October 2018 | Volume 7
ISSN: 2325-9795
Journal of Womens Health, Issues and Care

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2130th Conference

PROCEEDINGS OF

5th WORLD CONGRESS ON MIDWIFERY & WOMEN'S HEALTH

OCTOBER 01-02
2018
FRANKFURT
GERMANY

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Scientific Program

Euro Midwifery 2018

DAY-1

October 01, 2018

Meeting Hall: Spessart

08:30-09:00 Registrations

Opening Ceremony 09:00-09:15

KEYNOTE FORUM

Introduction

09:15-09:55 **Title: Supporting women to achieve healthy weight gain in pregnancy**
Julia Sanders, Cardiff University, UK

09:55-10:35 **Title: Midwives` competencies in caring for high risk women: An exploration of midwives` care to women from Black Minority Ethnic (BME) Groups on delivery suite High Dependency Units (HDU)**
Sarah Chitongo, Middlesex University, UK

Group Photo, Networking & Refreshments 10:35-10:55 @ Foyer

Sessions: Women's Health | Midwifery | Midwifery Practice and Education | Maternal and Child Health

Chair: Elinor Jenkins, Isle of Wight NHS Trust, UK

INTRODUCTION

10:55-11:15 **Title: A qualitative study of women's lived experience after deinfibulation in the UK**
Faezeh Safari, King's College London - Guy's Campus, UK

11:15-11:35 **Title: 'Wearing the Mask of Motherhood': The experience of maternal attachment using interpretative phenomenological analysis**
Geraldine McLoughlin, University College Cork, Ireland

11:35-11:55 **Title: Women's health and cultural diversity: What does it mean?**
Soheyl Asadsangabi, Vanderbilt University Medical Center, USA

11:55-12:15 **Title: Randomized controlled trial of abdominal binders for postoperative pain, distress, and blood loss after cesarean delivery**
Sevil Hakimi, Tabriz University of medical science, Iran

12:15-12:35 **Title: Effects of date fruit and 7dates consumption on hemoglobin level and bowel movement**
Indrayani, Akademi Kebidanan Bina Husada, Indonesia

12:35-12:55 **Title: Evaluation by Japanese expectant mother for the program 'Prenatal Education for Adaptation to Caesarean Birth in an Emergency (PEACE)'**
Naomi YOKOTE, Chubu University, Japan

Lunch Break 12:55-13:40 @ Gaumenfreund

WORKSHOP

13:40-15:40 **Title: Acupressure for pain relieve in labour**
Loredana Zordan, University College London, UK

Networking & Refreshments 15:40-15:55 @ Foyer

Sessions: Midwifery | Midwifery Practice and Education | Neonatology

Chair: Soheyl Asadsangabi, Vanderbilt University Medical Center, USA

15:55-16:15 **Title: Acupressure for induction of labour case study**
Loredana Zordan, University College London, UK

16:15-16:35 **Title: Labial trauma post birth: A Delphi study of classification and suturing requirements**
Elinor Jenkins, Isle of Wight NHS Trust, UK

16:35-16:55 **Title: Comparison of breast crawl between infants delivered by vaginal delivery and cesarean section**
Sevil Hakimi, Tabriz University of medical science, Iran

16:55-17:15 **Title: How is oxytocin delivered and stored in the rural areas?**
Indrayani, Akademi Kebidanan Bina Husada, Indonesia

17:15-17:35 **Title: Effect of non-pharmacological interventions on sleep quality in pregnancy**
Tulay Kavlak, University of Istinye, Turkey

POSTER PRESENTATIONS (17:35-18:00) @ FOYER

Poster Judge: Loredana Zordan, University College London, UK

EM01 **Title: Historical transition and advantage of maternal and child health book in Japan**
Kyoko Kajihara, Fukuoka Nursing College, Japan

EM02 **Title: A study on the effectiveness of aloe fomentation on nipple related complications in the early puerperium period**
Yumiko Tateoka, Shiga University of Medical Science, Japan

EM03 **Title: What is the condition of midwives in villages?**
Haryati Astuti, Akademi Kebidanan Husada Gemilang, Indonesia

EM04 **Title: Incorporating active-learning teaching techniques in midwifery education: Inventive ideas being employed at Shiga University of Medical Science**
Shoko Watada, Shiga University of Medical Science, Japan

EM05 **Title: Relationship between maternal eating behaviour and umami in human colostrum and durable milk**
Shoko Watada, Shiga University of Medical Science, Japan

EM06 **Title: Documents review about elderly people's fear of falling**
Tomoko Matsunaga, Osaka Aoyama University, Japan

Panel Discussion

DAY-2

October 02, 2018

Networking & Lunch 12:30-13:30 @ Gaumenfreund

Awards & Closing Ceremony

Bookmark your Dates

6th World Congress on

Midwifery and Women's Health

September 09-10, 2019 | Baltimore, USA

E: euromidwifery@expertsconferences.org; euromidwifery@nursingconference.com

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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 World Congress on

Midwifery and Women's Health

October 01-02, 2018 | Frankfurt, Germany

Supporting Journals

Euro Midwifery 2018

Supporting Journals

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

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

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



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

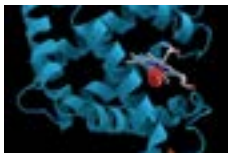
6th World Congress on
Hepatitis & Liver Diseases
June 18-20, 2018 Dublin, Ireland
E: hepatitis@gastroconferences.com
W: hepatitis.conferenceseries.com

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

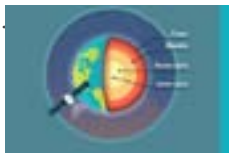
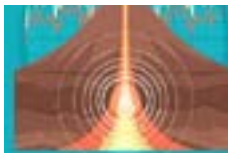
4th International Conference on
Bioscience
July 02-03, 2018 Vienna, Austria
E: bioscience@conferenceseries.net
W: bioscience.conferenceseries.com

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

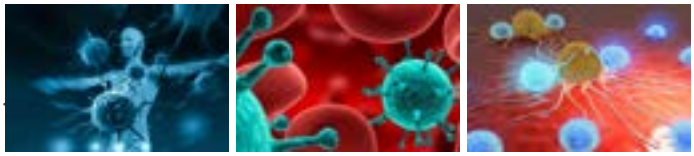
3rd International Conference on
Environmental Health & Preventive Medicine
October 15-16, 2018 Warsaw, Poland
E: environmentalhealth@healthconferences.org
W: environmentalhealth.conferenceseries.com

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

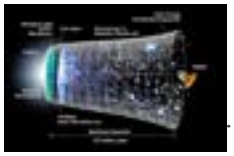
3rd International Conference on
Generics Drugs and Biosimilars
November 15-17, 2018 Frankfurt, Germany
E: genericpharma@pharmaceuticalconferences.org
W: generic-market.pharmaceuticalconferences.com

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 World Congress on

Midwifery and Women's Health

October 01-02, 2018 | Frankfurt, Germany

Keynote Forum

Day 1

Euro Midwifery 2018

Julia Sanders, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-010



Julia Sanders

Cardiff University, UK

Supporting women to achieve healthy weight gain in pregnancy

Background: Excess antenatal weight gain is associated with pregnancy complications and longer term maternal obesity. Although international guidelines on antenatal weight gain exist, women have reported information to be inadequate. This presentation will explore the current evidence base in relation to gestational weight gain and present the results of a UK based study.

Aim: The PRAM study assessed the feasibility and acceptability of incorporating an individualised weight chart and midwife support using a motivational interviewing-informed approach, into antenatal care.

Method: Pregnant women were recruited by community midwives and provided with personalised weight (based on their BMI) to record pregnancy weight gain against a plotted range based on the IOM guidelines. Participating midwives were trained in a motivational interviewing-informed approach to discussing weight. Participants were followed up postbirth and weight charts reviewed. Participant qualitative interviews and midwife focus groups were conducted.

Results: Fifty two women were recruited across all BMI categories. Weight charts were obtained from 33 (63.5%) participants' maternity notes; 29 participants (87.8%) had monitored weight ≥10 times throughout pregnancy and 4 participants (12.1%) had monitored their weight 1 to 9 times. Gestational weight gain was obtained for 41 participants (78.8%) and compared to IOM recommended parameters. Of these, 11 participants (27%) were in range, 19 (36.5%) were above and 11 (21.2%) below recommended parameters. Interviews / focus groups with participants and midwives revealed that the weight charts were generally acceptable to participants, but that midwives did not engage participants in discussions about their weight as part of antenatal care.

Conclusions: Monitoring of gestational weight gain in pregnancy is generally acceptable to women and could be incorporated into an antenatal weight management intervention. However, given current evidence careful consideration now needs to be given to establishing healthy weight ranges for pregnancy and the development of effective tested complex interventions for women.

Biography

Julia Sanders has combined teaching, research and midwifery practice for over 25 years and has extensive experience in the design and delivery of complex research studies into maternity care. Her current methodologies include randomised trials and the use of routine health data to answer research questions. Julia is currently leading the UKs largest study comparing outcomes for mothers and babies following waterbirth and birth on land and has an interest in developing further work around maternal weight gain in pregnancy.

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Sarah Chitongo, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-010



Sarah Chitongo

Middlesex University, UK

Midwives` competencies in caring for high risk women: An exploration of midwives` care to women from Black Minority Ethnic Groups on delivery suite high dependency units

The Black Minority Ethnic (BME) population has increased significantly over the course of the last three decades. They have more prevalent pre-existing medical conditions and have worse health outcomes. With the increase in births from this group, it is inevitable that midwives' are increasingly caring for these women in High Dependency Units (HDU) on delivery suites and engage in a meaningful way with midwives' in understanding their experiences of HDU care on delivery suite. Little is known about midwives' competencies and experiences in caring for this group. Hence, we need to identify barriers that affect high dependency provision to BME patients. A mixed study using surveys to London based Trusts. Knowledge from this work will contribute to guidance on standardization of this area and identify areas of improvement. It will also reduce the fragmented care provision and encourage responsiveness to individual, family and cultural needs. Encourage services is to be organized more seamlessly to ensure ethnic minorities receive appropriate individualised maternity care.

