pregnancy and use contraceptive methods, including contraceptive implants. Contraceptive Injection and also have the choice of oral contraceptives. Pregnant women should be educated about the prevention of pregnancy, get the right type of contraceptives at each stage. And encourage families to take part in preventing pregnancy. This will improve the quality of life for adolescent pregnant women.

Biography

Unya Plodpluang has completed her Graduation and PhD in Research Measurement and Statistic Education at Burapha University, Thailand. She is a Deputy Director of Boromarajonani College of Nursing, Chakriraj, a college in Praboromarachanok Institute of Ministry of Public Health, Thailand. Her job description is research and knowledge management. In addition, she is a Nurse Instructor. She is interested in nursing and midwifery and has expertise about qualitative research. She has published more than 20 papers in proceedings and journals of nursing, education and public health. Currently, she is developing a model of health promoting for teenage pregnant girls by Family Support in Thailand. This model is collaboration of multidisciplinary, health volunteer, family member, midwifery, professional nurse and other professionals.

anya_p12@hotmail.com

Ho Ping Ling et al., Gynecol Obstet 2018, Volume 8
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A rare case of uterine torsion in a postmenopausal woman

Ho Ping Ling, S H M Siraj and **Bernard Chern**
KK Women's and Children's Hospital, Singapore

We present a rare case of uterine torsion with myoma in postmenopausal lady in a tertiary centre, emphasizing the importance of high clinical suspicion and advanced radiological imaging in its management. A 52-year-old postmenopausal lady presented with abdominal pain and no bowel movements for 3 days. CT abdomen and pelvis showed uterine torsion whilst initial ultrasound pelvis was unremarkable. Patient underwent laparotomy total hysterectomy and bilateral salpingo-oophorectomy. Intra-operatively findings include torted, enlarged uterus with myoma. Post-operatively patient recovered well. Uterine torsion is an extremely uncommon cause of abdominal pain in women. However, it is a surgical emergency. Prompt identification and management are important to minimize associated morbidity and mortality. In this case, high clinical suspicion and advanced radiological imaging results in early identification and management.

Biography

Ho Ping Ling is a 6th year Obsterics and Gynecology Trainee at the KK Women's and Children's Hospital, Singapore. She is passionate about reproductive medicine and minimally invasive surgery. Her area of research interests includes pre-genetic diagnosis, sexual dysfunction and *in vitro* maturation/fertilization. She is looking to collaborate in research on the topic of pre-genetic diagnosis. Prior to joining KK Hospital, she has completed her Graduation at the National University of Malaysia (UKM) where she also completed her Doctor of Medicine.

pingling.ho@gmail.com

Notes:







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Gynecology 2018

Radhouane Achour et al., Gynecol Obstet 2018, Volume 8
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Ovarian cyst in postmenopausal women

Radhouane Achour and **Neji Khaled**
Tunis-El Manar University, Tunisia

In a descriptive study in France a few years ago based on histological data showed that nearly 75% of operated cysts are organic, 25% are functional, and 1 to 4% of cysts thought to be benign will prove to be malignant. The majority of functional cysts are seen at the time of genital activity. They can also be seen after menopause where they represent 13 to 31% of ovarian cysts operated (NP3). Our objective was to evaluate the characteristics of ovarian cysts in postmenopausal women; its treatment and surgical approach. Retrospective study, includes all ovarian cysts in postmenopausal women who were operated at our center from 2012-2015. In the laparoscopic approach group only the 4% of the surgeries were classified as complex, whereas the 85% were moderate difficulty and 13% simple surgeries. We encourage the use of laparoscopic approach as first option in this pathology to reduce the morbidity and length of hospital stay in these patients.

Biography

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

Radhouane.A@live.com

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Urinary incontinence: TOT vs. TVT

Radhouane Achour, Mohamed Basly and **Chibani Mounir**
Tunis-El Manar University, Tunisia

Stress urinary incontinence (SUI) in women is defined as the involuntary loss of urine during physical exertion, coughing, sneezing or sudden change in position. In the literature, chronic postoperative pain is more frequent in the transobturator tape (TOT) than tension-free vaginal tape (TVT) group. The TOT procedure was associated with a lower rate of post-operative complication. Compared the effectiveness of TOT and TVT for the treatment of SUI, de novo frequency and urgency symptoms were equivalent. However, postoperatively, urinary infection and chronic pain were significantly more frequent with TOT procedure.

