NEONATOLOGY 2017

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Scientific Program

Neonatology 2017

Day 1 December 04, 2017

08:30-09:00 Registrations

Melia Avenida America

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

Keynote Forum

09:30-09:40	**Introduction**
09:40-10:20	**Title: Impact of neuraxial labor analgesia on neonatal outcomes** **Ling-Qun Hu**, Executive director of No Pain Labor & Delivery - Global Health Initiative , USA
10:20-11:00	**Title: Effect of neonatal immunization on vertical transmission of hepatitis B virus infection** **Terence T Lao**, The Chinese University of Hong Kong, Hong Kong

Group Photo

Networking and Refreshments Break 11:00-11:20 @ SALAMANCA

Sessions: Neonatology | Congenital Malformations | Neonatal Research | Neonatal Nutrition

Session Chair: Anne-Catherine Rolland, Reims University School of Medicine, France
Session Co-Chair: Maja Tomicic, Croatian Institute of Transfusion, Croatia

Session Introduction

11:20-11:50	**Title: Electrical inhibition (EI) of preterm uterine electrical activity, uterine mechanical activity and preterm birth** **Jeffrey Karsdon**, University of Florida Health Shands Hospital, USA
11:50-12:20	**Title: Use of the Pasero Opioid-Induced Sedation Scale (POSS) in Pediatric Patients** **Ann Quinlan-Colwell**, New Hanover Regional Medical Center, USA
12:20-12:50	**Title: Congenital malformations of the spine** **Lily Wang**, University of Cincinnati College of Medicine, USA

Lunch Break 12:50-13:50 @ SALAMANCA

Workshop @ 13:50-14:30

13:50-14:30	**Title: Treating postnatal depression with group therapy** **Anne-Catherine Rolland**, Reims University School of Medicine, France
14:30-15:00	**Title: Variations of maternal care in behavioral responses to a natural, social reward** **Tieyuan Zhang**, McGill University, Canada
15:00-15:30	**Title: An unexpected post-natal collapse** **Caroline Fraser**, Leeds Teaching Hospitals, UK
15:30-16:00	**Title: Correlation between fetal autopsy and prenatal diagnosis by ultrasound: A systematic review** **Cristina Rossi**, Ospedale della Murgia, Italy

Networking and Refreshments Break 16:00-16:20 @ SALAMANCA

16:20-16:50	**Title: Increasing trend of retinopathy of prematurity- An understated consequence of improved premature survival including late preterms** **Laxmi S Hadalgi**, Dr. Bidari's Ashwini Children Hospital and Research Centre, India
16:50-17:20	**Title: Fetal and neonatal alloimmnune thrombocytopenia (FNATP): requency, pathophysiology and algorithm of laboratory investigation and treatment** **Maja Tomicic**, Croatian Institute of Transfusion, Croatia

17:20-17:50	**Title: Paracetamol as an alternative method of treatment of hemodynamically significant PDA in preterm neonates-preliminary study** **Agata Jankowska,** Pomeranian Medical University in Szczecin, Poland

Panel Discussion

Day 2 December 05, 2017

Melia Avenida America

Keynote Forum

09:00-09:05	**Introduction**
09:05-09:45	**Title: Surfactant during non-invasive ventilation in preterm neonates with respiratory distress syndrome** **Beena G Sood,** Wayne State University School of Medicine, USA
09:45-10:25	**Title: Role of sodium pump α subunit genes for respiratory rhythm generation during perinatal period** **Keiko Ikeda,** Intl. Univ. Health and Welfare, Japan

Networking and Refreshments Break 10:25-10:45 @ SALAMANCA

Sessions: Perinatology | NICU | Neonatal Respiratory syndromes | Neonatal CNS disorders

Session Chair: Beena G Sood, Wayne State University School of Medicine, USA
Session Co-chair: Terence T Lao, The Chinese University of Hong Kong, Hong Kong

Session Introduction

10:45-11:15	**Title: Implementation of the NICE prevention and treatment of early onset neonatal infection guideline: The Glasgow experience** **Sandy Kirolos,** Royal Hospital for Children, Glasgow
11:15-11:45	**Title: The role of miR-182 in regulating pineal clock expression after hypoxia-ischemia brain injury in neonatal rats** **Xin Ding,** Children's Hospital of Soochow University, China
11:45-12:15	**Title: MR diagnosis of hypoxemic-ischemic encephalopathy in infants and neonates** **Shibani Mehra,** Post Graduate Institute of Medical Education And Research, India
12:15-12:45	**Title: The effectiveness of early physiotherapy intervention on infants motor performance: comparison between inpatient and outpatient settings** **Areej Alabdulrahman,** King Abdullah Specialized children Hospital, Saudi Arabia

Lunch Break 12:45-13:45 @ SALAMANCA

Poster Presentations @ 13:45-14:15 @ SALAMANCA

NEO-01	**Title: A holistic embrace: Development of an infant cuddler & family support program in a neonatal intensive care unit** **Catherine Bishop,** St. Michael's Hospital, Canada
NEO-02	**Title: Updated diagnostic criteria defining 'CHARGE' Syndrome: A case scenario** **Lakxmi Hadalgi,** Dr. Bidari's Ashwini Children Hospital and Research Centre, India
NEO-03	**Title: Endothelial microvesicles in patients on extracorporeal membrane oxygenation: Potential markers of systemic inflammation and organ dysfunction?** **Kristýna Žilinská,** Thomayer Hospital Prague, Czech Republic
NEO-04	**Title: Unusual presentation of cow milk protein allergy in a neonate** **Jamie Alexander Grech,** Mater Dei Hospital, Malta

Workshop @ 14:15-14:45

14:15-14:55	**Title: Umbilical cord and preeclampsia** **Mercedes Olaya-C,** Pontificia Universidad Javeriana- Hospital Universitario San Ignacio, Colombia

14:55-15:25	**Title: Obstetric care for women with thalassemia** **Terence T Lao,** The Chinese University of Hong Kong, Hong Kong
15:25-15:55	**Title: Hearing screening with transient evoked otoacoustic emission (TEOAE) and brainstem evoked response audiometry (BERA) in new-borns- An experience from eastern India** **Ananya Das,** All India Institute of Medical Sciences, India
	Networking and Refreshments Break 15:55-16:15 @ SALAMANCA
16:15-16:45	**Title: Survival of preterms with bubble CPAP in a limited resource setting without ABG, surfactant and ventilator** **Yadaiah Damera,** District Govt. Hospital-Nalgonda, India
16:45-17:15	**Title: Maternal risk factors associated with retinopathy of prematurity among patients in East avenue medical center prematurity from 2010 to 2015** **Ida Fidelis Denosta,** East Avenue Medical Center, Philippines
	Panel Discussion

Day 3 December 06, 2017

Melia Avenida America

Sessions: Neonatal Surgery | Neonatal Infectious Diseases & Antibiotics | Neonatal Mortality & Neonatal Nursing

Session Chair: Shing-Yan Robert Lee, Pamela Youde Nethersole Eastern Hospital, Hong Kong
Session Co-chair: Ahmet Selim Ozkan, Inonu University, Turkey

	Session Introduction
09:30-10:00	**Title: Optimizing calcium and phosphate concentration in parenteral nutrition for the prevention of metabolic bone disease of prematurity** **Shing-Yan Robert Lee,** Pamela Youde Nethersole Eastern Hospital, Hong Kong
10:00-10:30	**Title: Does cerebellar flocculus size affect subjective outcomes in pediatric auditory brainstem implantation** **Sunil Goyal,** Armed Forces Medical College, India
10:30-11:00	**Title: Sedation with dexmedetomidine on Klippel Feil syndrome infant patient** **Ahmet Selim Ozkan,** Inonu University, Turkey
	Networking and Refreshments Break 11:00-11:20 @ SALAMANCA
11:20-11:50	**Title: Practising KMC in a limited resource setting SNCU: Study of 500 LBW babies in DH** **Yadaiah Damera,** District Govt. Hospital-Nalgonda, India
11:50-12:20	**Title: Serum free placental growth factor isoform 1 at 11-13 weeks gestation: Effects of maternal factors, mean arterial pressure, placental volume, and uterine artery pulsatility index** **Tuangsit Wataganara,** Mahidol University, Thailand
12:20-12:50	**Title: Colistin use in critically ill neonates: A case-control study** **Mehmet Sah Ipek,** Memorial Dicle Hospital, Turkey
12:50-13:20	**Title: The potential effect of breastfeeding on maternal sensitivity during the first year of life** **Sawsan Abuhammad,** Jordan University of Science and Technology, Jordan
	Panel Discussion
	Awards & Closing Ceremony
	Lunch Break 13:20-14:20 @ SALAMANCA