Biography

Sarah Chitongo is a Nurse and Midwife with 16 years of experience in all areas of Midwifery. She is also an experienced Senior Manager who left the National Health Service (NHS) as a Deputy Head of Midwifery. She has set up a High Dependency Unit (HDU) on a delivery suite. The aim of the HDU was to offer women and their families a consistently high level of individual, medical, and psychological care, delivered by staff who understood the physiology, pathology, psychological and cultural needs of BME obstetric groups and the wider community. There was initial anxiety on the part of midwives around the mechanization of care, but competence and confidence was developed through an informal structure that she developed. She is an ambitious manager who has built a reputation developing and motivating staff. The management style focuses on three main things; innovation, quality and staff. She has excellent leadership, communication and interpersonal skills with the ability to inspire confidence and build strong stakeholder relationships to ensure that the curriculum is at the forefront of knowledge and reflects the latest research insights and materials. Further roles within current position include generating and presenting annual management review reports as well as providing consultancy for academics within the department in relation to midwifery education.

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Notes:







5th World Congress on

Midwifery and Women's Health

October 01-02, 2018 | Frankfurt, Germany

Workshop

Day 1

Euro Midwifery 2018

Loredana Zordan, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011



Loredana Zordan

Midwife University College London, UK

Acupressure for pain relieving in labor

Acupressure is the application of pressure to acupuncture points. It originates in ancient traditional Chinese medicine, based on the concept of meridians or channels carrying Qi, or energy, throughout the body. In modern terms, the stimulation of these points has effects on blood flow to the uterus, cervical dilatation, movement of the baby, release of endorphins and the natural pain reliever. With acupressure, the woman has the sensation of aching and tingling and you will see the changes in her body as she feels less pain, more relaxed and her contractions feel less intense. It describes the basic principles of acupressure for pain relievers in labor and locates points accurately by description and demonstration. Encourage to teach these techniques to women and their birth partners, thereby promoting partner involvement and reduced need for pharmaceutical pain relief in labour. This study introduces Chinese medicine for childbirth, how acupressure can reduce the pain of labor from a Chinese medicine prospect and using acupressure for pain relieving in labor point location and clinical implication.



Biography

Loredana Zordan is an Acupuncturist and a Midwife. She is teaching nationally and internationally by conducting workshop for midwives on the use of acupressure for pregnancy and birth. Since the introduction of the workshop in Italy "Acupressure for pregnancy and birth" many hospitals are introducing acupressure to facilitate labor induction and pain relieve in labor. This allows midwives to expand their role, becoming more complete and independent practitioner, acupressure being drug free and therefore not having harmful teratogenic effect, provides a much safer and satisfying childbirth experience as well as facilitating a more natural and less medicalized childbirth.

loredana_zordan@hotmail.com







5th World Congress on

Midwifery and Women's Health

October 01-02, 2018 | Frankfurt, Germany

Scientific Tracks & Abstracts

Day 1

Euro Midwifery 2018

SESSIONS

Women's Health | Midwifery | Midwifery Practice and Education | Maternal and Child Health

Chair: Elinor Jenkins, Isle of Wight NHS Trust, UK

SESSION INTRODUCTION

Title: A qualitative study of women's lived experience after deinfibulation in the UK
Faezeh Safari, King's College London - Guy's Campus, UK

Title: 'Wearing the Mask of Motherhood': The experience of maternal attachment using interpretative phenomenological analysis
Geraldine McLoughlin, University College Cork, Ireland

Title: Women's health and cultural diversity: What does it mean?
Soheyl Asadsangabi, Vanderbilt University Medical Center, USA

Title: Randomized controlled trial of abdominal binders for postoperative pain, distress, and blood loss after cesarean delivery
Sevil Hakimi, Tabriz University of medical science, Iran

Title: Effects of date fruit and 7dates consumption on hemoglobin level and bowel movement
Indrayani, Akademi Kebidanan Bina Husada, Indonesia

Title: Evaluation by Japanese expectant mother for the program 'Prenatal Education for Adaptation to Caesarean Birth in an Emergency (PEACE)'
Naomi YOKOTE, Chubu University, Japan

Faezeh Safari, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

A qualitative study of women's lived experience after de-infibulation in the UK

Faezeh Safari[1, 2]
[1]King's College London - Guy's Campus, UK
[2]St Thomas' Hospital, UK

Objective: To explore women's experiences of de-infibulation and it's after math.

Design: A qualitative study using semi-structured interviews with data collection via audio-recording and field notes. The audio recorded interviews were transcribed verbatim and analysed using interpretive phenomenological analysis (IPA) method for qualitative data analysis.

Setting: Recruitment for the study was carried out in an African Well Women Clinic in London, United Kingdom.

Participants: There were nine women participants of Somali and Eritrean origin who had female genital mutilation (FGM) type III previously and underwent de-infibulation between January 2008 and September 2009.

Findings: Key themes identified were the cultural meaning and social acceptability of de-infibulation; the consequences of de-infibulation within marital relationships; feelings about the appearance of genitalia post de-infibulation and thoughts on re-infibulation.

Conclusions: Marital factors and stability of the relationship influence the experience of de-infibulation. Those women who said they had discussed de-infibulation with their husband in advance, and that he had agreed to the procedure, reported less problems afterwards. Single women who had de-infibulation before marriage may face more difficulties in terms of social acceptability within their community.

Implications for Practice: Sensitivity to social consequences of de-infibulation is important as well as recognition that these consequences vary. When de-infibulation is carried out for medical purposes some women may appreciate the offer of an official letter from a health-care practitioner confirming the medical nature of the procedure. The data suggests that de-infibulated women may dislike the new appearance of their genitalia; therefore, the practicality of performing a concurrent minor cosmetic surgery with de-infibulation procedure may need to be examined. The need for further research conducted in women's primary language is pressing and should explore issues such as the situation of single women, men's knowledge of the complications associated with FGM and the benefits of de-infibulation for infibulated women.

Biography

Faezeh Safari is a Senior Midwife at King's College London-Guy's and St. Thomas' Hospital, NHS Trust, London since 2003. She is currently practicing as a Community and Birth Centre Midwife. She has completed her BSc in Midwifery at Survey University in Iran in 1999. She has completed her MSc in Advancing Women's Health Care at King's College London University which led her to research and publication on women's experience of de-infibulation in the UK. She is a Member of the Royal College of Midwifery in the United Kingdom. She also worked as a Research Midwife in the Department of Maternal and Fetal Research Unit at King's College London. She is a strong advocate of midwives and natural childbirth. She is a mentor and sign off mentor for clinical practice of student midwives.

Fay.Safari@gstt.nhs.uk

Geraldine Mc Loughlin, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Wearing the mask of motherhood: The experience of maternal attachment using interpretative phenomenological analysis

Geraldine Mc Loughlin
University College Cork, Ireland

Becoming a mother is an intense experience which sets the foundation for future interactions and relationships for both mother and baby. Researchers have theorized that maternal infant attachment begins during the antenatal period and continues on through the postnatal period, though the reality of the experience for the mother remains largely unexplored. There are many variables, complexities and concepts that influence the maternal foetal/infant attachment relationship. Accordingly, this study examined how the concepts of transition to motherhood and identity influence a mother's experience of the attachment relationship during pregnancy and with her baby. Understanding these experiences has implications for practice and is relevant to the particular needs of the women, babies and families in our care and society. This three-phase project adopts a phenomenological approach where semi-structured interviews were used to collect data from nine women during pregnancy at approximately 35 week's gestation and at six and twelve weeks postnatal. Interpretative phenomenological analysis was utilized to synthesize themes. The super ordinate theme which emerged from the data during pregnancy was attachment relationship with the unborn baby and following birth: attachment interrupted and getting to know you emerged from the women's narratives. Following on from this, at twelve weeks postnatal the women had achieved a new understanding of their experience as reflected in the super ordinate themes: 'I have finally arrived', and 'Identity-wearing the mask of motherhood'. The longitudinal dimensions of the study enabled narratives to be collected valuing the unique perspectives of the participants and respectful of their lived experience, revealing ways in which the transition to motherhood and the experience of attachment from the maternal perspective is socially constructed and personally experienced. The epistemological and ontological perspectives led women to challenge assumptions around mothering which they may have previously held, which influenced their expectations and rendered experiences which did not conform to idealised notions of motherhood, difficult to voice or express. The women's narratives of their subjective experience convey the overwhelming nature of motherhood and the multifaceted phenomena that influence the attachment relationship. This study provides an insight into the experience of the transition to motherhood, the development of the attachment relationship of first-time mothers and how maternal identities are revealed by the narratives they convey. It also highlights the complexity of the maternal foetal/infant attachment. Finally, implications for education, research and practice are explored and elaborated.

Biography

Geraldine Mc Loughlin is a Midwife Lecturer and BSc (Hons) Midwifery Programme Co-Ordinator in the School of Nursing and Midwifery at University College Cork. Her PhD in Education explored Maternal Fetal/Infant Attachment during the transition to new motherhood using interpretative phenomenological analysis. She teaches modules across undergraduate and postgraduate midwifery and nursing. She also collaborates with continuing professional development in the acute Maternity hospital setting facilitating multidisciplinary training in PROMPT Obstetric Emergency Programmes and Neonatal Resuscitation Programmes. She has extensive senior clinical experience in all aspects of midwifery care in both the community facilitating home births and water birth and in the acute obstetric setting. She is experienced in quantitative and qualitative research methodologies particularly interpretive phenomenological analysis. Other research interests include psychological health during pregnancy and early motherhood, transition to parenthood, maternal morbidity and mortalities associated with childbirth, and organisational management of care.