Biography

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

Radhouane.A@live.com

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Chemoradiation along with curcumin in the management of uterine cervical cancer

Ashok Kumar Chauhan, Nupur Bansal, Paramjeet Kaur, Anil Khurana, Yashpal Verma and **Om Parkash**
Postgraduate Institute of Medical Sciences, Haryana, India

Introduction: The cervical cancer is the most common gynecological cancer in the developing countries and the leading cause of cancer related mortality in women globally. The majority of the women in under-developed and developing nations present in locally advanced stages. The combination of radiation and chemotherapy is the standard of care for locally advanced cervical cancer. However, the toxicity is a matter of concern. So an attempt has been made in this prospective study to use curcumin as a radiosensitizer and at the same time as a protector of the normal tissues.

Materials & Methods: The study has been conducted in 80 women having stages of IIB to IVA by randomly dividing them into two groups. The patients of both the groups received external beam radiotherapy with the dose of 50 Gy in 25 fractions along with cisplatin 40mg/m2 weekly for five weeks. This was followed by three fractions of high dose rate brachytherapy with a dose of 6 Gy per fraction. The patients of group-I only received curcumin 4 g per day.

Results: After six weeks of completion of treatment the patients were evaluated for response to treatment as per WHO criteria. There was a complete response in 72% in group-I and 66% in group-II. The patients who received curcumin experienced less cutaneous and mucosal reactions. The patients have been followed up for 4 years.

Conclusion: The follow up to 4 years of follow up shows advantage for those treated with curcumin in terms of overall survival.

drchauhanashok@yahoo.co.in

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Termination of pregnancy demand on the rise among displaced women in Greece

Nelly Staderini[1], **Fouzia Bara**[2], **Laura Sheperis**[1] and **Iza Ciglenecki**[1]
[1]Medecins Sans Frontieres (OCG), Athens, Greece
[2]Medecins Sans Frontieres (OCG), Geneva, Switzerland

Background: An estimated 60,000 displaced persons are currently stranded in Greece. MSF opened a project in Athens in April 2016, offering health services first within two camps and – starting mid-September – at a Day Care Center in the city center (DCC). The DCC provides sexual and reproductive health and mental health services. The medical team supports women who wish to terminate their pregnancy (ToP), by providing an initial medical consultation, a cultural mediation service as well as by helping with administrative procedures. In Greece, ToP on request is legal until 12 weeks of gestation, but prior to a hospital appointment for ToP, a woman must provide blood test results, an electrocardiogram, and an ultrasound, all performed on different days and in different places. Here, we describe the first months of ToP referral activity in the context of ongoing data collection.

Methods: We analyzed retrospectively routinely collected data on women presenting at the DCC for a ToP-related consultation from May 2016 through September 2017.

Results: Between 04 May 2016 and 21 september 2017, 62 women presented at the DCC for a ToP-related consultation (55 performed (89%)). Women were aged between 17 and 42 years (average 27 years) and were mostly from Afghanistan (36%) and Syria (28%). Gestational age for women who requested ToP was between 4 and 12 weeks (average 7 weeks). Of those, 55 were performed, among others, 3 were cancelled (patient change of mind) and one case has not yet been resolved. The delay between request and TPR was less that 1 week for the majority.Since January 2017 requests for ToP have sharply increased. We will continue to collect and analyze forthcoming data.

Conclusion: We describe MSF activity in facilitating access to ToP for vulnerable women. Outcomes so far have been largely positive. The demand has been increasing over the last months, likely as a result of awareness of the service provided and also because the DCC may provide a safer environment than the camp settings for women to request a ToP. Refugee and migrant women have very real needs in terms of contraception. The potential association of these needs with sexual violence and its compounded impact on women's mental health warrants further explanation.

Nelly.staderini@geneva.msf.org

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Towards a simple and translatable method for determining the true low risk caesarean section rate in Canada