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Agrotechnology	2168-9881
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Neonatal Biology	2167-0897
Neonatal Studies	-
Neonatal Medicine	-
Neoplasm	-
Nephrology & Therapeutics	2161-0959
Neurobiotechnology	-
Neuroinfectious Diseases	2314-7326
Neurooncology: Open Access	-
Neurosurgery & Cardiac Surgery	-
Novel Physiotherapies	2165-7025
Nuclear Medicine & Radiation Therapy	2155-9619
Nutritional Disorders & Therapy	2161-0509
Obesity & Eating Disorders	-
Obesity & Weight Loss Therapy	2165-7904
Occupational Medicine Health Affairs	2329-6879
Omics Journal of Radiology	2167-7964
Oncology & Cancer Case Reports	-
Oncology Translational Research	-
Oral Health and Dental Management	2247-2452
Oral Health Case Reports	-
Oral Hygiene & Health	2332-0702
Orthodontics & Endodontics	-
Orthopedic & Muscular System: Current Research	2161-0533
Orthopedic Oncology	-
Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

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

Microbiology

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

Neuroscience

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

Health Care & Nursing

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

Pharmaceutical Sciences

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

Physics

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

Social & Political Sciences

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

Veterinary Sciences

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

Impact Factors* (IF)

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

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

Impact Factor Calculation:

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







20th International Conference on

NEONATOLOGY AND PERINATOLOGY

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Supporting Journals

Neonatology 2017

Supporting Journals

Journal of Neonatal Biology
www.omicsonline.org/neonatal-biology.php

Journal of Clinical Pediatrics
www.omicsonline.org/clinical-pediatrics.php

Journal of Pediatrics & Therapeutics
www.omicsonline.org/pediatrics-therapeutics.php



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AGRI, FOOD & AQUA

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

BIOCHEMISTRY

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

CARDIOLOGY

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

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

CHEMISTRY

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

DIABETES AND ENDOCRINOLOGY

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

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

IMMUNOLOGY

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

MATERIALS SCIENCE

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

MICROBIOLOGY

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

NURSING

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

OPHTHALMOLOGY

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

PHYSICS

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

PSYCHIATRY

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

Macrogen Sequencing Service

24h

Macrogen Sequencing

- Customized Sequencing Service
- Molecular Biology Service
- Microbial Identification Service
- NGS Validation Service
- Fragment Analysis Service
- DNA Sequencing Service

EZ-Seq

Customized Sequencing Service

Description

EZ-Seq is a prepaid barcode service, in which you order barcodes online, receive them by courier service and use them for sequencing.

Features

- Simplified order process
- No hassle for handling multiple invoices
- Lower price than regular service
- Fast turnaround time

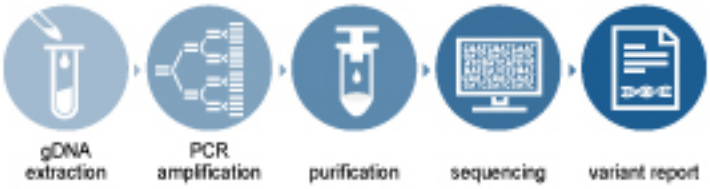
Service Type

- EZ-Seq single direct
- EZ-Seq plate direct

*Note : EZ-Seq half-plate service is NOT available in European region.

Workflow





Identification Service

- 16S/18S/26S rRNA & ITS region full seq
- Animal Identification (Barcoding service)
- Plant Identification (Barcoding service)

Fragment Analysis Service

- Fragment analysis Single/Plate (DS-30, DS-33)
- PCR Optimization + Analysis

SNP / Mutation Analysis Service

- NGS validation

Pyrosequencing Service

Gene synthesis Service

Others

- MLST analysis
- One-click sanger sequencing
- Human mtDNA Full length sequencing

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20th International Conference on

NEONATOLOGY AND PERINATOLOGY

December 04-06, 2017 | Madrid, Spain

Keynote Forum

Day 1

Neonatology 2017

Ling-Qun Hu, J Neonatal Biol 2017, 6:3(Suppl)
DOI: 10.4172/2167-0897-C1-004

20th International Conference on

NEONATOLOGY AND PERINATOLOGY

December 04-06, 2017 | Madrid, Spain

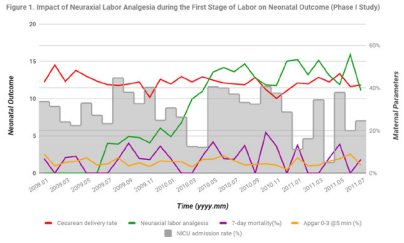


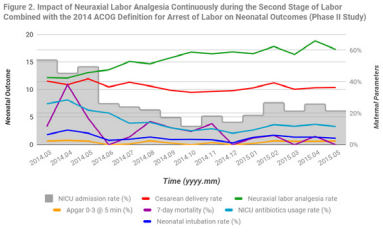
Ling-Qun Hu

Executive director of No Pain Labor & Delivery - Global Health Initiative, USA

Impact of neuraxial labor analgesia on neonatal outcomes

An education program, No Pain Labor & Delivery - Global Health Initiative (NPLD-GHI), was implemented at the Second Hospital of Wenzhou Medical College, China in 2010 to increase practice of neuraxial labor analgesia (NA). A two-phase impact study was conducted to assess the impact of increased NA on neonatal outcome. In Phase I study, NA was utilized in the first stage of labor. Data was collected during three time periods: baseline (01/2009-06/2009, NA=0%), phase-in (07/2009-05/2010), and post-NPLD-GHI (06/2010-06/2011, NA~50%). In Phase II study, NA was used in both first and second stages of labor, and 2014 ACOG definition for arrest of labor was used. This phase collected data from 03/2014-05/2015. The initial 3 months of this period were considered baseline. The primary outcome was NICU admission rate, which was compared between pre- and post-interventions, for each study phase. Statistical significance was defined at $p<0.05$. The NA rate increased from 0% to ~50% of 15,415 deliveries after NPLD-GHI intervention (Table 1, Figure 1) in Phase I study. Our measured variables showed no significant changes. In Phase II study, improved rates of NICU admission, 7-day mortality, Apgar 0-3, antibiotics usage, and intubation from 10,414 deliveries were observed (Table 1, Figure 2) with better maternal outcomes. Our data indicate the improvement of neonatal outcomes with implementation of combined NA throughout two stages of labor and the 2014 ACOG definition for arrest of labor.





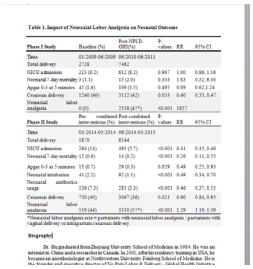
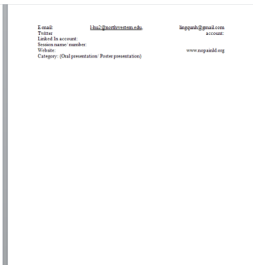


Table 1. Impact of Neuraxial Labor Analgesia on Neonatal Outcomes

Phase I Study	Baseline (%)	Post-NPLD-GHI(%)	p-values	RR	95% CI
Time	01/2009-06/2009	06/2010-06/2011			
Total delivery	2728	7962			
NICU admission	223 (8.2)	612 (8.2)	0.947	1.00	0.86, 1.16
Neonatal 7-day mortality	8 (3.1)	15 (2.9)	0.919	1.83	0.32, 8.39
Apgar 0-3 at 5 minutes	45 (1.6)	109 (1.5)	0.495	0.89	0.62,1.24
Cesarean delivery	1240 (44)	3132 (42)	0.033	0.40	0.33, 0.47
Neuraxial analgesia labor	0 (0)	2538 (47*)	<0.001	1857	

Phase II Study	Pre-combined interventions (%)	Post-combined interventions (%)	p-values	RR	95% CI
Time	03/2014-05/2014	06/2014-05/2015			
Total delivery	1878	8544			
NICU admission	364 (16)	491 (5.7)	<0.001	0.41	0.35, 0.46
Neonatal 7-day mortality	12 (0.6)	16 (0.2)	<0.001	0.26	0.11, 0.55
Apgar 0-3 at 5 minutes	13 (0.7)	29 (0.3)	0.029	0.40	0.23, 0.93
Neonatal intubation	41 (2.2)	85 (1.1)	<0.001	0.49	0.34, 0.70
Neonatal antibiotics usage	136 (7.3)	283 (3.3)	<0.001	0.46	0.37, 0.55
Cesarean delivery	750 (40)	3047 (36)	0.021	0.90	0.84, 0.95
Neuraxial labor analgesia	219 (44)	3330 (57*)	<0.001	1.29	1.19, 1.39

*Neuraxial labor analgesia rate = parturients with neuraxial labor analgesia / parturients with vaginal delivery or intrapartum cesarean delivery



Biography

Ling-Qun Hu graduated from Zhejiang University School of Medicine in 1984. He was an Internist in China and a Researcher in Canada. In 2001, after his residency training in USA, he became an Anesthesiologist at Northwestern University Feinberg School of Medicine. He is the Founder and Executive Director of No Pain Labor & Delivery - Global Health Initiative and the Editor-in-Chief of its journal. He has published three books as an author or associate-author and five books as a chief translator or associate-chief translator. He has published 23 papers in reputable journals and serves as an Editorial Board Member of three.