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Notes:

Soheyl Asadsangabi, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Women's health and cultural diversity: What does it mean?

Soheyl Asadsangabi
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By 2013, Western countries received roughly 130 million immigrants, with women consisting of more than half the immigrant population. This demographic change highlights the importance of cultural sensitivity and its role in clinical practice. The impact of cultural diversity in the delivery of quality health care is undeniable. Sociocultural differences, e.g., ethnicity, race and language proficiency, are just a few factors to consider. Furthermore, these differences directly influence a woman's perspective, behavior, belief and value in current multicultural societies. A true understanding of a woman's cultural differences is required to establish effective clinician-patient communication and to improve quality of care. Through applied and innovative understanding, it is possible to continue the integration of diversity in women's health management and establish standards of care for this vulnerable population. Standards to consider may include availability of personalized care, cultural respect, informed consent in medical decision-making and medical procedures, understanding of sexual orientation, use of interpretive services, and regard for all birth rituals and faith-based concerns. The purpose of this presentation is to: Define cultural diversity in women's health; Identify obstacles in cross-cultural care; Introduce sensitive models to care for women from other cultures.

Biography

Soheyl Asadsangabi has completed her DNP as a Midwife at Vanderbilt University. She has been practicing midwifery since 2004 in private and academic settings. As a woman from another culture and a clinician who provides care for a diverse population, her focus is on cross cultural women's health care. She is currently an Assistant Professor at Vanderbilt School of Medicine.

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Sevil Hakimi et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Randomized controlled trial of abdominal binders for postoperative pain, distress, and blood loss after cesarean delivery

[1]Sevil Hakimi, [2]Samieh Ghana, [3]Nasser Behnampour and [4]Fatemeh Abbasalizadeh
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Objective: To assess the effect of using abdominal binders on pain, distress, and postpartum hemorrhage after cesarean delivery.

Methods: The present prospective randomized controlled trial enrolled patients undergoing non-emergency cesarean deliveries in Golestan Province, Iran. Patients were randomized in a 1:1 ratio by blocks of four or six to a control group or to use an abdominal binder after delivery; all patients received routine care. The primary outcomes were visual analog scale-assessed pain, symptom distress scale (SDS)-assessed distress and hemoglobin and hematocrit levels. Participants and researchers were masked to treatment assignments until after cesarean delivery and data analysis was unmasked; intention-to-treat analyses were performed.

Results: There were 89 patients enrolled in each group, with no differences in baseline pain scores, SDS scores and hemoglobin and hematocrit levels between the groups (all P>0.05). Pain and SDS scores were lower in the binder group at all post-baseline time points compared with the control group (all P<0.001). Hemoglobin and hematocrit levels were higher among patients who received binders 36 hours after baseline (both P<0.001). There was one patient who experienced hemorrhage in the binders group and one patient requested removal of their binder.

Conclusions: Patients who received abdominal binders reported less pain, lower SDS scores and higher hemoglobin and hematocrit levels following cesarean delivery.

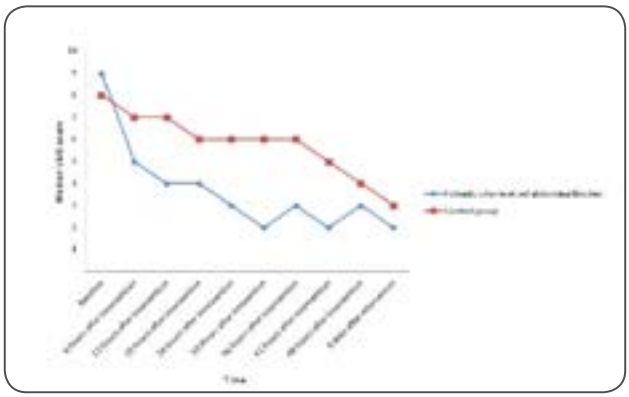


Figure 1: Comparing pain score between two groups

Biography

Sevil Hakimi has completed her PhD in Reproductive Health. She has completed her Bachelor's and Master's degree in Midwifery. At present, she is an Associate Professor at Tabriz University of Medical Science, Iran. Her main research interest includes "Study on maternal and neonatal health as well as menopause and ovarian aging". She is an Expert in management of vaginal delivery, postpartum hemorrhage, grade 2 and 3 perineal tears repair and neonatal resuscitation. In research field, she has conducted several researches and has expertise in study design, statistical analysis and psychometric properties of instruments. She is a Supervisor for master's thesis and doctorate dissertations.

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Indrayani et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Effects of date fruit and 7 dates consumption on haemoglobin level and bowel movement

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Statement of the Problem: Iron supplement program as an approach to overcome anemia gives positive impacts but still under expectations, even considered a failure. Side effect of iron supplement such as constipation causes disobedience. This study was designed to examine haemoglobin level and bowel movement differences resulted from iron supplement of government program and public market and ferro-contained nutrition often consumed by people, in order to identify alternative solution for handling anemia.

Methodology: True-experimental quantitative design with pre-test and post-test control group was used on three treatment groups and one control group. Respondents were anemia adolescent girls with inclusive but not exclusive criteria. 40 respondents were selected using random permutated blocks. Intervention was done for 30 days with weekly assessment. Data analysis used Friedman Test, Wilcoxon Signed Rank and Multiple Linear Regression Test.

Findings: There is a significant haemoglobin difference before and after intervention on four groups. It is seen in week 1, 2, 3, and then it tends to decline. Strong, significant correlation is found in treatment with haemoglobin and defecation duration (week 4) and bowel problems (week 2, 3, 4); feeding frequency and menstruation with haemoglobin (week 1); feeding frequency and defecation duration (week 2); mineral water intake and defecation duration (week 4). Multiple linear regression analysis results in regression equation and participants' prediction towards dependent variables. There is a positive, significant relationship between treatment (week 2, 3) and bowel problems, mineral water intake (week 4) and defecation duration.

Conclusion & significance: Dates and ferrous sulfate consumption increase higher haemoglobin level than ferrous gluconate and 7 dates. However, ferrous sulfate and ferrous gluconate consumption have negative side effects while dates and 7dates give beneficial effects. Dates and its processed products should be considered alternative solution for handling and preventing anemia.

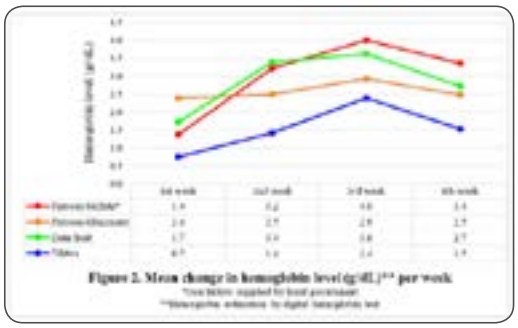


Figure 2. Mean change in hemoglobin level (g/dL)** per week

Table 5. Description of bowel movements experienced by respondents

	1 week				2 weeks				3 weeks				4 weeks			
	FS	FG	DF	TD	FS	FG	DF	TD	FS	FG	DF	TD	FS	FG	DF	TD
Mean duration of defecation per week																
ND for 6 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ND for 5 days	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
ND for 4 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ND for 3 days	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0
ND for 2 days	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0
ND for 1 days	2	1	0	0	2	0	1	1	1	0	0	0	1	1	1	0
ND for 0 days	1	1	2	1	2	1	0	1	1	4	0	1	0	2	0	0
Just one each 7 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Almost every day	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Every day	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1
Respondents faced bowel problems																
I am not defecate	4	1	1	0	4	2	1	0	4	2	0	0	4	1	0	0
Hard stool	2	0	2	1	0	0	2	1	0	0	0	0	0	0	2	1
Diarrhea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No complaint	1	0	7	0	1	8	7	10	6	8	10	10	6	9	8	9

Note: ND: No Defecation (NDS), Freeses Sulfate supplied by local government (FS), Freeses Gluconate (FGS), Date Fruit (DF), Tablets (TD)

Biography

Indrayani is a Midwife with several working experiences as a Nurse of Public Health Center, Midwife Practitioner, Midwife Lecturer, Researcher, and Writer. Her research interests include "Midwives in communities, midwifery education, and maternal mortality particularly postpartum haemorrhage". Her job has led her to work with several collaborative partners such as the Ministry of Health, government and non-government institutions, association and broader community of midwives. She has published four books on midwifery and more than 19 papers of presiding and journals both nationally and internationally.

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Naomi Yokote et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Evaluation by Japanese expectant mother for the program - prenatal education for adaptation to caesarean birth in an emergency (PEACE)

Naomi Yokote, Megumi Yamashita, Taeko Hashimoto and **Misaki Okakura**
Chubu University, Japan

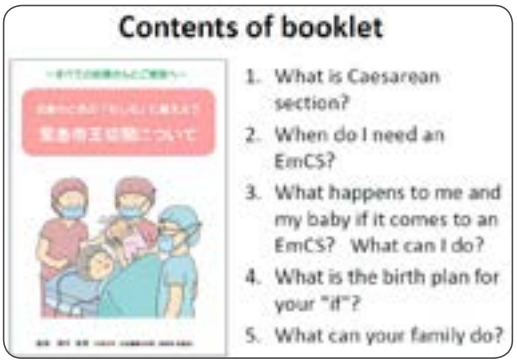
Background: The caesarean section rate in Japan has tripled in hospitals in the past 30 years, and doubled in clinics, where it is approximately 20%. Japanese women remain strongly inclined to have a natural childbirth, so they develop negative feelings and trauma when they must undergo an emergency caesarean section (EmCS).