Arthur P Zaltz
University of Toronto, Canada

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians. It provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. Stakeholders use the broad range of health system databases, measurements and standards, together with evidence-based reports and analyses, in decision-making processes. The privacy of Canadians is maintained by ensuring the confidentiality and integrity of the health care information provided. It has provided institutional c section rates for many years which have been challenged for accuracy, as the risk profile of patients at different institutions cannot be easily compared. Despite using linear regression modelling for risk adjusting, level three institutions had significantly higher rates than did community hospitals. Caesarean section rates are difficult to compare from institution to institution and country to country. A quoted rate as a percentage of deliveries is a meaningless statistic. The WHO puts the ideal c section rate at 10-15%, a rate that is less than half of what is found in developing countries. Further, the current rate is driven by a multitude of factors, including risk factors, patient request, repeated cesearean section, fear of litigation and lower limits of viability. The true question that one should ask is: what is the probability of being delivered by c section in any (western) hospital if you are young, healthy and present in active labour. Canada has just published its first two years of data based on the following inclusion criteria: >37 weeks; Singleton, cephalic presentation; Spontaneous labour; No co-morbidities. This is loosely based on the modified Robson 1a criteria and allows an accurate comparison between all health care institutions, since it is comparing a homogeneous population. With the new indicator, a true, meaningful and actionable rate can be determined and quality improvement strategies put into place to help outliers to reduce their rates.

arthur.zaltz@sunnybrook.ca

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The sonographer role in communicating adverse findings to pregnant patients

Samantha Thomas
University of Sydney, Australia

In many countries, sonographers are the frontline practitioners in diagnosing adverse outcomes in obstetric ultrasound. Patient expectations have changed as technology has improved with pregnant patients expecting to know the results of their scan instantaneously. This research explored the views, experiences and practices of Australian sonographers across a range of private and public practice sites in multiple geographical settings. The findings indicate: there is ambiguity and inconsistency both in understanding practice protocols and the sonographer role in delivering an adverse outcome to pregnant patients; most sonographers lack formalized training and also feel unsupported in these situations leading to frustration, stress and burnout. To achieve the best patient-centered care sonographers need a supportive environment which has interprofessional collaboration and professional body involvement to establish set policies and practice protocols that clearly state the roles and responsibilities of sonographers, radiologists and obstetrician sonologists.

stho5943@uni.sydney.edu.au

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25-OH vitamin D level among female MBBS and nursing students of AIIMS Raipur with menstrual irregularities

Vinita Singh and **Neelam Tamar**
All India Institute of Medical Sciences-Raipur, India

Vitamin D has important role in various parts of the body, especially in the bones. Vitamin D receptor is also expressed in the ovary, placenta and the uterus. Lower vitamin D has been related to premenstrual syndrome, uterine fibroids, dysmenorrhoea and early menarche. Anti-Müllerian hormone (AMH) is a glycoprotein that is secreted by granulose cells in the ovary and hence plays an important role in follicular recruitment and follicular development in adult females. The promoter region for the gene encoding anti-Müllerian hormone (AMH) also contains a functional vitamin D response element (VDRE) and calcitriol in turn regulates its expression thereby vitamin D has its control on ovarian function and menstrual cycle regularity. Hence, indirectly lower 25(OH)D may interfere with regular menstrual cycles leading to irregular periods. We conducted a cross sectional observational study in a tertiary care, teaching hospital located in central India, AIIMS Raipur. The participants were recruited from the female nursing and MBBS students at AIIMS Raipur of all the batches over two months period. Set proforma were distributed among all the students for recruitment of cases for our study. Fasting blood samples were collected in plain red vacutainer, serum 25-OH vitamin D were measured of all the participants who fell into the inclusion criteria of our study. Lower levels of 25(OH) vitamin D were associated with irregular menstrual cycles among female students. Counseling and advice were given regarding supplementation with vitamin D so as to normalize menstrual cycle and to improve ovarian folliculogenesis and ovulation.

ddvinitasingh@gmail.com

conferenceseries.com

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Overview of experience and future developments with transvaginal endoscopy: Serbian experience