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Terence T Lao, J Neonatal Biol 2017, 6:3(Suppl)
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Terence T Lao

The Chinese University of Hong Kong, Hong Kong

Effect of neonatal immunization on vertical transmission of hepatitis B virus infection

Vertical transmission of the hepatitis B virus (HBV) is considered the major factor in maintinaing the high prevalence of HBV infection in endemic areas, and combined passive-active immunization has been introduced for more than three decades to prevent vertical transmission. Recently, maternal treatment with antiviral agents has been advocated to prevent vertical transmission, but no randomized studies have compared the efficacy of maternal antenatal treatment alone versus neonatal hepatitis B immunoglobulin (HBIg) injection alone in this regard. The safety of in-utero expsoure to antiviral agents to the long term health and development in the offspring is largely unknown, and the limited literature on maternal treatment appears to be associated with increased maternal postpartum flares and possibly adverse perinatal outcome. In the literature and in our experience, neonatal HBIg is safe and effective in preventing vertical transmission, and the relevant data will be presented. The pros and cons of maternal treatment in addition to the already implemented and established neonatal immunization for the sole purpose of preventing vertical transmission will be discussed, together with the implications on logistical and clinical management of pregnancy in women with chronic HBV infection.

Biography

Terence T Lao graduated MBBS from the University of Hong Kong, and obtained his MD in 2002. He received training in Obstetric Medicine at the Queen Charlotte's Maternity Hospital, London, UK in 1983-1984, and completed the fellowship programme in Maternal-Fetal Medicine at the University of Toronto in 1989-93. He is Professor at the Department of Obstetrics & Gynaecology, The Chinese University of Hong Kong. He has published 300+ papers in international journals and is a reviewer for 24 journals, and serves on the editorial board of three international journals. His major interest is in maternal medicine and high risk pregnancy.

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Notes:







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Workshop

Day 1

Neonatology 2017

Anne-Catherine Rolland, J Neonatal Biol 2017, 6:3(Suppl)
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Anne-Catherine Rolland

Reims University School of Medicine, France

Treating postnatal depression with group therapy

Introduction: Postnatal depression (PND) affects 10 to 15 % of the women who gave birth. The "postnatal depression group" is a group therapy set up in the parents-infant unit of the child psychiatry department of the university hospital of Reims city in France. The purpose of this communication is to present how the women who suffered from postnatal depression feel about this group therapy in order to improve its quality and broaden its use.

Methods: It is a qualitative study based on a semi-directed interview with a survey. The study sample is a population of 9 mothers who participated in the PND group in the last six years.

Results: All the mothers we interviewed were very satisfied with the PND group and considered their experience as "very positive". They felt that the group therapy helped free them of their guilt, to resocialize and to improve their self-image (renarcissization). The results show that talking with their husbands improved the couple's relationship, which is an important part of the process. Group therapy enabled patients to speak about their feelings in a space where they feel safe and supported.

Conclusions: We are aware that this study is based on a limited number of women and that some interviews were conducted several years after their participation in the PND group, but the results are so encouraging that we think this method should be broadened.

Biography

Anne-Catherine ROLLAND is the chair of Child Psychiatrist at the University of Reims and the Head of the child psychiatry ward at the University Hospital of Reims since 2012. After her medical studies in Reims Medical School, with a specialization in psychiatry and child psychiatry, she has completed her PhD from Paris VII Descartes University in 2010. She did a research year at Melbourne University next to Jeannette Migrom and Anne Buist in 2007-2008. She is specialized in mother infant interactions, and works preferentially on all the mothers' feelings around the pregnancy and the maternity.

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Scientific Tracks & Abstracts

Day 1

Neonatology 2017

Sessions:

Day 1 December 04, 2017

Neonatology | Congenital Malformations | Neonatal Research | Neonatal Nutrition

Session Chair
Anne-Catherine Rolland
Reims University School of Medicine, France

Session Co-Chair
Maja Tomicic
Croatian Institute of Transfusion, Croatia

Session Introduction

Title: **Electrical inhibition (EI) of preterm uterine electrical activity, uterine mechanical activity and preterm birth**
Jeffrey Karsdon, University of Florida Health Shands Hospital, USA

Title: **Use of the Pasero Opioid-Induced Sedation Scale (POSS) in pediatric patients**
Ann Quinlan-Colwell, New Hanover Regional Medical Center, USA

Title: **Congenital malformations of the spine**
Lily Wang, University of Cincinnati College of Medicine, USA

Title: **Variations of maternal care in behavioral responses to a natural, social reward**
Tieyuan Zhang, McGill University, Canada

Title: **An unexpected post-natal collapse**
Caroline Fraser, Leeds Teaching Hospitals, UK

Title: **Correlation between fetal autopsy and prenatal diagnosis by ultrasound: A systematic review**
Cristina Rossi, Ospedale della Murgia, Italy

Title: **Increasing trend of retinopathy of prematurity- An understated consequence of improved premature survival including late preterms**
Laxmi S Hadalagi, Dr. Bidari's Ashwini Children Hospital and Research Centre, India

Title: **Fetal and neonatal alloimmnune thrombocytopenia (FNATP): Frequency, pathophysiology and algorithm of laboratory investigation and treatment**
Maja Tomicic, Croatian Institute of Transfusion Medicine, Croatia

Title: **Paracetamol as an alternative method of treatment of hemodynamically significant PDA in preterm neonates-preliminary study**
Agata Jankowska, Pomeranian Medical University in Szczecin, Poland

Jeffrey Karsdon, J Neonatal Biol 2017, 6:3(Suppl)
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Electrical inhibition (EI) of preterm uterine electrical activity, uterine mechanical activity and preterm birth

Jeffrey Karsdon
University of Florida Health Shands Hospital, USA

Background: Uterine smooth muscle electrical activity precedes and controls the preterm uterine mechanical contractions. This is monitored with electromyogram (EMG), electrohysterogram (EHG) and tocodynamometry (TOCO). EHG is a more objective measure of contraction force than the TOCO.

Objective: EI of preterm uterine EMG and subsequent inhibition of mechanical activity (frequency and force).

Study Design: Women in preterm labor at 24-34 weeks gestation had standard monitoring of TOCO and fetal heart rate (FHR) with simultaneous external monitoring (OBMedical, Gainsville, FL) of EHG and fetal electrocardiogram (fECG). An electrical pacemaker gave EI to an electrode catheter placed into the vaginal posterior fornix next to the cervix. EI was a bipolar constant current square wave pulse: 0-10mA, 0-28ms/pulse, 0-30 Hz. There were 3 groups of EI: 20, 40 or 80 minutes. EI was a 10-second burst only during a monitored contraction. Each group had 20 minutes of pre-EI sham control (C1) and post-EI sham control (C2). Outcome measures were TOCO and EHG contraction frequency or peak-to- peak (P-P) interval and EMG power spectral density (PSD). Differences in the estimated means of P-P and PSD for the C1, EI, and C2 periods used a mixed-model analysis of variance and a paired t-test with a 0.05 two-sided significance level.

Results: Electrical PSD and mechanical TOCO and EHG P- P all decreased during EI compared to C1 and C2. FHR and fECG were unchanged. Also, EI decreased uterine resting tone.

Conclusions: This is the first EI study of human preterm uterine electrical and mechanical activity i.e. contraction frequency and force. EI is an electroceutical tocolytic with no systemic side- effects on mother or baby. The EI mechanism is unknown, but may produce membrane hyperpolarization. EI decreased preterm uterine resting tone that may increase placental blood flow. EI may decrease the resting tone of other smooth muscles in certain neonatal pathologies e.g. persistent pulmonary hypertension of the newborn.

Recent Publications

1. Bregar T A, Lucovnik M, Verdenik I, Jager F, Gersak K, Garfield R E (2016) Uterine electromyography during active phase compared with latent phase of labor at term. Acta Obstetricia et Gynecologica Scandinavica. 95(2):197-202.
2. Euliano T Y, Nguyen M T, Darmanjian S, Busowski J D, Euliano N, Gregg AR (2016) Monitoring uterine activity during labor: clinician interpretation of electrohysterography versus intrauterine pressure catheter and tocodynamometry. American Journal of Perinatology 33(9):831-838.
3. Karsdon J, Garfield R E, Shi S Q, Maner W, Saade G (2005) Electrical Inhibition (EI) of preterm birth: inhibition of uterine contractility in the rabbit and pup births in the rat. American Journal of Obstetrics and Gynecology. 193:1986-1993.
4. Karsdon J, Manal E D, Huang W M, Ashmead G G (2012) Electrical pacemaker as a safe and feasible method for decreasing the uterine contractions of human preterm labor. Journal of Perinatal Medicine. 40(6):697-700.
5. Wolfs G M J A and Rottinghuis H (1970) Electrical and mechanical activity of the human uterus during labour. Archiv für Gynäkologie. 208(4):373-385.