Aim: To investigate the effectiveness of a comprehensive childbirth preparation education program i.e., prenatal education for adaptation to caesarean birth in an emergency (PEACE) on pregnant women developed to enhance expectant mother's adaptability to an EmCS.

Method: We conducted intervention research at the research cooperation facility and evaluated the program using the booklet; preparing for "If" in case of childbirth-about emergency caesarean section. In the usual late pregnant classroom of the research cooperation facility, midwives provided the information dedicated to EmCS using a booklet developed by the authors in 15 minutes. After a week, the participated pregnant women answered a questionnaire on the evaluation of this program. This research was conducted with the approval of the Ethics Review Committee of the cooperating facility. Also, in order to prevent any differences in intervention and survey method by the midwives in charge, we made procedure manual, careful meetings and carried out this intervention study.

Results: The questionnaires were collected from 858 late pregnant women. The degree of comprehension of explanation contents by midwife was "well understood" 42%, "generally understood" 56%. About a switching time of birth plan in EmCS, "I had the idea" was 23%, "not yet considered (from now on)" was 76%. Regarding the prediction of adaptability to EmCS, "I will be able to respond calmly on my own" was 2%, "It seems to be able to manage it somehow" 60%, "I think that I cannot deal with it much" 10%. Evaluation on the booklet itself was generally highly valued with "very good" 57%, and "good so good" 42%. For that reason; women recognized that EmCS were not unrelated to them, they were able to attend, illustrations and explanations were easy to understand.

Discussion: From the evaluation to PEACE by late pregnant women, we can obtain their understanding of EmCS, and expect to prompt emergency attitude and coping behaviors. In the future, we will evaluate this program based on the survey results for the puerpera who had an EmCS indeed.



Biography

Naomi Yokote is a Midwife, MHs and an Associate Professor in Maternal Nursing. She has been studying about women's experiences and care around caesarean birth. She has published a book for general woman "*The Book of Caesarean Birth for Mother*" (in Japanese) in 2013 and has been giving lectures at seminars and congresses. She and co-authors has been conducting Parenting Seminar at Chubu University as new approach to prevent postpartum depression.

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SESSIONS

Midwifery | Midwifery Practice and Education | Neonatology

Chair: Soheyl Asadsangabi, Vanderbilt University Medical Center, USA

SESSION INTRODUCTION

Title: Acupressure for induction of labour case study
Loredana Zordan, University College London, UK

Title: Labial trauma post birth: A Delphi study of classification and suturing requirements
Elinor Jenkins, Isle of Wight NHS Trust, UK

Title: Comparison of breast crawl between infants delivered by vaginal delivery and cesarean section
Sevil Hakimi, Tabriz University of medical science, Iran

Title: How is oxytocin delivered and stored in the rural areas?
Indrayani, Akademi Kebidanan Bina Husada, Indonesia

Title: Effect of non-pharmacological interventions on sleep quality in pregnancy
Tulay Kavlak, University of Istinye, Turkey

Loredana Zordan, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Acupressure for induction of labor case study

Loredana Zordan
Midwife University College London, UK

Introduction: Acupressure is a Chinese technique that involves the use of finger pressure on specific points along the body. It has been used to induce labor in cases of post maturity. Post maturity can pose a risk for the unborn child increasing the risk of still birth. The acupressure points commonly used for induction of labor have a very strong effect on the energy of the uterus, causing uterine activity and promoting a downward expulsion of the fetus. Oxytocin is the most common induction agent used for induction of labor. It can be very useful to induce labor, but can also cause strong contractions, that can reduce the supply of blood and oxygen to the fetus causing fetal distress and on rare occasions, rupture of the uterus.

Case Study: A 36 years old primigravida, with an uncomplicated pregnancy, booked for home birth. Hospital induction was booked for post maturity at 41.5 weeks of gestation. Three days before the medical induction was due, her Bishop score was ≤6 which indicated that cervical ripening was indicated. She started using acupressure to help establish contractions and promote cervical dilatation. Author was called after two days as she was contracting; the bishop score was greater than seven. Author also used specific points to augment labor, as she was contracting irregularly. After one hour the contractions became more regular, 3 to 4 every 10 minutes. On vaginal examination, the cervix was effaced, anterior and the os 6 cm dilated. The membranes were still in intact cephalic presentation, with station at the ischial spines. After four hours, the cervix was fully dilated and she had a spontaneous vertex delivery after one hour a male infant, was born in good condition and weighing 3.800 Kg.

Conclusion: The woman and her partner were very satisfied with their birth experience, especially as they could have the home birth they wanted. They avoid being admitted to the hospital for a medical induction of labor. Acupressure increases the chance of achieving a natural childbirth, preventing potential problems which may occur during the medical induction process.



Figure 1: Preparation for medical induction



Figure 1: Ineffective contractions during labour

Biography

Loredana Zordan is an Acupuncturist and a Midwife. She is teaching nationally and internationally by conducting workshop for midwives on the use of acupressure for pregnancy and birth. Since the introduction of the workshop in Italy "Acupressure for pregnancy and birth" many hospitals are introducing acupressure to facilitate labor induction and pain relieve in labor. This allows midwives to expand their role, becoming more complete and independent practitioner, acupressure being drug free and therefore not having harmful teratogenic effect, provides a much safer and satisfying childbirth experience as well as facilitating a more natural and less medicalized childbirth.

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Elinor Jenkins, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Labial trauma post birth: A Delphi study of classification and suturing requirements

Elinor Jenkins
Isle of Wight NHS Trust, UK

Introduction & Aim: Upto 49% of women sustain labial trauma during vaginal birth. Labial trauma is currently treated by midwives and obstetricians. However, there are no universally recognised descriptions of labial trauma and minimal research evidence for suturing. This study was conducted to provide guidance for current practice.

Methods: Delphi methodology was used to establish consensus for the classification and suturing requirements of several types of labial trauma. Twenty two participants with expertise in labial/perineal trauma took part. Each round consisted of six medical drawings of types and combinations of labial trauma. Each drawing had seven questions asking the participant to describe the trauma, their suturing recommendations, rationale for suturing, method of suturing, suture material, anaesthetic and technique for administration and any other comment. Numbers of agreeing participants were shown to participants on each round.

Results: Findings showed consensus that vertical skin separation of the interior aspect of the labia minora with minimal trauma to underlying tissues was described as a graze and will heal spontaneously. Deeper vertical trauma with involvement of the underlying tissue was described as a tear requiring suturing to promote healing. Lateral trauma across the labia minora was also described as a tear and needs suturing for anatomical realignment and cosmetic appearance. Suturing method should be interrupted using Vicryl Rapide 3.0 or equivalent with injected local anaesthetic.

Conclusion: This study provides unique research evidence to inform an area of practice with a limited evidence base. It also indicates future research. Its strengths are the primary data from clinical experts but its transferability now needs to be established in further research.

Biography

Elinor Jenkins has started her Midwifery career at Isle of Wight in 1999. She moved to New Zealand to work on a case loading midwifery post for three years in 2003. On her return to UK in 2007, she joined Portsmouth Hospitals NHS Trust, where she worked for eight years as a Staff Midwife. During this time, she became Supervisor of Midwives and Research Midwife. In 2016, she has completed her Clinical Doctorate. In 2015, she took the combined post of Clinical Lead for Research and Research Manager at Isle of Wight for two years. In 2017, she returned to Clinical Midwifery and began Postdoctoral development as a Clinical Researcher. Her research into labial suturing began in 2010, when she realised that there was a significant lack of evidence for this type of genital trauma and women were not receiving evidence based care. She conducted an audit of labial suturing in 2011 and went on to gain funding for further research in 2017.

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Notes:

Sevil Hakimi et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Comparison of breast crawl between infants delivered by vaginal delivery and cesarean section

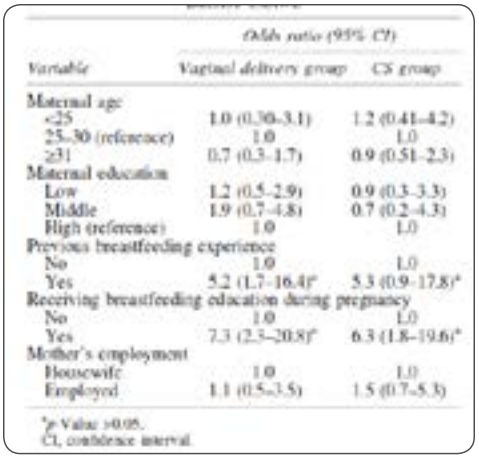
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Background: Exclusive breastfeeding is the single most cost-effective intervention to reduce infant mortality. Breast crawl (BC) is deemed a natural way for the baby to behave immediately after delivery. BC is the method that may help initiation of breastfeeding in the most natural way. The aim of this study is to compare successful BC between neonates born through vaginal delivery and those born through cesarean section (CS) and factors associated with a positive outcome.

Methods: Participants were mothers who delivered their babies in Alzahra Hospital in Tabriz, through cesarean or vaginal delivery. The neonate was placed on the abdomen and mother's chest so that the baby's toes touched on symphysis pubis of mother after vaginal delivery, before expulsion of placenta. The infant was given 60 minutes to independently reach the nipple and take at least one suck. For mothers who had cesarean delivery, the neonate was placed on the mother's abdomen immediately after the return from recovery room (15–20 minutes after expulsion of neonates), without washing. If the mother was unable to tolerate BC for more than 10 minutes, the midwife removed the baby from the mother's chest. The criterion of successful BC in this study was for the baby to reach the nipple and have one or two effective sucking.