Kopitović Vesna and **Stevan Milatovic**
Ferona Fertility Clinic, Serbia

Transvaginal endoscopy (TVE) considers as a minimal invasive endoscopic method, involves hysteroscopy, transvaginal laparoscopy and salpingoscopy. It gives a new approach to both basic evaluation of marital infertility and treatment of certain pathologies of the lesser pelvis regarding reproduction. The multiple role of TVE in the contemporary treatment of infertility is the subject of many controversies and the continuous debate regarding it being justified as a standard infertility treatment. Another aspect is the role of TVE prior to some of the methods of assisted reproductive technologies (ART). The aim of this paper is to try, through the analysis of the available professional literature, to make the role of TVE clearer, as well as to show our experience on the subject in order to find out how big is its contribution to human reproduction. The concept of one-day diagnostics, which is so called one stop fertility clinic, is performed in the Ferona Fertility Clinic on a daily basis. It consists of a detailed interview with a couple, gynecology and ultrasound exam, spermiogram and basic hormone tests, transvaginal endoscopy-diagnostic or operative, talking with the couple and giving results on the same day, as well as giving advice on the proper infertility treatment. By forming infertility diagnostics protocols which use the methods of transvaginal endoscopy, we consider that it is possible to adequately and accurately evaluate fertility within the shortest possible time by which a large contribution is given to the field of infertility. Transvaginal endoscopy used as a treatment is a minimally invasive operative approach for infertile patients, at the same time setting a new challenge in the field of endoscopy with trained gynecologists. It replaced standard laparoscopy in certain indication fields and it eventually confirmed the necessity of its use in recurrent IVF implantation failure, raising the question of its routine use prior to the first IVF cycle which is a topic that requires further randomized trials.

vesna.kopitovic@yahoo.com

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Assessment of knowledge, attitude and behaviour towards emergency contraceptive among female students of Fasiledes Preparatory School, Gondar, Ethiopia

Ketema Bizuwork Gebremedhin[1], **Tesfaye Gebresillassie**[2], **Beedemariam Bihone**[2], **Tesfaye Demeke**[3] and **Netsane Habtie**[3]
[1]Addis Ababa University, Ethiopia
[2]Mekele Health Offices, Ethiopia
[3]University of Gondar, Ethiopia

Introduction: Unintended pregnancy is one of the most common prevalent problems in young women globally, which leads them to distortion of physical and mental health. Moreover, the awareness of the young women about emergency contraceptive is lower among developing countries women. Perhaps, to improve the awareness of the young women about emergency contraceptive and reproductive health issues has a crucial role in improving the health of women specifically young women.

Objective: The objective of this study is to determine the knowledge, attitude and practice of emergency contraceptive among Fasiledes preparatory school of Gondar, Ethiopia.

Method: Institution based cross-sectional study design was used to assess the knowledge, attitude and practice of emergency contraceptive among female students of Fasiledes preparatory school. The data were collected from March to July, 2013. Multi stage stratified sampling method was used to recruit the sample students from the total sections. Semi structured self-administered questionnaire was used to collect the data. Finally, frequency and mean was used to determine the level of knowledge, attitude and practice of emergency contraceptive among the study participants.

Result: Out of 327 respondents, 318 were completed and analyzed in this study. The majority (69.4%) of the study participants had good level of knowledge. Similarly, equivalent (71.1%) amount of the study participants had good attitude towards emergency contraceptive while the study participants who use ever emergency contraceptive before this interview was only (13.5%). Moreover, the more known type of the emergency contraceptive method was pills (74%). The major source of information of study participants to get information about emergency contraceptive was mass media (34.4%).

Conclusion: The level of knowledge and attitude of study participants of this study was found sub optimal while the practice level was low.

ketema2005@yahoo.com

conferenceseries.com

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

Nejla Gultekin
Mersin Sehir Hospital, Turkey

Background & Objectives: Operation time of the second caesarean section was affected from the techniques 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 both groups, the operation time and the amount of 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 with doing the second operation to the same patients. This study should be done in multiple centers with more number of patients from the world.

nejlagultekin@yahoo.com

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Prospective prenatal diagnosis of congenital anterolateral tibial bowing with ipsilateral hallux duplication: Case report

Nejla Gultekin
Mersin Sehir Hospital, Turkey

The presence of any skeletal deformity can be a pathognomonic feature of a syndrome. Tibial bowing is defined as bowing of tibial diaphysis, some degree of angulation is physiologic in neonates, and more severe forms are frequently associated with various syndromes. The congenital anterolateral tibial bowing and polydactyly is a rare condition. Posteromedial and anteromedial bowing may resolve in time spontaneously. Anterolateral bowing should be followed up due to the possibility of development of pseudarthrosis of the tibia and risk of fracture. Congenital anterolateral bowing of the tibia in association with a bifid ipsilateral great toe is a much more rare entity.

nejlagultekin@yahoo.com

conferenceseries.com

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Is shoulder first technique a safe alternative to deliver deeply wedged fetal head during cesarean section?