Biography

Jeffrey Karsdon completed his medical education at the Free University of Brussels, Belgium. After completing his pediatric residency in New York and neonatology fellowship in San Francisco he worked at the University of Leiden, the Netherlands for 7 years before returning to the United States. He is a Clinical Neonatologist and Scientist with a passion for preventing preterm birth. His innovative approach to inhibiting the uterine contractions of a preterm birth with an electrical pacemaker is a paradigm shift in preventing preterm birth. It allows for a very localized and rapid inhibitory effect with no systemic side-effects. He is pioneering the way to an electroceutical tocolytic and into a new era of interventional uterine electrophysiology. His unique method of inhibiting smooth muscle contractions and tone paves the way for treating other pathologies caused by increased smooth muscle tone.

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Ann Quinlan-Colwell, J Neonatal Biol 2017, 6:3(Suppl)
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Use of the Pasero Opioid-Induced Sedation Scale (POSS) in pediatric patients

Ann Quinlan-Colwell
New Hanover Regional Medical Center, USA

The Pasero Opioid-Induced Sedation Scale (POSS) is a valid, reliable tool used to assess sedation when administering opioid medications to manage pain. POSS is endorsed by The Joint Commission and the American Society for Pain Management Nursing to help prevent adverse opioid-related respiratory events. Although POSS is used to assess sedation in pediatric patients at some hospitals, it was not formally evaluated in the pediatric population. This study used a quasi-experimental design with a convenience sample of pediatric patients admitted to a large regional medical center. POSS was evaluated from three perspectives. First the study was designed to compare documentation of sedation when opioids were administered before (n = 25) and after (n = 27) implementation of POSS to assess sedation. Second, occurrence of respiratory adverse events before and after implementation was compared. Third, appropriateness of using POSS in pediatric population was evaluated. When POSS was used, there was an increase in both clarity and frequency of documentation when sedation was assessed. There was no incidence of opioid-related adverse respiratory events after implementation of POSS. Finally, POSS was found to be appropriate and safe to use in pediatric population. Through survey, the majority of registered nurses who cared for the research subjects evaluated POSS as easy, appropriate and safe to use with pediatric patients. The nurses also noted using POSS provided standardized communication among staff regarding patients' levels of sedation. No adverse effects, concerns, or objections were reported. Coincidentally, frequency of documentation of assessment of pain also improved with POSS.

Biography

Ann Quinlan-Colwell has completed her PhD at The University of North Carolina at Greensboro. She works as a Clinical Nurse Specialist and Chair of the Nurse Research Committee at New Hanover Regional Medical Center which is a regional trauma center in Wilmington, NC, USA. She has published and reviews for reputed peer review journals, has published book chapters and a book on pain management. She is current President of the Nu Omega chapter of Sigma Theta Tau International; President-elect of the Southern Pain Society and serves on the board of the American Society for Pain Management Nurses.

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Lily Wang, J Neonatal Biol 2017, 6:3(Suppl)
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Congenital malformations of the spine

Lily Wang
University of Cincinnati College of Medicine, USA

Congenital anomalies of the spinal cord can pose a diagnostic dilemma to the radiologist, neonatologist and neurosurgeons. Several classification systems of these anomalies exist. Antenatal ultrasound and fetal magnetic resonance imaging is playing an increasingly important role in the early diagnosis and management of patients. Understanding the underlying anatomy as well as embryology of these disorders is vital in diagnosing the type of spinal cord dysraphic defect. Common and uncommon malformations will be discussed, with focus on differentiating these entities using MRI.

Biography

Lily Wang completed her Medical degree at the age of 22 from University of New South Wales, Sydney, Australia and has a Masters in Public Health from University of Sydney, Australia. She is a Neuroradiologist at University of Cincinnati Medical Center and Director of medical student radiology education at College of Medicine, University of Cincinnati.

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Tieyuan Zhang, J Neonatal Biol 2017, 6:3(Suppl)
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Variations of maternal care in behavioral responses to a natural, social reward

Tieyuan Zhang
McGill University, Canada

The quality of parent-child interactions in humans predicts multiple mental health outcomes. We have little understanding of the neurobiological responses to the demands of reproduction in females. We found that high licking/grooming (LG) lactating rats had increased levels of phosphorylated CREB (pCREB) in the medial preoptic area (MPOA) and they displayed a reduced population of greater dendritic complexity index (DCI) neurons compared to Low LG mothers. High LG mothers show increased Rem2 and BDNF in the MPOA. There were no differences in Rem2 and BDNF expression in virgin high and Low LG female rats. CREB overexpression in the MPOA of lactating rats increased maternal LG. CREB overexpression in MPOA neuronal cultures associated with a decrease in dendritic complexity. We suggest that CREB activity in the MPOA associates with maternal behavior and changes in dendritic complexity in the MPOA possibly mediated by CREB induced regulation of Rem2 and BDNF. These results provide a novel neuroendocrine basis for individual differences in maternal behavior.

Biography

Tieyuan Zhang has completed his PhD from Yonsei University, South Korea, in 2001. He did Post-doctoral studies from McGill University, Canada (2002). He is an Assistant Professor in the Department of Psychiatry, McGill University, Canada. He has published papers in reputed journals including Jneurosci and PNAS.

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Caroline Fraser, J Neonatal Biol 2017, 6:3(Suppl)
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An unexpected post-natal collapse

Caroline Fraser
Leeds Teaching Hospitals, UK

A term, DCDA infant had an unexpected cardiovascular collapse on day 3 of life on the postnatal ward. The pregnancy had been uneventful and the parents were non-consanguineous. There had been 11% weight loss noted on the day of the collapse, she was breast fed. After resuscitation she was admitted to the neonatal unit (NNU) and found to be in ventricular tachycardia (VT). Her electrolytes were deranged with a glucose of 0.8 an ionised calcium of 0.45 and a potassium of 7.23. She was treated with IV calcium gluconate, IV dextrose and sodium bicarbonate, and she converted back to sinus rhythm. The VT returned so magnesium sulphate was given, which terminated the VT. VT in neonates is uncommon and mostly seen in patients with congenital heart disease, and cardiac channelopathies. A metabolic screen taken at the time of the collapse revealed raised octanoylcarnitines and a diagnosis of MCADD was made. There are few case reports of babies with MCADD presenting with arrhythmias. They are a recognized feature of longer change fatty acid disorders and there is evidence demonstrating cardiac myocyte ion channel dysfunction in these conditions. This case adds to the small number of patients with MCASS who present with VT. It serves as a reminder to consider metabolic diseases in the setting of multiple electrolyte abnormalities and arrhythmia. It also highlights the importance of correcting any metabolite disturbance in patients with arrhythmias before considering anti-arrythmic agents, as they can be pro-arrythmogenic and may worsen the situation.

Biography

Caroline Fraser is a Paediatric Trainee in the West Yorkshire region of England. She is an ST3 and hopes to pursue a career in Neonatal Medicine. She graduated from the University of Bristol in 2012 and has been working in West Yorkshire since.

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Correlation between fetal autopsy and prenatal diagnosis by ultrasound: A systematic review

Cristina Rossi
Ospedale della Murgia, Italy

Objective: The objective of this study was to review literature about the correlation between fetal autopsy and ultrasound findings of fetal malformations.

Methods: Search in PubMed, Medline, EMBASE, Clinicl trials.org, reference list was performed. Inclusion criteria for studies selection were: fetal autopsy performed after termination of pregnancy (TOP) or stillbirth, TOP for fetal anomalies, prenatal diagnosis of malformations, data reported as proportional rates, case reports, non-English language and data reported in graphs or percentage. From each article: sample size, type of malformation, indication for TOP, autopsy findings was collected. Fetal anomalies were grouped in central nervous system (CNS), genitourinary (GU), congenital heart defects (CHD), gastrointestinal (GI), thorax, limbs, skeleton, genetics (TOP for abnormal karyotype) and multiples (TOP for multiple severe malformations for which a single indication for TOP/stillbirth could not be identified). Correspondence between autopsy and ultrasound was defined as agreement (same diagnosis), additional (additional findings undetected by ultrasound) and unconfirmed (false positive and false negative ultrasound). PRISMA guidelines were followed.

Results: From 19 articles, 3534 fetuses underwent autopsy, which confirmed prenatal ultrasound in 2401 (68.0%) fetuses, provided additional information in 794 (22.5%) fetuses, and unconfirmed prenatal ultrasound in 329 (9.2%) fetuses. The latter group consisted of 3.2% false positive and 2.8% false negative cases. The additional findings changed the final diagnosis in 3.8% of cases. The most frequent indication for TOP/stillbirth was CNS anomalies (36.3%), whereas thorax anomalies represented the less frequent indication (1.7%). The highest agreement between autopsy and prenatal ultrasound was observed in CNS (79.4%) and genetics (79.2%), followed by GU anomalies (76.6%), skeleton (76.6%), CHD (75.5%), thorax (69.7%); GI (62.6%), multiple (37.0%), limbs (23.3%).

Conclusion: In spite of the high agreement between prenatal ultrasound and autopsy, fetal examination is mandatory because in a minority of cases it discloses additional findings or changes the final diagnosis and genetic counseling.

Biography

Cristina Rossi was born in 1974 and got her medical degree in 1998 and Residency in Obs/Gyn in 2003. She is both author and reviewer of peer-reviewed journals. She is mainly interested in prenatal diagnosis and twin pregnancy. She is actually consultant in Obs/Gyn at Ospedale della Murgia (Bari, Italy).