Results: Data show that babies delivered through vaginal delivery had significantly more success in BC than babies born through the cesarean delivery (88.01% versus 11.21%). Moreover, babies in the CS group used significantly less time to achieve BC (45 versus 28 minutes).

Conclusion: There is a remarkable difference in completion and length of time used to achieve BC between infants with regard to the delivery mode. Encouraging BC in all dyads, especially in cesarean births, may unduly delay the infant's first breastfeed.



Variable	Odds ratio (95% CI)	
	Vaginal delivery group	CS group
Maternal age		
<25	1.0 (0.30–3.1)	1.2 (0.41–4.2)
25–30 (reference)	1.0	1.0
≥31	0.7 (0.3–1.7)	0.9 (0.51–2.3)
Maternal education		
Low	1.2 (0.5–2.9)	0.9 (0.3–3.3)
Middle	1.9 (0.7–4.8)	0.7 (0.2–4.3)
High (reference)	1.0	1.0
Previous breastfeeding experience		
No	1.0	1.0
Yes	5.2 (1.7–16.4)*	5.3 (0.9–17.8)*
Receiving breastfeeding education during pregnancy		
No	1.0	1.0
Yes	7.3 (2.5–20.8)*	6.3 (1.8–19.6)*
Mother's employment		
Housewife	1.0	1.0
Employed	1.1 (0.5–3.5)	1.5 (0.7–5.3)

*p Value >0.05.
CI, confidence interval.

Figure 1: Multivariate Analysis for Successful Breast Crawl

Biography

Sevil Hakimi has completed her PhD in Reproductive Health. She has completed her Bachelor's and Master's degree in Midwifery. At present, she is an Associate Professor at Tabriz University of Medical Science, Iran. Her main research interest is focused on "Maternal and neonatal health as well as menopause and ovarian aging". She is an Expert in management of vaginal delivery, postpartum hemorrhage, grade 2 and 3 perineal tears repair and neonatal resuscitation. In research field, she has conducted several researches and has expertise in study design, statistical analysis and psychometric properties of instruments. She is a Supervisor for master's thesis and doctorate dissertations.

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Indrayani et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

How is oxytocin delivered and stored in the rural areas?

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[3]Akademi Kebidanan Husada Gemilang, Tembilahan
[4]Poltekkes Kemenkes Jambi

Statement of the problem: The question is how is the delivery process and storage of oxytocin in remote areas? It is necessary to explore because oxytocin, which is an uterotonic drug, is most frequently used in low and middle income countries. International Pharmacopoeia has recommended storing oxytocin at 2-8oC and protecting it from sunlight exposure. Without cooler box, in field conditions particulary in tropical climates, oxytocin will lose its potential. This study aims to describe the delivery process and the storage of oxytocin from suppliers until it is given to patients.

Methodology: A mixed method with exploratory design was used. Data collecting was done in Indragiri Hilir Regency, the Province of Riau, Indonesia. There were 32 participants getting involved in in-depth interviews and 123 respondents filled in questionaires and all were verified using supporting data.

Findings: The findings of this study describe the procurement of oxytocin, the delivery process including how to carry oxytocin as well as conditions and length of storage before it is distributed or given to the patient.

Conclusion & significance: The cold chain of oxytocin is not maintained from the supplier to the patient. Tolerance of the oxytocin cold chain deviation cannot be used as a justification. Given that haemorrhage is a major cause of maternal death in the world.





Biography

Indrayani is a midwife with several working experiences as a nurse of public health center, midwife practitioner, midwife lecturer, researcher, and writer. Her research interests are midwives in communities, midwifery education, and maternal mortality particularly postpartum haemorrhage. Her job has led her to work with several collaborative partners such as the Ministry of Health, government and non-government institutions, association and broader community of midwives. She has published 4 books on midwifery and more than 19 papers of prosiding and journals both nationally and internationally.

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Tulay Kavlak, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-011

Effect of non-pharmacological interventions on sleep quality in pregnancy

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Statement of the Problem: Pregnancy is associated with significant changes in sleep architecture and pattern, which are the result of hormonal, anatomical and psychological changes occurring during pregnancy. During pregnancy, the actual incidence of sleep disturbances affecting the quality of life and well-being of women is not known. However, starting from the first trimester, it has been reported to reach the highest values in the third trimester. Aim of this study is to systematically review the literature regarding non-pharmacological interventions for improving sleep quality during pregnancy.

Methods: An electronic search strategy was conducted using several online databases (PubMed, Ovid, Science Direct, Taylor & Francis) from inception to June 2018. Inclusion criteria consisted of studies evaluating non-pharmacological interventions published in English and assessed sleep quality.

Results: 36 articles were screened and 12 studies met the inclusion criteria in the form of four prospective randomized controlled trials, two prospective quasi-randomized trials, two randomized controlled trials and four Quasi-experimental clinic trails.

Conclusion: Acupressure, sleep hygiene education, education of sleep health behavior, exercise, progressive muscle relaxation and music therapy may be associated with improved sleep quality during pregnancy. However, due to the low quality and heterogeneity of the studies yielded, a definitive recommendation cannot be made. Further higher quality research is indicated.

Biography

Tulay Kavlak has completed her undergraduate education at GATA Nursing School in 2002; Master's degree at Gazi University in 2011 and her Doctoral degree in Gynecology and Obstetrics Nursing at Health Sciences University in 2017. Since January 2017, she has been working as an Assistant Professor in the Midwifery Department of the Faculty of Health Sciences at İstinye University. Her research interests include "Postpartum period, family planning, sexual life in menopause and care after gynecological surgery".

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Notes:







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Posters

Euro Midwifery 2018

Kyoko Kajihara, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Historical transition and advantage of maternal and child health book in Japan

Kyoko Kajihara
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Background: The maternal and child health book is the original one of Japan. Due to the revise the law, the contents of the maternal and child health book was changed.

Purpose: To clear the purpose of the establishment of the maternal and child health book from the view to the history of mother and child health services.

Method: This is the examination of the prior documents and papers. I look up the documents and papers not to assign the age.

Results: I looked up the 42 articles but the target of the examination of analysis were 12 articles.

Conclusion: In 1926, infant mortality was 289,275 and neonatal mortality was 119,624 in Japan. And furthermore, flow number to be prematurely delivered of a child was almost 300,000 and maternal death by deliver was 5,000 per year. In 1940, maternal mortality rate was 239.6 per child birth 100,000. The origin of the maternal and child health book was "Mutterpass" from Germany. "Mutterpass" consisted first half of the book was for the first baby and last half of the book was for the second baby. In Japan, the maternal and child health book consisted for the pregnant women and the one baby to manage their health condition. World War the second was the turning point of the health service and public health administration of Japan. Especially maternity health administration was promoted by the government and they expand the range of the maternity and child health book. From 1948, the maternity and child health book was covered from pregnant women and her child whose age is 7 that means before the administration of the elementary school. The big advantage of this book is to get the expectant women about good information and manage them by one book.



Biography

Kyoko Kajihara have a licenses of nurse and midwife in Japan. Also she had worked at the maternity ward and NICU ward in the hospital for 15 years. She has been teaching nursing care in women's health in the nursing college for 16 years. She is interested in the history about the history of midwifery education in Japan and the history of the maternity and child health book in Japan. The maternity and child health book is the very important way to manage and care to the pregnant women. Now that is expand to the world for help the pregnant women and her baby. She also keep studying and researching about the women's health and maternity and child health book in the world.

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Yumiko Tateoka, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

A study on the effectiveness of aloe fomentation on nipple related complications in the early puerperium period

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Objective: The objective of this study is to test the effect of the application of aloe fomentation pack to the nipples as a means for care towards nipple related complications.

Design: An intervention study using a randomized controlled design.

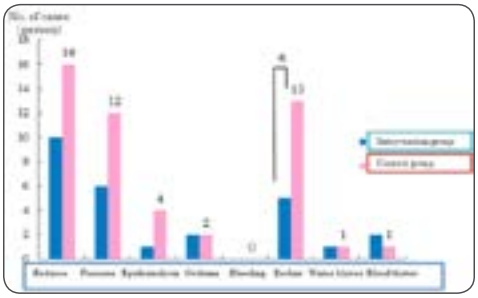
Setting: Department of Obstetrics and Gynecology at a general hospital.

Patients: The target subjects in this study were 60 women who could breast feed for the first time on the first day of post-delivery. The subjects were more than or equal to 20 years of age who had a single vaginal delivery and who breast fed six times a day excluding two times at night.

Interventions: The subjects were classified into a group where in aloe fomentation was applied to the nipple after breast feeding and a group where in nothing was applied on to the nipples. The subjects in the intervention group applied aloe fomentation after breast feeding six times in a day. We observed the nipples three times in a day from the 1st day of post-delivery to the fifth day of post-delivery. Main Outcome Measure: Onset of nipple related complications.

Results: The most common nipple related complication in this study was redness followed by fissures, eschar, epidermolysis, oedema, water blister, blood blister in that order. In the intervention group for which aloe fomentation was applied, a significant effect was observed towards water blister on the 3rd day of post-delivery, blood blister on the 4th day of post-delivery, fissures and eschar on the 5th day post-delivery.

Conclusions: Application of aloe fomentation after breast feeding is a new intervention method which was effective in preventing the onset of nipple related complications.



Biography

Yumiko Tateoka has completed her Graduation at Kitasato University, School of Nursing in 1990. She has completed her PhD in Nursing at Kitasato University in 2003. She has worked as an Associate Professor at Nagoya University and is working as a Professor at Shiga University of Medical Sciences, Japan.

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Haryati Astuti et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

What is the condition of midwives in villages?

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[2]Akademi Kebidanan Bina Husada, Indonesia

Statement of the Problem: Many cases of mother's mortality in villages focus attention on the village midwives' performance. This study is meant to capture the activities of village midwives and their condition in villages.