Pushpa Dahiya
National University of Science and Technology, Oman

Cesarean section is the most common obstetric operation. The incidence of cesarean section varies worldwide. As per World Health Organization (WHO) ideal rate of C-section should not exceed 10-15 per cent, but it's far more than this especially in developing countries. Caesarean section in second stage of labor accounts for one-fourth of all primary caesarean sections especially in tertiary care hospitals in India where the laboring women are transferred once they fail to deliver vaginally. The second stage cesarean sections with impacted fetal heads are technically difficult and are associated with high rate of maternal and fetal morbidities. Different techniques have been used for decades to extract fetal head in late second stage of labor to reduce the maternal complications like extension of uterine incision, hemorrhage and fetal morbidities. A prospective study was conducted over a period of two years in tertiary care hospital to evaluate the efficacy of shoulder first technique in women undergoing cesarean section in second stage of labor for any maternal/fetal indication and this technique was compared with other methods of fetal head delivery in late second stage of labor. At the end of the study observation was that with the shoulder first technique the maternal and fetal complications were very less. The details of the study will be discussed at the time of presentation in the conference.

pushpa@omc.edu.om

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Awareness of female genital mutilation health complications in a comparison between rural and urban areas in Sudan

Rawan Zein Elaabdeen, Riyan Mobark, Hussein Jaafar and **Duaa Mohammadat**
University of Khartoum, Sudan

Background: Female genital mutilation (FGM) or female circumcision is the partial or total removal of external female genitalia for non-medical reasons. It is a serious health problem in Sudan. It causes many complications like bleeding, sepsis, dyspareunia and difficult labour. FGM also violates the human rights of females and can have psychological effect.

Objective: This study aimed to assess the awareness of female genital mutilation complications, attitude and practice and also to do a comparison between Khartoum and Aljazeera states as urban and rural areas respectively.

Methods: A descriptive cross sectional study was done, the data collected using structured interview questionnaires from 138 non-medical individual aged between 15-70 years in June 2018. The study took place in Alhasahesa and Saad Abu-alella hospitals in Aljazeera and Khartoum states respectively. Frequencies and chi-square test were used in data analysis.

Result: The awareness was 81% in urban relative to 52% in rural areas. The attitudes toward FGM in rural and urban are same. And the practice of FGM was more in rural than in urban. The prevalence of FGM in women in this study was found 81% and 82% in urban and rural respectively. Awareness has no association with any one of the sociodemographic data (p-value <0.05) in both urban and rural.

Conclusion: More efforts have to be done to increase the awareness and to strictly prohibit this dangerous practice.

rerezain510@gmail.com

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Effect of prior tubal ligation on peritoneal cytology and survival in endometrial cancer patients

Setare Nassiri
Tehran University of medical science, Tehran, Iran

Background: Endometrial carcinoma is the most gynecologic cancer and its disseminations are via lymphatic, vascular and exfoliation. A diffusion exfoliating pathway to the peritoneal cavity is provided through the fallopian tubes. Bilateral tubal ligation is one of the most common ways of birth control, and only three studies have demonstrated the correlation between tubal ligation and endometrial carcinoma and eventually this association is still not definitely clear. Therefore, we have studied the influence of prior tubal ligation in positive rate of peritoneal cytology and other prognostic factors.

Materials & Methods: This retrospective cohort study was conducted on 174 endometrial cancer patients in 2017 at Emam Hospital of Tehran, Iran. Patients were divided into two groups based on whether they had previously had the surgery of tubal ligation or not. All calculated P values were 2-sided, and $P<0.05$ was considered statistically significant.

Results: Of the 174 patients, 173 completed follow up, with 28% undergoing prior tubal ligation (TL) and 71% not. There was no difference in the grade of cancer cells in the two groups. In the TL group, the rate of recurrence was 14.9% and in the other group was 19.8%, although this difference was not significant. Rate of distant metastasis was 6.4% in TL group and 10% in another group. In TL group, mortality rate was 12.5% and in another group was 15.2%. Those differences were not significant either.