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Notes:

Laxmi S Hadalagi et al., J Neonatal Biol 2017, 6:3(Suppl)
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Increasing trend of retinopathy of prematurity- An understated consequence of improved premature survival including late preterms

Laxmi S Hadalagi, Priyadarshini M K, Arali Chanbasu, Deepika M and **L H Bidari**
Dr Bidari's Ashwini Hospital and Research Institute, India

Introduction: Retinopathy of prematurity (ROP) is a vasoproliferative retinal disorder affecting preterm infants. It is one of the preventive causes of childhood blindness. ROP afflicts over 3,00,000 infants worldwide. Incidence of ROP has been reported to be 24- 47%.

Objectives: The Primary objective is to study the incidence and outcome of ROP in early and high risk late preterm and Secondary objective is to study associated risk factors contributing to development of ROP.

Methods: The Inclusion criteria is all babies born <34 weeks of gestation and/or <15000 grams. Babies >34weeks to 36+6 weeks and/or weighing 1500-2000 grams with risk of developing ROP. Screening done by indirect ophthalmoscopy at CGA 4 weeks or 31weeks whichever is later.

Results: 358 patients enrolled. 125 babies diagnosed with ROP. Incidence of ROP was 34.9%. 62 had stage I ROP(49.6%). 44 had stage II(35.2%). 14 had stage III(11.2%) . 5 babies had APROP(4%).Birth weight and ROP had a positive significant correlation (p= 0.016). Lower gestational age had higher incidence and more severe ROP(p=0.0001). Oxygen administration, RDS, invasive ventilation had definite correlation with ROP p= 0.0398, p=0.05 and p=0.0013 respectively. Apnea, anaemia and hyperbilirubinemia association not significant.14 babies required laser treatment. These babies were followed up and screened for regression.

Discussion: The incidence of ROP in India and worldwide was comparable to our study. 61 babies weighing above 1500 grams were diagnosed with ROP. According to AAP screening guidelines, we would have missed the babies who weighed more than 1500 grams with stormy neonatal course. Safe level of oxygen usage has not been defined. Assisted ventilation and RDS were independent risk factors which was comparable to other studies.

Conclusions: Incidence of ROP is on the rise because of increased survival of ELBW and VLBW. Lower the gestational age and birth weight higher is the incidence of ROP and more severe disease.

Biography

Laxmi S Hadalagi, after completing MBBS in the year 2002 at my hometown, she perceived paediatrics as she was very much interested in this field and completed my postgraduation in reputed medical college of Karnataka i.e Bapuji and Chigateri Government Hospital, Davangere, Karnataka. Seeing many neonates suffering from birth asphyxia, she always questioned herself, Is there no treatment available to prevent damage of these growing brains???This zeal took her towards doing Fellowship in Neonatal and Perinatal Medicine and started working at a Tertiary Care Unit catering to peripheries, started Therapeutic Hypothermia with Cerebral Function Monitoring and Erythropoietin to reduce neuronal damage. This has given them satisfactory results interms of mortality and neurodevelopmental outcome. She had been to Georgetown University Hospital, Washington DC, 2015, as GIANI Scholar Awardee(By AAP and NNF), appreciating her research work and community level works. She is now working as Unit Incharge, examiner for Fellowshipexam for Doctors and Nurses in Neonatology, also Board of Advisor for Public-Private Partnership(VIJINAP 2016) to upgrade our government hospitals to meeting health demands of our society. Conduct regular workshops/CME for doctors and nurses to keep them updated.

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Notes:

Maja Tomicic, J Neonatal Biol 2017, 6:3(Suppl)
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Fetal and neonatal alloimmnune thrombocytopenia (FNATP): Frequency, pathophysiology and algorithm of laboratory investigation and treatment

Maja Tomicic
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Background: Alloimmune fetal and neonatal thrombocytopenia (FNATP) is the result of maternal alloimmunization during pregnancy to fetal platelet antigens (HPA) inherited from the father. In most cases develops consequently to alloimmunization to the specific platelet antigens (HPA)-1a and-5b, less frequently HPA-3a and -15a/b. FNATP has an incidence of 1:1000 to 1:2000 births in white populations. It is self-limiting and transient disorder with an excellent prognosis in absence of intracerebral bleeding (ICH). Current guidelines recommended transfusion of HPA compatibile platelets to prevent ICH.

Aim: The aim of this study was to establish an algorithm of laboratory testing for FNATP and to analyze laboratory and clinical data on platelet transfusions in anti-HPA-1a cases.

Methods: An algorithm of laboratory testing for FNATP included serologic screening of maternal and neonatal sera/plasma and platelets by immunofluorescence (IF) method; direct and indirect test. The monoclonal antibody immobilization of platelet antigens (MAIPA) and PAK 12-KIT (Lifecodes/Immucor, USA) were employed to determine anti-HPA antibody specificity. Results of serologic anti-HPA testing were confirmed by maternal and neonatal/paternal HPA-1, -2, -3, -5 and -15 genotyping by PCR-SSP method.

Results: Serology screening for FNATP yielded positive results in 56 of investigated cases. Anti-HPA antibodies were detected in 34 of 56 (61%) cases of serologically positive NATP, i.e. 19 anti-HPA-1a, 11 anti-HPA-5b, 1 antiHPA-1b, 1 antiHPA-3a, 1 antiHPA-5a and 1 anti-HPA-15a. In 6 of 56 (11%) pan-reactive (anti GP IIb-IIIa) autoantibodies in mothers with ITP were detected. In another 16 of 56 (28%) cases, anti-HPA specificity could not be demonstrated. The average lowest platelet count in newborn blood was 60 x 109/L (min. 11 and max. 104) and duration of thrombocytopenia 1.5 weeks (min. 0.5 and max. 3). 14 of 16 (87%) neonates did not receive any treatment and there were no signs of hemorrhage. One newborn received platelet transfusions, intravenous gamma globulins and corticoids, and another three transfusions and intravenous gamma globulins. All of them reached full recovery. There was no fatal disease.

Conclusion: FNATP is rare but potentially life-threatening disorder. Serologic testing for FNATP in case of isolated thrombocytopenia in the newborn contributed considerably to timely detection of this disease. Platelet transfusions are needed in severe cases of FNATP to prevent ICH. In the absence of HPA compatibile platelets random donor transfusion is an acceptable approach in urgent situations.

Recent Publications:

1. Peterson JA, Mc Farland JG, Curtis BR and Aster RH (2013) Neonatal alloimmune thrombocytopenia: pathogenesis, diagnosis and management. Br. J Hametol. 16 (1): 3-14.
2. Kaplan C, Daffos F, Forestier F, Cox WL, at al (1988) Management of alloimmune thrombocytopenia: antenatal diagnosis and in ztero transfusion of maternal platelets. Blood. 72 (1): 340-343.
3. Kiefel V, Bassler D, Paes B, et al (2006) Antigen-positive Platelet transfusion in neonatal alloimmune thrombocytopenia (NAIT). Blood. 107 (9): 3761-3763.
4. Yougbare I, Lang S, Yang H, et al (2015) Maternal anti-platelet beta 3 integrins imapair angiogenesis and cause intracranial hemorrhage. The Journal of Clinical Investigation. 125 (4): 1545-1556.

Biography

Maja Tomicic is currently working at Croatian Institute of Transfusion Medicine (CITM) as Head of Department for Platelet and Leukocyte Diagnostics and Haemostaseology, and Education Department and Specialist of Transfusion Medicine, from 1992 and as Scientific Assistant, University of Zagreb Medical School from 2012. CITM is National Blood Transfusion Center that collects and test donor's blood, produces blood products and performs pretransfusion testing patients and pregnant women. As a Head of Department, she has responsibilities for development and introduction of methods for platelet and leukocyte immunogenetic and hemostasis testing for outpatients, blood products quality control hemostasis testing, and investigation of transfusion associated acute lung injury (TRALI), post transfusion purpura (PTP), fetal and neonatal alloimmune thrombocytopenia (FNATP) and neutropenia (ANN). She has published 28 papers; 19/28 cities in CC, 11/28 classified as scientific paper, MS thesis; "Frequency and significance of anti-platelet antibodies in pregnant women and hematology patients", PhD thesis "Serological, molecular and clinic characteristics of alloimmune neonatal neutropenia", 62 congress abstracts, 24/59 in CC journals, 37/59 in "Index Medicus" journals.

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Notes:

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Paracetamol as an alternative method of treatment of hemodynamically significant PDA in preterm neonates-preliminary study

Agata Jankowska
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Introduction: Persistent ductus arteriosus (PDA) constitutes 5-20% of all inborn heart defects. In preterms born with body weight < 1000 g is present even in 80%. Fast diagnosis and treatment of hemodynamically significant PDA (hsPDA) allows avoiding many complications. In pharmacological treatment of hsPDA conventionally inhibitors of cyclooxygenase (COX) are used but they may cause many side effects. That is why alternative methods are investigated. One of them is the use of paracetamol.