Method: Qualitative study with ethnography approach was used in this study. Participants were selected purposively. Data collecting was done from April to October 2016 through Focus Group Discussions (FGDs), thorough interviews and observation. 77 midwives were involved in FGD, 39 midwives and 24 villagers were involved in thorough interviews, and 3 villages were observed. Data verification was carried out using triangulation method.

Findings: This study revealed the geographic and community condition in villages, the cycle of tidal water affecting the villagers' activities, the process plots of references together with the obstacles and potential dangers which might be faced by midwives in villages.

Conclusion & significance: Many factors contribute to the increase of mother's mortality in rural villages. Blaming on the village midwives without comprehending the roots of the problems is not a wise solution because a decrease of mother's mortality is not merely the village midwives' responsibility.





Biography

Haryati Astuti is working at Midwifery Academy of Husada Gemilang Tembilahan. She started her career as a Nurse in 1999 and decided to continue studying in 2002. She has completed her Master's degree in Reproductive Health at Health Institute of Hang Tuah Pekanbaru, Riau. Her research interests include "Sexual reproduction, village midwifery, and immunization". She has published papers in six journals nationally and internationally.

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Shoko Watada et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Incorporating active-learning teaching techniques in midwifery education: Inventive ideas being employed at Shiga University of Medical Science

Shoko Watada and **Yumiko Tateoka**
Shiga University of Medical Science, Japan

In recent years, with the aging of pregnant women in Japan, dealing with high risk delivery is increasing. Also, Japan is a country with many earthquakes, and the needs of midwife care at times of disasters are also high. Therefore, practical education is required for midwifery education. As an elective subject, the midwifery training course at Shiga University of Medical Science is provided to teach eight students a year as an elective subject in the integrated curriculum, including a practical-based educational program. Following the recommendations of the Central Education Council of the Ministry of Education, Culture, Sports, Science and Technology of Japan, we promote enhanced interactions between faculty and students in our midwifery training course. Lectures and exercises are based on media created by the teachers and evidence-based knowledge from obstetrics and midwifery studies. For example, we report three cases of educational practice using active learning conducted in perinatal pathology and midwifery diagnosis/technology, which are part of the midwifery curriculum. Case 1: pregnancy hypertensive syndrome and eclipse attack: strengthening the early detection of eclampsia precursor symptoms and midwifery practice and observation.

Case 2: Midwifery management studies-Diagnosis of midwifery during a disaster: Elucidating midwifery management during a disaster.

Case 3: Women's health exercise-Sex education for high school students: Strengthening knowledge consolidation, the ability to capture the targets' needs of the target and the ability to practice health guidance. Here, we present practical reports on how to apply the active learning technique during midwifery education, including students' evaluations of the educational effects.



Biography

Shoko Watada has completed her MS in the Department of Clinical Nursing at Shiga University of Medical Science, where she is presently conducting research as an Assistant Professor. She has worked in the Obstetrics and Gynecology Department and the Maternal Fetal Intensive Care Unit at Shiga University of Medical Science Hospital. She has expertise in mothers' health improvement, providing care following perinatal loss, and in educating midwifery students.

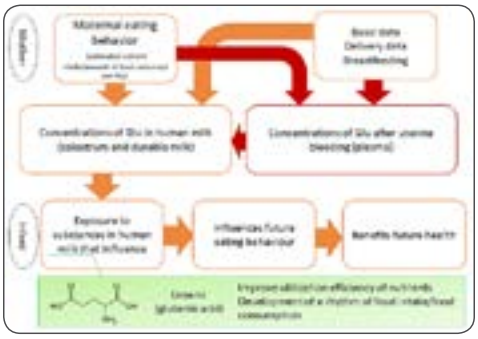
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Shoko Watada et al., J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Relationship between maternal eating behavior and umami in human colostrum and durable milk

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Glutamic acid (Glu), which is responsible for umami, is reportedly a human protein uptake marker that improves nutrient utilization efficiency and eating behavior formation. This study clarified the relationship between maternal eating behavior (estimated nutrient intake/amount of food consumed per day) and Glu in human milk. A longitudinal observational study of 16 mothers including eating behavior surveys from late pregnancy to one month after birth was performed as well as amino acid analysis of human blood and milk. Glu concentrations in colostrum and durable milk were 38.1±15.4 nmol/mL and 39.7±11.4 nmol/mL respectively, higher than those of any amino acids found in milk are 28.5 and 27.2 times greater, respectively than plasma Glu concentration. There was no significant correlation between Glu concentration in plasma and in milk and or between the concentrations of amino acids necessary for plasma Glu synthesis and Glu concentration in milk. There was no significant correlation between plasma Glu concentration and maternal eating behavior, but there was a significant positive correlation between squid and octopus consumption and milk Glu concentration (colostrum: $r=0.55$, $p<0.05$; durable milk: $r=0.61$, $p<0.05$). Moreover, uterine bleeding at birth and colostrum Glu concentration were negatively correlated ($r=-0.49$, $p=0.06<0.1$, Spearman). This report suggests that Glu was present at a higher concentration than any amino acid in human milk. In conclusion, infants are exposed to umami through human milk consumption and the flavor could be related to taste development and influence future health. Therefore, breastfeeding is very important. Our results further suggest that control of uterine bleeding during child birth by midwives would maintain high Glu concentrations in human milk, ensuring that the infant receives breast milk with adequate concentrations of Glu and umami flavoring.



Biography

Shoko Watada has completed her MS in the Department of Clinical Nursing at Shiga University of Medical Science. She is currently conducting research as an Assistant Professor at Shiga University of Medical Science. She has worked in the Obstetrics and Gynaecology Department and the Maternal Foetal Intensive Care Unit and has expertise in mothers' health improvement, providing care following perinatal loss and in educating midwifery students.

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Notes:

Tomoko Matsunaga, J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Documents review about elderly people's fear of falling

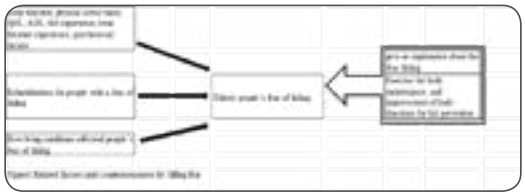
Tomoko Matsunaga
Osaka Aoyama University, Japan

Statement of the Problem: Author has investigated fall prevention in a women's learning society for M City to plan the spread of fall prevention classrooms for elderly people. Results showed that 48% of people did not know about the fall prevention classroom, even though 85% wanted one. Also, 10% of people said they had a fear of falling. From this investigation, author was surprised that people didn't know about the fall prevention classroom even though some people were scared of falling. Therefore, to raise awareness of the fall prevention classroom, author has performed elderly people's fear of falling documents review about elderly people's fear of falling and examined the present conditions and problems.

Methodology & Theoretical Orientation: Author performed document retrieval with Igaku Chuo Zasshi (Medical Journal) and CiNii using the keywords elderly people, fall prevention and fear of falling. I removed the sleeve notes and I sorted and classified knowledge in every document, based on original papers, arranged them and examined the present conditions and problems.

Finding: 14 documents were about factors influencing the fear of falling (body function, physical active mass, QOL, ADL, fall experience, bone fracture experience, psycho social factors) four documents were about rehabilitations for people with a fear of falling and one document was about how living conditions affected people's fear of falling.

Conclusion & Significance: Previous experience with falling is not the only factor, the combination of body function and sense of fear is also a factor. Author gave an explanation about the fear of falling. Author hopes that more people will leave about fall prevention classrooms and exercise for body maintenance and improvement of body functions for fall prevention. In future, I want to examine the exercise program that individuals can consider.



Biography

Tomoko Matsunaga has been researching the health and centenarians of old people. Exercise plays an important role in the element of the health longevity. As the elderly continue to exercise, the fear of falling for the elderly also interferes with the exercise. In that regard, she believes that this research was a meaningful study, as she had to be careful in doing the prevention classes for the elderly.

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5th World Congress on

Midwifery and Women's Health

October 01-02, 2018 | Frankfurt, Germany

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Euro Midwifery 2018

J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Women's health: Meeting nutrient requirements through supplementation

Sara D Garduno-Diaz, Ramona Milcheva and Chanyu Xu
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Among studies on supplement use in Europe, one common finding is that the major motives for supplement use are related to health (Fig. 1). It is a popular perception that most people who live in Western Europe enjoy a nutritionally sound diet and are not affected by hidden hunger. The reality is, however, different. Growing evidence from intake surveys in Western countries, including Germany, indicates that a sufficient intake is not being achieved in the case of some micronutrients. This is especially the case for folic acid, vitamin D, vitamin E, iron and iodine. This work describes the process followed for the development of a plant-based multiple micronutrient supplements targeted at women at different stages of their life cycle. A list of key nutrients for inclusion was prioritized, based on the existing literature on nutrient needs for women, as well as on their most pressing well-being needs. This was followed by the identification and selection of qualified raw ingredient providers. The final line of newly-developed multiple-micronutrient supplements meets the following criteria: vegetarian, gluten-free, lactose-free and without artificial conservatives. Each product contains specific nutrients targeting the various needs of women in their 20s, 30s and 40s; mainly hydration, skin care and hormonal dynamics, respectively. Microbiological control was carried out three-fold on the end-product multiple-micronutrient supplement. This was then tested for human factor contamination, pesticides, total aerobic microbial count, total yeast count and total mold count. Emphasis was placed on meeting product standards for the European Union and specific requirements for the German market in food and pharma. Best practices were observed during the process to achieve multiple quality standard accreditations. In addition, organoleptic properties were adjusted in accordance to the female market demands. The results presented here reach the point of introduction of the newly developed product to the market.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

The role of early maternal support in balancing full-time work and infant exclusive breastfeeding: A qualitative study

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Statement of the Problem: Support of others is a key factor for mothers who choose to breast feed their infants including those who balance work outside the home and breast feeding. However, little research has been done to understand how maternal support during the postpartum period impacts mothers' ability to later balance work and breast feeding in particular full-time work and exclusive breast feeding.