Conclusion: This study shows that endometrial cancer patients with prior tubal ligation had lower rate of deep myometrium invasion, lymph vascular space invasion and positive peritoneal cytology. The TL group was more likely to be in the early stages, maybe due to the factors mentioned above. Accordingly, prior TL can be introduced as a preventive factor for advanced endometrial cancer, but more studies are needed.

setare_n99@yahoo.com

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A case report: Pregnancy with ovarian yolk sac tumor

Widya Solichin, S M Del Rosario, D R Benavides, R S Tungol and **M A Latoy**
Victor R Potenciano Medical Center, Philippines

Yolk sac tumor is a rare highly malignant ovarian tumor in pregnancy that arises from the germ cell of the ovary. It is accounted for 2-4% of cancer in women of reproductive age. It leads to significant mortality and morbidity to both mother and baby. This is a case report of a 26-year old Filipino woman who presented with a rapid enlarging ovarian new growth on her first and subsequent prenatal ultrasound. The patient underwent an Exploratory Laparotomy at 23 weeks and 4 days of gestation. Histopathology showed yolk sac tumor. Chemotherapy was delayed to the end of the pregnancy due to the patient's concern of fetal risks.

widya.solichin@gmail.com

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A review of four cases of müllerian duct anomalies and the need for surgical correction in relation to pregnancy outcomes

Ma. Camilla A. Fernandez
St. Luke's Medical Center, Quezon City, Philippines

Müllerian duct anomalies result from the arrest in the normal progression during various stages of development of the female genital tract. In this paper, four (4) cases of müllerian duct anomalies will be discussed, two (2) cases of unicornuate uterus, a case of a subseptate uterus, and a case of uterus didelphys all found in patients less than 21 years of age. The prevalence of müllerian duct anomalies is at 2-3 percent in the Philippines and 0.1-3.8% in the general population. The incidence is at 1:200 to 1:600 in childbearing women and studies show that a one fourth of these encounter fertility problems. The dilemma is when a surgical approach is warranted versus medical management since most studies show that women with müllerian anomalies are also at increased risk for adverse pregnancy outcomes mainly preterm deliveries, preterm prelabor rupture of membranes, small for gestational age infants and a high rate of cesarean sections due to malpresentation. Congenital uterine anomalies do not necessarily require treatment and however, some anomalies require surgical correction. Surgery is reserved for patients who present with symptoms of outflow obstruction. The chances of fertility is also found to be promising if a minor surgical intervention is done versus a major surgical operation.

camsfernandezmd@gmail.com

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Genetic landscape of endometriosis- new insights from genome-wide analysis

Ie-Ming Shih
Johns Hopkins University School of Medicine, Baltimore, Maryland USA

One of the most fundamental questions relating to endometriosis research is how endometriosis develops. Endometriosis affects ~10% of reproductive-aged women, causing morbidity such as pelvic pain and infertility. It is defined as the presence of ectopic stromal and epithelial endometrium. Endometriosis is considered as a benign inflammatory lesion, but has cancer-like features such as local invasion. There are three anatomic sub-types of endometriosis: superficial peritoneal endometriosis, ovarian endometriotic cysts, and deep infiltrating endometriosis (DIE). In this study, we focused on elucidating the molecular genetic alterations in DIE. Exome sequencing revealed somatic mutations in 20 (83%) of 24 cases. Five harbored known cancer driver mutations in *ARID1A, PIK3CA, KRAS,* or *PPP2R1A*. Targeted sequencing uncovered *KRAS* mutations in 5/15 additional cases. Taken together, 10 (26%) of 39 deep infiltrating lesions carried driver mutations, all confined to epithelium. Next, we applied digital PCR and analyzed mutations in the known synonymous genes (mutations do not change amino acids) and cancer passenger genes (mutations do not cause cancer) which were neutral in clonal evolution in 14 DIEs. Like cancer driver mutations, all these "neutral" somatic mutations examined were exclusively detected in the epithelial but not in the stromal component in all cases analyzed. Analysis of mutant allele frequency showed ubiquitous involvement of epithelial cells by a given mutation. The above results unequivocally establish clonality involving epithelial cells but not in endometrial stromal cells within a given lesion. Based on the above findings, we propose a possible model in developing DIE- that epithelial progenitor cells from endometrium can survive ectopically, especially when they harbor cancer driver mutations. Once residing in an ectopic site, these epithelial progenitor cells recruit blood-born mesenchymal stem cells to differentiate into endometrial stroma cells on site. Our unexpected findings also suggest a new research direction to study the pathogenesis of endometriosis and may lead to the generation of a biologically informed classification to ultimately improve prognostication and personalize treatment.

shihie@yahoo.com

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Treatment options for symptom relief in women with fibroids

Irene Lartey
Massachuestts College of Pharmacy and Health Sciences Univesity, USA