Aim: The aim of our study was to assess the effectiveness of paracetamol treatment for hsPDA in preterm neonates.

Material & Methods: The study was performed on 10 preterm neonates, with hsPDA confirmed by echocardiography. 2 neonates were excluded from the study. In diagnosis, we considered the width of arterial duct and clinical status of the patient. Paracetamol treatment was started after the cardiological confirmation of hsPDA, intravenously in dose of 15 mg/kg every 6 hours during 5 days +/- 2 days. In none of the patients included in our study side effects were observed.

Results: The effectiveness of the treatment was verified by controlled echocardiography. Effective treatment with paracetamol was observed in 62% of studied neonates. In two of the remaining neonates treatment with ibuprofen was initiated but the therapy failed. In one, contraindications of COX inhibitors treatment were performed. Eventually surgical ligation was performed in 3 of them.

Conclusions: Paracetamol can be considered as an effective alternative method of treatment of hsPDA compared to ibuprofen.

Biography

Agata Jankowska has completed her studies from Pomeranian Medical University and Post-doctoral studies from Department of Pediatric Endocrinology and Metabolic Disease. She is working in Neonatal Department since 2013. Recently, she has successfully accomplished her specialization in Neonatology. She is deeply involved in hemodynamic problems of preterm neonates. She has published more than 16 papers and had several oral presentations on endocrinology as well as in neonatology field.

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Notes:







20th International Conference on

NEONATOLOGY AND PERINATOLOGY

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Keynote Forum

Day 2

Neonatology 2017

Beena G Sood, J Neonatal Biol 2017, 6:3(Suppl)
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Beena G Sood

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Surfactant during non-invasive ventilation in preterm neonates with respiratory distress syndrome

Purpose: Respiratory distress syndrome (RDS) is the leading cause of mortality and morbidity in preterm infants (PTI). Intratracheal instillation, the only approved means of surfactant delivery, requires endotracheal intubation and mechanical ventilation with their attendant risks. Widespread use of non-invasive ventilation (NIV) for initial respiratory support of PTI not only averts the need for intubation and MV but also delays surfactant instillation. We hypothesized that treatment of RDS with aerosolized surfactant (AS) in PTI undergoing NIV is safe and feasible.

Methods: We initiated a Phase I study of AS in PTI<37 weeks GA with RDS undergoing NIV. Sequentially enrolled infants received increasing doses and dilutions of surfactant using a MiniHeart jet nebulizer. Infants were monitored during AS and for 72 hours after AS.

Results: Of 17 patients enrolled, two extremely PTI exited the study for worsening respiratory distress. Fifteen infants completed study intervention; two were weaned to room air after the 1st dose of AS and 13 received 2 doses. The mean age (SD) at receipt of 1st and 2nd dose of AS was 7.2 (5.7) and 11.8 (6.4) hours respectively. Infants tolerated the aerosol treatment well. No significant adverse events were identified. Of 15 infants that completed the study, one required medical treatment for a patent ductus arteriosus; one received vasopressors, two were treated medically for necrotizing enterocolitis (NEC) and one was intubated at 19 days of age following a diagnosis of NEC. Majority of the 17 enrolled infants were discharged to home (n=15) without respiratory support (n=14) at a mean corrected GA of 355/7 weeks.

Conclusion: We have demonstrated the feasibility of administering AS to PTI; AS was well tolerated by infants. A Phase II clinical trial of aerosolized survanta duirng NIV in PTI comparing two doses and two nebulizer devices is currently ongoing.

Biography

Beena G Sood has completed Pediatrics Residency training and fellowship training in Neonatal-Perinatal Medicine at Children's Hospital of Michigan and Wayne State University. She also completed a Master's course in Clinical Research Design and Biostatistics at the University of Michigan. She has been appointed as Assistant and later Associate and then Full Professor on the Research Educator track at Wayne State University and the affiliated Detroit Medical Center since 2001. She has published over 50 papers in reputed journals. In 2014, she recieved federal funding to conduct clinical trials to evaluate delivery of aersolized surfactant in preterm infants.

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Keiko Ikeda

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Role of sodium pump α subunit genes for respiratory rhythm generation during perinatal period

Sodium pump (Na^+, K^+-ATPase) is a membrane protein that plays a critical role in maintaining Na^+ and K^+ gradients across the cell membrane. It consists of catalytic α and regulatory β subunits. Four α isoforms are found in mammals. In the central nervous system, the α2 isoform is mainly expressed in glial cells and α3 isoform in neuronal cells. Point mutations in the ATP1A2 (gene encoding α2 isoform in human) cause Familial hemiplegic migraine type 2 (FHM2). Point and deletion mutations in the ATP1A3 (gene encoding α3 isoform in human) cause alternating hemiplegia of childhood, apnea, and severe infantile epileptic encephalopathy often appear after birth. Through the analyses of knockout (KO) mice of the gene for α2 (Atp1a2) or for α3 (Atp1a3), here we report that both α2 and α3 subunits play important roles in respiratory rhythm generation. Homozygous Atp1a2 KO mice die shortly after birth due to respiratory malfunction resulting from abnormal Cl^- homeostasis in brainstem. On the otherhand, homozygous Atp1a3 KO mice showed various respiratory defect. Half of Atp1a3 KO mice made an effort to breath at birth, immediately followed by seizure attack, and resulted in their death. The other showed complete absence of spontaneous body movements and no breathing movements from the very beginning at birth. Consistently, we electrophysiologically recorded various abnormal respiratory activities in the brainstem of Atp1a3 KO mice. These data suggest that both isoforms are essential for survival at perinatal period and Atp1a2 and Atp1a3 play critical, but different roles in respiratory rhythm generation.

Biography

Keiko Ikeda has completed MD, PhD from Jichi Medical University and worked as a postdoctoral fellow at Penn State University (USA) and at Genzentrum of Munchen University (Germany). Now she is a professor of Physiology in IUHW and doing experiments with her own hand.

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Notes:







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Workshop

Day 2

Neonatology 2017

Mercedes Olaya-C, J Neonatal Biol 2017, 6:3(Suppl)
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Mercedes Olaya-C

Pontificia Universidad Javeriana- Hospital Universitario San Ignacio, Colombia

Umbilical cord and preeclampsia

Introduction: Preeclampsia is an important syndrome associated with gestation that causes mortality and morbidity not only for fetuses but also for mothers. The rest of the Hypertensive Disorders of Pregnancy (HDP) (including chronic hypertension -from any cause-,chronic hypertension with superimposed preeclamp sia, and gestational hypertension) also cause an important impact. Likewise, umbilical cord complications have been recognized as potentially dangerous for the fetus and the newborn, in aspects such its length, diameter, insertion, entanglements, knots and coiled, increasing the risk of obstetric complications and fetal or newborn poor outcomes. Recently, a relation between umbilical cord abnormalities and preeclampsia has been found in the literature. Preeclampsia has been associated with abnormalities in the umbilical cord, in several ways: morphological, biochemical and functional. Alteration in blood vessels of the placenta, decidua and circulatory system of the fetus might be related to factors that cause preeclampsia and with alterations of the umbilical cord.

Objectives: This study aimed to analyze the relation between each type of umbilical cord abnormality and the different subtypes of HDP.

Methods: We conducted a prospective study on consecutive autopsies and its placentas, looking for abnormalities in the umbilical cord's features and their clinical associations.

Results: Umbilical cord abnormalities (length, diameter, insertion, entanglements, knots and coiled) were interestingly associated with maternal HDP

Conclusion: Umbilical cord abnormalities might affect the prognosis of the fetuses and the newborn of mothers who suffer preeclampsia.

Biography

Mercedes Olaya-C is a Pediatric Pathologist and completed her PhD from Pontificia Universidad Javeriana. She is the Director of Pathology Department and Associated Professor at the same university and its Hospital Universitario San Ignacio. She has published more than 25 papers and has worked for fetuses' health for 20 years.