Methodology & Theoretical Orientation: In order to understand the experience of low income women who successfully balance full-time work and exclusive breastfeeding for the recommended six months, interviews were conducted with women who met study criteria for income level, work status and exclusive breast feeding. Breast feeding peer counselors were also interviewed as key informants. Interviews were recorded, transcribed and coded for themes. The results of both sets of interviews were triangulated with a focused literature review to assure the soundness of the qualitative analysis.

Findings: The results of this qualitative study indicate that the timing of support plays a key role in mothers' ability to successfully overcome barriers during the early post-partum period thus building maternal self-efficacy in addressing problems encountered when they return to work. Timing of support included acute support, such as help establishing a successful latch, needed during the first two weeks after delivery to deal with breastfeeding problems that mothers perceived as being mentally and emotionally overwhelming and longer-term support needed to overcome problems perceived as being less intense.

Conclusion & Significance: The research invites further exploration into the relationship between breastfeeding support provided by mothers' support system, including healthcare professionals, during the post-partum period and rates of breastfeeding duration and exclusivity.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Women's health: Meeting nutrient requirements through supplementation

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Among studies on supplement use in Europe, one common finding is that the major motives for supplement use are related to health (Fig. 1). It is a popular perception that most people who live in Western Europe enjoy a nutritionally sound diet and are not affected by hidden hunger. The reality is, however, different. Growing evidence from intake surveys in Western countries, including Germany, indicates that a sufficient intake is not being achieved in the case of some micronutrients. This is especially the case for folic acid, vitamin D, vitamin E, iron and iodine. This work describes the process followed for the development of a plant-based multiple micronutrient supplements targeted at women at different stages of their life cycle. A list of key nutrients for inclusion was prioritized, based on the existing literature on nutrient needs for women, as well as on their most pressing well-being needs. This was followed by the identification and selection of qualified raw ingredient providers. The final line of newly-developed multiple-micronutrient supplements meets the following criteria: vegetarian, gluten-free, lactose-free and without artificial conservatives. Each product contains specific nutrients targeting the various needs of women in their 20s, 30s and 40s; mainly hydration, skin care and hormonal dynamics, respectively. Microbiological control was carried out three-fold on the end-product multiple-micronutrient supplement. This was then tested for human factor contamination, pesticides, total aerobic microbial count, total yeast count and total mold count. Emphasis was placed on meeting product standards for the European Union and specific requirements for the German market in food and pharma. Best practices were observed during the process to achieve multiple quality standard accreditations. In addition, organoleptic properties were adjusted in accordance to the female market demands. The results presented here reach the point of introduction of the newly developed product to the market.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

The impact of pregnancy on future health

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Hypertensive disorders of pregnancy are associated with abnormal vascular function in the pregnancy and an increased risk of long term cardiovascular disease in the mother. The objective of the study was to ascertain the current health profile of a cohort of women who were diagnosed with hypertension in pregnancy during the years 1980-89 and to examine the association between the two. A cohort of women was defined by the time period of having given birth and having had hypertension during their pregnancy. These were compared with age adjusted Australian Bureau of Statistics data. These women were invited to participate in a current health assessment. The medical records of these women were also reviewed to collect data pertaining to their pregnancy and pregnancy outcomes. Ten of these women also had a Computed Tomography Coronary Angiography in order to determine evidence of ischaemic heart disease. Of the women who had new onset hypertension during pregnancy, 80% currently have been diagnosed with cardiovascular disease compared to 48% in the general female population (OR 4.3 95% CI 2.31-8.12) and 70% have current hypertension compared to 32% in the general female (OR 4.96 95% CI 2.72-9.03) population. Of the ten women who attended the Computed Tomography Coronary Angiography, four (40%) of the women had 50% or more obstructive stenosis in at least one vessel. The results demonstrated that women who presented with hypertension disorders of pregnancy were at greater risk of cardiovascular disease compared to the women who remained normotensive in their pregnancy.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Novel approaches for individualized oral feeding management care of preterm infants

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Preterm infants' ability to transition from tube to independent oral feeding is a function of their physiologic functions, stability of their behavioral state/organization, Neonatal Intensive Care Unit (NICU) environment, and/or caregivers' feeding approach. There are no general guidelines on how best to introduce and advance oral feeding. Current clinical evaluations of infants' oral feeding aptitude lack support from multi-disciplinary health providers due to their lack of evidence-based justification. This presentation introduces two quantitative monitoring methods of infants' oral feeding skills and nutritive sucking patterns: the Oral Feeding Skills Scale (OFS) for routine clinical use and the oral motor kinetic (OMK) device for monitoring the two components of sucking, namely suction and expression. It is advanced that the OFS scale, if used along with current clinical practice, would facilitate healthcare providers in the development of infant individualized management plans. When needed, the OMK device allows for the monitoring of the maturity levels of infants nutritive sucking skills, e.g., presence/absence of suction and expression, coordination of suction/expression, suction force (mmHg). Additionally, the ability to simultaneously monitor infants' sucking along with their swallowing, respiration, heart rate, oxygen saturation, further offers a unique integrated profile of infants' vital functions during oral feeding. It is advanced that the use of these two approaches during the clinical appraisal of infants' oral feeding performance will offer caregivers objective validation of their proposed management plan. The combination of a quantitative evaluation with the clinical approaches currently in use will help differentiate problems arising from inadequate skills, fatigue, or other risk factors. With such approach, it is expected that the management of preterm infants with oral feeding difficulties will become more individualized, better received by staff members, and thus more efficacious.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

The development of an educational intervention to improve perineal outcomes for primiparous women having a spontaneous vaginal delivery

Ciara Kirwan, Lorraine Carroll, Jean Doherty, Niamh Dougan, Barbara Coughlan, Denise O'Brien, Mary Brosnan, Martina Cronin and **Lucille Sheehy**
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Statement of the Problem: Perineal trauma is sustained by over 80% of women during the course of childbirth. Women who experience all levels of perineal trauma are at risk of developing long-term problems such as painful intercourse, urinary incontinence, faecal incontinence and psychosocial problems. There are effective techniques for the protection, assessment and repair of perineal trauma for an essential aspect of routine care during and after birth. However, low levels of confidence have been reported, by midwives, in the decision making process around perineal management and episiotomies, as well as conducting episiotomies and assessment and repair of perineal trauma. The overall purpose of the study was to gather evidence to develop an educational intervention for midwives to reduce perineal trauma in first time mothers having a spontaneous vaginal delivery (SVD).

Methodology: A mixed-methods sequential explanatory design was used in the single centre study, in Dublin, Ireland. They included a retrospective chart review (n=689); a survey on midwives experience, knowledge and attitudes to perineal trauma (103); and 2 focus groups to discuss midwives educational needs around the area of perineal trauma and their decision making processes for same (n=12).

Findings: The analysis supports the notion that an educational intervention is needed to guide midwives' decision making process in perineal management. At present, non-clinical factors play a role in the decision to conduct an episiotomy and there is somewhat of a culture of risk avoidance. Midwives are requesting clarification on the techniques which are effective in reducing perineal trauma, in order to complement midwives individualistic approach to childbirth. Further training on the assessment and classification of perineal trauma were also sought.

Conclusion: Basing decisions on evidence, provided through an educational intervention, should improve the confidence of midwives to base their perineal management decisions on clinical factors alone.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Birth outcomes in New Zealand birth centers

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About 10% of New Zealand births are in free-standing birth centers or midwifery-led maternity units in small general hospitals. There has been continuing controversy about the benefit and safety of birth in community settings. Recent observational studies in New Zealand and overseas have shown that birthing unit care for low-risk women is associated with a lower risk of cesarean section and comparable perinatal safety compared to birth in an obstetric unit. This presentation will review recently published evidence regarding birth outcomes for free-standing midwifery-led maternity facilities in South Auckland, New Zealand and compare these to similar studies elsewhere. This is discussed within the context of the New Zealand maternity system which supports self-employed midwives providing free maternity care. The problem of geographical distribution of birthing centres and obstetric units in New Zealand is also discussed. Maternity facilities in South Auckland comprise a large secondary/tertiary hospital and three free-standing midwifery-led maternity units 20-40 minutes by road from the base hospital. In a large retrospective observational study, low-risk women who started labor in the midwifery units were 50-75% less likely to have cesarean delivery than comparable women laboring at the obstetric unit, with no increase in perinatal mortality or neonatal unit admission. These results were strikingly similar to the findings of the Birth in England study. Data from the New Zealand Perinatal and Maternal Mortality Review Committee confirm low numbers of peripartum hypoxic deaths and neonatal encephalopathy cases from community births. However, unlike South Auckland, many midwifery-led units in New Zealand are more than two hours by road from the nearest obstetric unit and further research is needed to establish whether this impacts on clinical outcomes.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

The evidence-based C-section: Its overuse and how midwives can contribute to decrease its rate

Michael Stark
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As most abdominal operations have endoscopic alternatives, caesarean section will remain the only abdominal operation in the future. Therefore, it is of utmost importance to constantly evaluate the different steps for their necessity and for their optimal way of performance. The modified Joel-Cohen method results in a shorter incision to delivery time, lower rate of febrile morbidity compared to the traditional Pfannenstiel incision. Opening peritoneum using bi-digital stretching rather than sharp instruments proved to be safer, and exteriorization of the uterus makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain. Leaving both peritoneum layers open reduces adhesions. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis, and, by a right-handed surgeon, from the right to the left, proved to be ergonomic. Since the introduction of this modified and simplified method, it has been evaluated in dozens of peer-reviewed publications from different countries. Without exception, all showed various advantages of this method: shorter operation time, shorter hospitalization, quicker mobiliza¬tion, less blood loss, lower rate of febrile morbidity, lower costs, and less need for pain killers. Only 10 instruments and three sutures are needed, which simplifies the workload of nurses. In order to standardize this operation, it is important to use constantly the same needles and instruments. Big needle is necessary for the uterus, as fewer steps are done and therefore less foreign body reaction. This operation is recommended as universal routine method for caesarean section and its principles should apply to all surgical disciplines. Unfortunately, the rate of cesarean section is rising constantly around the world. As evolution continues, it might be influenced by this high rate. In this presentation, the logic of the need to limit the numbers of cesarean section based on anthropological studies and the role of midwives in decreasing its rate through observation, communication between parturient and obstetrician and attention to physiological processes will be presented. NESA's anti-cesarean project will be introduced.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

To lose a child who was never born: PTSD, depression and spousal relationships following late pregnancy loss

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Background: Pregnancy loss (PL) is recognized as a very difficult life experience, particularly when it occurs at the late stages of pregnancy. Often, PL is regarded as a feminine trauma, experienced individually by the woman, thus neglecting the role of the parental dyad in coping with the loss.