Uterine fibroids are benign tumors common in reproductive years of women. Depending on the size and location of the tumors, uterine fibroids can cause symptoms that can affect women's quality of life. The purpose of this integrative review is to critique and discuss current literature on treatment and intervention options that provide symptom relief for women with fibroids. This research study will examine how the advanced practice nurse can use these finding into practice using king's theory of goal attainment as a theoretical framework. The literature searches include PubMed, CAM PubMed, Google Scholar, Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Ovid Medline. The 14 articles in this review study the consist of quantitative studies with the participant of women in reproductive age. Results of this review suggest that there are various useful treatment options available for patients with symptomatic fibroid. Through education and counseling, the advanced practice nurse can provide support and assist patients in making informed decisions.

ilartey86@gmail.com

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Early-stage clear cell carcinoma of the cervix: A case report and review of literature

Kristine I. Alvaro
Univeristy of the Philippines Manila-Philippine General Hospital Manila, Philippines

Cervical cancer is an important cause of mortality among women. Adenocarcinoma is a rare form of cervical cancer with the clear cell morphology contributing to a certain percentage of the total. Due to its rarity, clinical dilemmas on screening, diagnosis, and treatment are abloom in practice. This paper aims to present two cases of early-stage disease clear cell carcinoma of the cervix with almost similar manifestations but managed differently. This paper also aims to review current existing literature about clear cell carcinoma and what we presently know of its risk factors, presentation, management and prognosis. Two cases of clear cell carcinoma of the cervix in its early stages are presented and discussed in light of recent literature. The first is a case of a 36-year old gravida 1 para 1 (1001) who has clinical stage 1B1 cancer and was managed by radical hysterectomy with complete staging and adjuvant chemoradiation. The second case is in a 45-year old, gravida 6 para 5 (4115), stage IB1 who also underwent the same procedure but did not receive adjuvant therapy. Both patients were in remission in the years of follow-up. The risk factors, presentation, and management of early-stage clear cell cervical cancer may differ from the usual cervical cancer. The future of fertility-sparing surgery is described in this paper as it has been found to provide a plausible new aspect in management of selected patients with clear cell cancer of the cervix in the early stage.

tinbart888@yahoo.com

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Serum adiponectin level in infertile women with Polycystic Ovary Syndrome

Maher shams
Mansoura university Egypt

Background: Polycystic Ovarian Syndrome (PCOS) is a very prevalent disorder of metabolism and reproduction amongst women in their childbearing age. They are likely to suffer various conditions, such as obesity, insulin resistance; diabetes mellitus type II (DMII), cardiovascular disease (CVD), psychological disorders and infertility. Insulin resistance is widely common in females with PCOS at a ratio of 65–80, this number was independent of the body mass index of the individual Insulin resistance could only partly explain the serum level of adiponectin in lean females with PCOS. Adiponectin is one of the hormones implicated in the pathogenesis of PCOS, Adiponectin has antiatherogenic, antidiabetic, anti-inflammatory and insulin-sensitizing effects, adiponectin is inversely proportional in relation to the BMI in healthy individuals. The aim of this study was to evaluate the serum adiponectin level in infertile women with polycystic ovary syndrome.

Materials and Methods: This case-control study was conducted in the Department of Obstetrics and Gynecology, Mansoura University Hospital and the fertility care unit, Egypt. It included sixty infertile women (20 to 40 years) with the polycystic ovarian syndrome and thirty healthy fertile women without manifestation of PCOS who were recruited from the outpatient clinic from October 2016 to October 2017. The primary outcome measure was the relationship between the circulating adiponectin and the heterogeneity of the clinical and biochemical manifestations of PCOS

Results: Regarding the mean value of the adiponectin, there was a statistically significant difference between the control subgroups and the corresponding PCO subgroups. Regarding the anthropometric measurements (BMI & W/H ratio), the difference in the mean of weight, height, BMI, and waist/ hip ratio between the PCO a and C a was statistically non-significant (P-value >1.000). The difference between C a and PCO a in the biochemical measurements was statistically insignificant (P-value >0.05) with a significant elevation of LH, PRL, AMH, FBS, LH/FSH ratio in PCO subgroups

Conclusion: Adiponectin level was elevated which might aggravate the metabolic disorders, the irregular menstruation, and the infertility in PCOS females .Also higher levels of LH, PRL, AMH, FBS, and LH/FSH ratio were detected in PCOS patients.

maher.shams@hotmail.com

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

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

Background: Pregnancy and childbirth related complications are a critical issue. The World Health Organisation 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.

wadad_ksa@hotmail.com

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