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Scientific Tracks & Abstracts
Day 2

Neonatology 2017

Sessions:

Day 2 December 05, 2017

Perinatology | NICU | Neonatal Respiratory syndromes | Neonatal CNS disorders

Session Chair
Beena G Sood
Wayne State University School of Medicine, USA

Session Co-Chair
Terence T Lao
The Chinese University of Hong Kong, Hong Kong

Session Introduction

Title: **Implementation of the NICE prevention and treatment of early onset neonatal infection guideline: The Glasgow experience**

Sandy Kirolos, Royal Hospital for Children- Glasgow, UK

Title: **The role of miR-182 in regulating pineal CLOCK expression after hypoxia–ischemia brain injury in neonatal rats**

Xin Ding, Children's Hospital of Soochow University, China

Title: **MR diagnosis of hypoxemic-ischemic encephalopathy in infants and neonates**

Shibani Mehra, Post Graduate Institute of Medical Education And Research, India

Title: **Neonatal early intervention physical therapy program effectiveness of sensory-motor outcomes: A one year experience**

Areej Alabdulrahman, King Abdullah Specialized Children Hospital, Saudi Arabia

Title: **Obstetric care for women with thalassemia**

Terence T Lao, The Chinese University of Hong Kong, Hong Kong

Title: **Title: Hearing screening with transient evoked otoacoustic emission (TEOAE) and brainstem evoked response audiometry (BERA) in new-borns- An experience from eastern India**

Ananya Das, All India Institute of Medical Sciences, India

Title: **Survival of preterms with bubble CPAP in a limited resource setting without ABG, surfactant and ventilator**

Yadaiah Damera, District Govt. Hospital-Nalgonda, India

Title: **Maternal risk factors associated with retinopathy of prematurity among patients in East avenue medical center prematurity from 2010 to 2015**

Ida Fidelis Denosta, East Avenue Medical Center, Philippines

Sandy Kirolos, J Neonatal Biol 2017, 6:3(Suppl)
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Implementation of the NICE prevention and treatment of early onset neonatal infection guideline: The Glasgow experience

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Early onset sepsis (EOS) is a significant cause of morbidity and mortality in neonates, typically presenting within the first 72hours of birth. The management of infants at risk of EOS varies between units. The introduction of the UK NICE guideline: Antibiotics for prevention and treatment of early onset neonatal infection in 2012 aimed to provide clarity and consistency in the management of such infants. Since publication by NICE the impact of this guideline has prompted debate with several units reporting negative consequences including increased length of stay and number of laboratory investigations performed. We implemented the NICE EOS guideline in two tertiary perinatal centres in Glasgow in 2014 and 2015 after undertaking a robust education programme for all staff members who would be involved in utilizing the guideline. The new guideline came with significant changes in practice. We also introduced a neonatal early warning score chart (NEWS booklet) to be used simultaneously. Following implementation, serial interval audits were undertaken to assess impact on patient care and guideline adherence. In contrast to other published reports we have observed a positive impact on patient care with a reduction in length of stay and no increase in laboratory investigations performed. Furthermore no baby became unwell following the changes in practice.

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Notes:

Xin Ding, J Neonatal Biol 2017, 6:3(Suppl)
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The role of miR-182 in regulating pineal clock expression after hypoxia–ischemia brain injury in neonatal rats

Xin Ding
Children's Hospital of Soochow University, China

Circadian rhythm disorder is a common neurological deficit caused by neonatal hypoxic-ischemic brain damage (HIBD). However, little is known about its underlying mechanisms. Our previous studies revealed a significant elevation of clock genes at the protein, but not mRNA, levels in the pineal gland after neonatal HIBD. To investigate the mechanisms of post-transcriptional regulation on clock genes, we screened changes of miRNA levels in the pineal gland after neonatal HIBD using high-throughput arrays. Within the miRNAs whose expression was significantly down-regulated, we identified one miRNA (miR182) that targeted the 3'-untranslated region (3'-UTR) of clock, a key component of clock genes, and played a crucial role in regulating clock expression after oxygen–glucose deprivation in primarily cultured pinealocytes. Our findings therefore provide new insight on studies of therapeutic targets for circadian rhythm disturbance after neonatal HIBD.

Biography

Xin Ding, MD, PhD, is a visiting scholar at Boston Children's Hospital of Harvard University. She works under the guidence of Xing Feng, the Secretary-General and permanent member of committee of Pediatrics Branch of Chinese Medical Association. She has published nearly 10 papers in reputed journals on circadian rhythm disturbance.

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Notes:

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MR diagnosis of hypoxemic-ischemic encephalopathy in infants and neonates

Shibani Mehra
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A global reduction in cerebral blood flow in infants and neonates results in reduced oxygen and glucose supply to the brain which induces brain damage. This results in hypoxic-ischemic encephalopathy in the affected infants. The cerebral manifestations of HIE depend on the period during which ischemic insult occurs, the duration and severity of ischemia. Therefore in preterm infants the peri ventricular white matter, which happens to be the vascular water shed zone in the developing fetus and is the region of high metabolic demand due to ongoing myelination, is extremely susceptible to ischemic injury. When ischemia occurs in the term infants on the other hand, cortical and sub cortical injury is more common with lesser degree of hypoxia; while severe hypoxias involves the deep gray matter of thalamus and basal ganglia. MR imaging is the best modality available today to evaluate infants and neonates of suspected cerebral ischemic injury. Conventional MRI sequences have an established role in detecting both acute and chronic changes of cerebral ischemia. Of late, diffusion MR has shown high sensitivity in detecting acute ischemic changes in the brain parenchyma. MR imaging diagnoses the extent of damage in the brain, the site of involvement, differentiates between acute and chronic changes in the brain, thereby assisting in prognosticating the clinical course in patients of hypoxic ischemic encephalopathy. I shall be discussing the spectrum of changes of hypoxic ischemia in pediatric neonatal population on MR imaging.

Biography

Shibani Mehra, currently working as Professor Radio diagnosis PGIMER DR RML Hospital New Delhi ,a central government hospital with state of the art facilities and 102 postgraduate students in all clinical departments. In her current position she have the privilege of being involved in service to the community and the society by providing excellent diagnostic care to the inpatients and OPD patients referred for diagnostic imaging. Apart from diagnostic work she have been actively involved in Post graduate medical education and training since 1997 in this institute , and prior to that at Lady Hardinge Medical College & Smt Sucheta Kripalani Hospital ,during her 3 year 6 month Senior Residency in that institute. She have expertise in Conventional Radiology, Sonography as well as MRI and CT. She have gained a lot during her 22 years as a Radiologist and have amassed good amount of experience and gained in knowledge and professional skills during her working period in these premiere institutes. Apart from this she have administrative capability and have been involved with projects and decisions requiring lot of responsibility. She have a number of publications to my credit and have participated as faculty in a number of national and international conferences.

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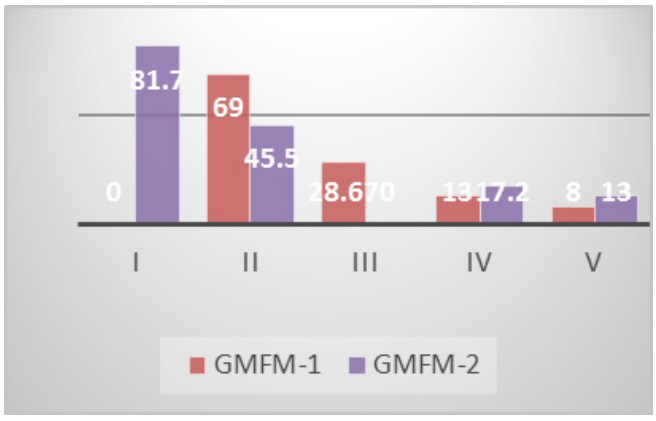
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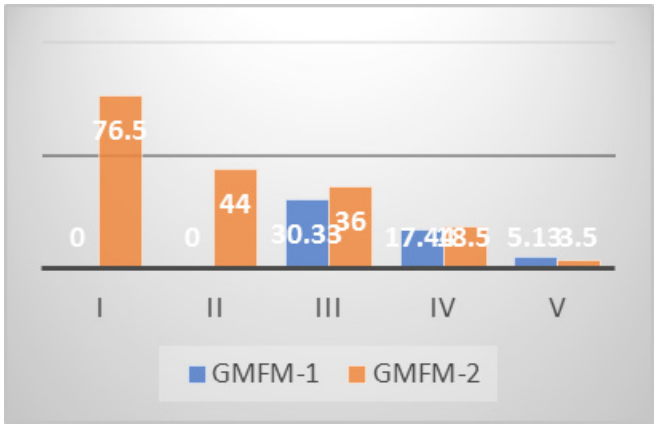
Areej Al-Abdulrahman, J Neonatal Biol 2017, 6:3(Suppl)
DOI: 10.4172/2167-0897-C1-005

The Effectiveness of Early Physiotherapy Intervention on Infants Motor Performance: Comparison between Inpatient and Outpatient settings

Areej Al-Abdulrahman
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AIM OF STUDY: To compare the effectiveness of, Early Physiotherapy Intervention (EPI) program between following Inpatient since admission Neonatal Intensive Care Unit (NICU), Intermediate Care Nursery (ICN) until post hospital discharge. Moreover, between patients referred as Outpatient under the age of 18 months old to the Early Physiotherapy Intervention outpatient clinic. Methodology: A cross sectional retrospective study at Ministry of National Guard Health Affairs Hospitals in Riyadh. All the study data extracted from electronic Medical Chart system. Outcome measures are GMFCS, and GMFM 66/88 used twice during the study duration from Feb 2016 to Feb 2017. 38 subjects included and two excluded. Age range from (1- 18 months old). All included subjects were followed by same Pediatric Physiotherapists during Inpatient stay or at Outpatient clinic. Interventions: Neurodevelopmental Therapy (NDT), Osteopathic Techniques and Patient-Family Centered care. Results: The Inpatient group GMFCS and the GMFM mean scores showed improvement from the first Assessment (GMFM-1) were nine patients with GMFCS IV and 8 with V level and their average score (17.44 and 5.13). Moreover, on the second evaluation (GMFM-2) 8 patients with GMFCS IV and only 2 with level V and their average score (18.5 and 3.5). The Outpatient Group Also showed improvement in the mean score of (GMFM-1) 6 patients were GMFCS III and nine patient with GMFCS IV with an average score (28.67 and 13) But (GMFM-2) 5 patients with GMFCS IV and one patient with GMFCS V and their average score (17.2 and 13). Conclusion: The early physiotherapy intervention program is very effective on infants' motor performance until the age of 18 months old if initiated at an early age from 1-4 months of age. Recommendations Inpatient and Outpatient both benefit from EPI program if started from 1-4 months age.