Methods: Data were collected at the Hadassah Ein-Kerem Hospital in Jerusalem, Israel. Participants were 100 women, ages 24-49 (M=35.07, SD=5.28), who have experienced late PL. The mean pregnancy week of loss was 27.29, with the average woman being 22 months post-loss. 84.6% experienced stillbirth. Participants completed self-report questionnaires assessing posttraumatic stress disorder (PTSD), MDD, dyadic adjustment and dyadic self-disclosure.

Results: We have found high rates of both PTSD and MDD among women following late PL. The rate of PTSD was 30% and 53% of the sample reported mild depressive symptoms or higher. A positive association was found between the number of former pregnancy losses and the severity of MDD. Also, both PTSD and MDD were negatively associated with the levels of dyadic consensus, dyadic self-disclosure regarding guilt and shame, and dyadic affectional expression.

Conclusion: Late PL entails a heavy burden of PTSD and MDD, presumably since mothers must cope with their shattered expectations regarding motherhood, and since many are already strongly attached to their unborn child. Although PL is rightfully regarded as traumatic for the pregnant woman, it is often experienced by both expecting mother and father. Thus, the quality of the spousal relationship following PL is an important factor, contributing to the woman's ability to cope. Therefore, there is a pressing need for novel interventions in couple's therapy following PL.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Survey study to determine the caesarean section operations rates in Baghdad

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Statement of the Problem: Many studies referred to highly and continuously of caesarean section rates in developed countries. However, the impact of guidelines and recommendations in curbing their growth has been limited. The World Health Organization (WHO) considers the percentage of births by Caesarean Section (CS), a health care quality indicator, providing to protect health of mother and newborn. In 1985 the WHO affirmed that there is no justification for any region to have CS rates higher than 10-15%. The purpose of this study is to provide an update data on the use of CS and examine causes and necessity of CS in Baghdad.

Methodology & Theoretical Orientation: The data of this study was collected through 12 months in 2015 and 2016. Special questionnaire forms were created to determine the CS in Baghdad. 690 forms were distributed randomize along the period of study. Descriptive and inferential statistical procedures were used for analysis of data

Findings: 576 women gave birth by CS operations (83.5%) of tested sample. 77 women in this study gave birth normally (11.2%). In addition, the study was reported 32 women undergone surgery through the birth (4.6%). Only five forms of study were empty the answer type of birth, which represented 0.7.

Conclusion & Significance: From the results, it is concluded that high prevalence rate of CS was seen among women who have admitted to hospital for delivery. Recommendations are made for studying the factors that may lead to CS and provide a suitable management for such factors to reduce the CS rate.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Effect of non-pharmacological interventions on sleep quality in pregnancy

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Statement of the Problem: Pregnancy is associated with significant changes in sleep architecture and pattern, which are the result of hormonal, anatomical and psychological changes occurring during pregnancy. During pregnancy, the actual incidence of sleep disturbances affecting the quality of life and well-being of women is not known. However, starting from the first trimester, it has been reported to reach the highest values in the third trimester. Aim of this study is to systematically review the literature regarding non-pharmacological interventions for improving sleep quality during pregnancy.

Methods: An electronic search strategy was conducted using several online databases (PubMed, Ovid, Science Direct, Taylor & Francis) from inception to June 2018. Inclusion criteria consisted of studies evaluating non-pharmacological interventions published in English and assessed sleep quality.

Results: 36 articles were screened and 12 studies met the inclusion criteria in the form of four prospective randomized controlled trials, two prospective quasi-randomized trials, two randomized controlled trials and four Quasi-experimental clinic trails.

Conclusion: Acupressure, sleep hygiene education, education of sleep health behavior, exercise, progressive muscle relaxation and music therapy may be associated with improved sleep quality during pregnancy. However, due to the low quality and heterogeneity of the studies yielded, a definitive recommendation cannot be made. Further higher quality research is indicated.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Role of topical oxytocin in improving vaginal atrophy in postmenopausal women: A randomized, controlled trial

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Objective: Prospective randomized controlled trial to test the effectiveness of topical oxytocin gel to improve vaginal atrophy in postmenopausal women.

Patients & Methods: A total of 140 postmenopausal women presenting with vaginal atrophy and who satisfied the inclusion and exclusion criteria were randomized into two groups each of 70 patients; they received intra vaginal oxytocin gel or placebo gel for 30 days. Serum estrogen level, visual, colposcopic and histological vaginal examination was performed before and after treatment.

Results: 47 out of 70 women in the oxytocin gel group improved after treatment and none in the placebo group (p=0.001). 45 participants in the oxytocin group and seven in the placebo group reported relief of dyspareunia (p=0.001). 34 participants in the oxytocin group and seven in the placebo group reported relief of soreness (p=0.001). There was no significant difference between the circulating levels of estradiol in both groups before and after treatment (p=0.4 and 0.6 for the oxytocin group and the placebo group, respectively).

Conclusion: Oxytocin gel is useful in the restoration of the vaginal epithelium in cases of postmenopausal atrophic vaginitis. Further studies with a longer follow-up period are required to test the long-term effects of oxytocin as a treatment for vaginal atrophy.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Comparision of serum prolactin level in persons with and without endometrial cancer

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Introduction & Aim: Endometrial carcinoma is the most common gynecological malignancy in the developed countries. The early detection of this disease can change that to a disease which can mostly be cured. Recently prolactin has been known as a hormone, cytosine that has an increased level in some malignancies. The aim of this study is comparision of serum prolactin levels in persons with and without endometrial cancer.

Methods: In comparative-descriptive study, we studied 50 women in the form of two 25 cases groups (first group, 25 patient with endometrial cancer, and the second group 25 cases without endometrial cancer) referring to Tabriz Al-Zahra and Taleghani hospitals during the 2011 after achieving the inclusion criteria. Demographic data was recorded for all patients. Serum prolactin levels were assessed for all patients using ELISA method. All the information was compared and analyzed using SPSS software.

Results: The mean age of subjects with disease was 54.84±6.66 years, and the mean age of healthy subjects was 52.64±5.47 years, the difference in two groups was not statistically significant (p=0.433). The two groups were matched for marital status and occupational status (P=1 and P=0.856 respectively). The mean serum prolactin levels in group with endometrial cancer was 525.72±290.86 ng/ml and in the group without endometrial cancer was 258.16±113.28 ng/ml which was significantly higher in the patients group (p<0.001).

Conclusion: With regard to the findings of this study, we can conclude that serum prolactin levels in patients with endometrial cancer is significantly higher than level of this hormone in healthy subjects. We can use this hormone measurement for forecasting the incidence of this disease in high risk population and, identification of the specificity and sensitivity of this marker is recommended using multicenter studies.

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J Womens Health, Issues Care 2018, Volume 7
DOI: 10.4172/2325-9795-C2-012

Knowledge and attitude about neonatal jaundice among Nepalese mothers

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Neonatal jaundice (NNJ) is one of the most common disorder worldwide and still a cause of avoidable brain damage and physical and mental impairment and probable death in newborns. It is an important contributor to the high neonatal morbidity and mortality in Nepal. The objectives of the study were to assess the knowledge and attitude among mothers about NNJ. A descriptive cross-sectional study was conducted among 177 mothers in selected village of Kathmandu valley with interview schedule and convenient sampling technique. In this study, majority of the respondents 57.10% were in the age group of 26-30 years, almost all of them (98.7%) had at least four antenatal visits; 81.60% were Hindus; 50.60% were educated up to eleven class; and 42.90% were housewives. Findings revealed that around half of the mothers (49.90%) had low level of knowledge (score <50%), 28.60% mothers had moderate level of knowledge (score 50-75%) and only 22% mothers had adequate level of knowledge (score >75%) regarding NNJ. A large proportion of mothers (77.90%) believed that danger sign of NNJ was unable to feed the baby. Majority 76.6% mothers believed that mental retardation was the complication of NNJ; 69.10% mothers were aware about the NNJ, where less than half 34% mothers got the information from the health personnel about it. Few mothers 26.80% were aware about the cause of NNJ. Around 74% believed that exposing the baby to the sunlight is the home management of NNJ but only 25% heard about the phototherapy. Age, educational level, and occupation didn't show any statistically significant relationship with knowledge about NNJ ($P < 0.05$). Knowledge about NNJ was low in this community. So, the mothers should give proper health education about the NNJ during the antenatal visits and public awareness should be created through different media.

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