Biography

Areej AL Abdulrahman a pediatric physiotherapist with 16 years' experience in pediatric and Neonatology. Subspecialized in Neonatal and early intervention program. Working in King Abdul-Aziz Medical City and King Abdullah Specialized Children's Hospital in Riyadh. A master degree Holder in Clinical Research Administration, Liverpool University, UK, 2013. She Earned Bachelor degree from King Saud University, SA, Riyadh. A Bobath Trained therapist and Diploma holder in Osteopathy. Also, certified in Prechtl's General Movement Assessment Method. Co-Chairman of COME Association Middle East Branch. She also a member of Saudi Physiotherapy Association.

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Terence T Lao, J Neonatal Biol 2017, 6:3(Suppl)
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Obstetric care for women with thalassemia

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Thalassemia is the commonest monogenetic disease. Homozygous thalassemia manifests as severe anemia. The manifestation of the heterozygous form can vary from totally asymptomatic and being identified only on antenatal screening, to severe anemia even requiring blood transfusion. It is increasingly encountered outside the Mediterranean region, Africa, Middle East, and South East Asia, due to immigration. Pregnancy, previously uncommon in homozygous ß-thalassemia, is encountered increasingly due to improved management and assisted reproduction technology, but preconceptional problems that include anemia, iron overload, cardiac dysfunction, thromboembolism, alloimmunization, infections, and endocrine and bone disorders, could impact on maternal and obstetric outcome. Successful pregnancy in thalassemia trait carriers and women with hemoglobin H disease is more common, and the pregnancy outcome is usually similar to normal women, although there is still increased risk of obstetric and perinatal complications in case of severe anemia or iron overload. Prenatal diagnosis to exclude fetal homozygous thalassemia and other congenital anomalies, together with close monitoring of the pregnancy, would optimize pregnancy outcome. Further research is warranted to elucidate the fetal safety of iron chelation therapy, and potential impact of pregnancy on long-term maternal health outcome, especially following occurrence of maternal complications.

Biography

Terence T Lao graduated MBBS from the University of Hong Kong, and obstained his MD in 2002. He received training in Obstetric Medicine at the Queen Charlotte's Maternity Hospital, London, UK in 1983-4, and completed the fellowship programme in Maternal-Fetal Medicine at the University of Toronto in 1989-93. He is Professor at the Department of Obstetrcs & Gynaecology, The Chinese University of Hong Kong. He has published 300+ papers in international journals and is a reviewer for 24 journals, and serves on the editorial board of three international journals. His major interest is in maternal medicine and high risk pregnancy.

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Ananya Das et al., J Neonatal Biol 2017, 6:3(Suppl)
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Hearing screening with transient evoked otoacoustic emission (TEOAE) and brainstem evoked response audiometry (BERA) in new-borns- An experience from eastern India

Ananya Das, Kaberi Basu, Subrata Mukhopadhya and **Rakesh Mondal**
All India Institute of Medical Sciences, India

Background: Hearing impairment is one of the most common abnormalities in new-borns. It is often detected late and associated with delayed language, learning, and speech development. New born hearing screening is essential to detect impairment early for improved outcome.

Aim & Objective: The aim of the study is to compare the prevalence of hearing impairment in high risk new-born and normal new-born and to evaluation different risk factors for hearing impairment.

Materials & Methods: A prospective longitudinal case control study was conducted at Medical College, Kolkata for a period of nine months. In which a total of 764 babies (545-normal new-born/219-high risk new-born) were screened. High risk group allocation was performed using the New-born Hearing Screening Programme (NHSP) Risk Factor Screening guidelines. 1st TEOAE was done on all the babies at the time of discharge. The result of the test was interpreted as "Pass" or "Refer." Babies having 'Refer' response were sent for 2nd TEOAE screening 4 weeks later. Babies having a 'Refer' response in the second stage were sent for the third stage BERA screening immediately. Absence of wave V in BERA was taken as confirmation of hearing impairment.

Results: Prevalence of hearing impairment in the normal new-born [0.56%] was significantly less than the high risk group [1.86%] with p value-0.049. Significant risk factors identified were - meningitis (p value 0.001), congenital infection (p value < 0.001), mechanical ventilation >5 days (p value < 0.001), serum bilirubin > 20 mg/dl (p value < 0.001).

Conclusion: Hearing screening should be done in all new-born babies. UNHS (universal newborn hearing screening) protocol using OAE and BERA can be implemented in Indian setting.

Biography

Ananya Das has completed her MD in Pediatrics from Medical College, Kolkata. Currently, she is doing her senior residency in All India Institute of Medical Sciences (AIIMS) in the Department of Pediatrics. She completed a thesis work on new-born hearing screening.

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Notes:

Yadaiah Damera, J Neonatal Biol 2017, 6:3(Suppl)
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Survival of preterms with bubble CPAP in a limited resource setting without ABG, surfactant and ventilator

Yadaiah Damera
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Background: To reduce NMR, GOI is strengthening FBNC through setting up SNCUs. Bubble CPAP for management of RD in preterms was established at SNCU, DH, Nalgonda by MOH, as a Pilot project.

Objective: To evaluate the feasibility, safety and efficacy of bubble CPAP in preterms with RD without ABG, surfactant and ventilator.

Methods: This is a prospective observational study. Preterms with RD, a Silverman score of > 5 were subjected to bubble CPAP. A rule of 5 was used for all neonates. The maximum pressure used was 7 cms. FiO2 was adjusted to maintain SpO2 between 87-93%. Flow was titrated to maintain continuous bubbling in the bubble chamber. Those infants in whom RD did not resolve with bubble CPAP were referred, as no back up ventilation was available in the unit. Surfactant was not given to any of the infants, no ABG available. Bedside X-ray was done for all babies.

Results: From Aug 2013 to Dec 2016, a total of 200 preterm babies with RD were supported with Bubble CPAP. The mean BW of the babies was 1.35±0.49 kg. 120 (60%) infants were male and 80 (40%) female. In 134 (72%) infants the age of starting CPAP was < 6 HOL. In 164 (82%) infants the maximum pressure used was 5 cm of H2O. The mean duration of CPAP was 61.7±19 hours. 170 infants (85%) were successfully discharged. 5 infants were referred to a tertiary care for ventilation. 1 infant had pneumothorax.

Conclusions: Early bubble CPAP for RD in preterm babies is feasible, safe and effective at a SNCU in the district hospital. 85% of infants survived. No significant nasal trauma. Use of surfactant was reduced. The incidence of pneumothorax was very less.

Biography

Yadaiah Damera is working as a Consultant Paediatrician at DH, Nalgonda since 23 years and in SNCU from 2008 as Civil Surgeon, HOD; instrumental in establishing 1st SNCU in India, 1st level 2 unit to get accreditation by NNF. He is working to strengthen the FBNC in India to reduce NMR and discharged 8000 babies till date; smallest baby discharged 650 gms, 28 wk GA, 1st of its kind from dist. Hospital. His areas of interest include: Bubble CPAP, KMC, ROP screening, Follow up NICU graduates and Presented research papers on CPAP, KMC and ROP.

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Notes:

Ida Fidelis Denosta et al., J Neonatal Biol 2017, 6:3(Suppl)
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Maternal risk factors associated with retinopathy of prematurity among patients in east avenue medical center from 2010 to 2015

Ida Fidelis Denosta and **Carina Cruz-Quimbo**
East Avenue Medical Center, Philippines

Objectives: This study aims to determine the maternal risk factors associated with the development of retinopathy of prematurity (ROP).

Design: A retrospective cohort study.

Setting: The study was done in a tertiary government hospital.

Patients: This study included admitted premature neonates in neonatal intensive care unit (NICU) who underwent ROP screening. All patients with congenital abnormality of the eyes were excluded in the study.

Methodology: List of admitted premature patients who underwent ROP screening was collected within the study period. Demographic data was collected from the patient's medical records.

Statistical Analysis: Descriptive statistics were presented for categorical outcome measures. Wilcoxon rank sum test was used to compare two averages. Chi-square test, Yates' chi-square test and Fisher's exact test were used to compare proportions. Univariate and multivariate regression analyses were used to estimate crude and adjusted odds-ratios, corresponding 95% CI and based on p-value ≤ 0.05 statistical significance.

Results: This study showed 57% cases of ROP, majority with Stage 1 (66%), mostly female infants (53.4%; p<0.001), mildly asphyxiated (51.2%, p=0.290; 77.2%, p=0.117) and were small for gestational age (57.3%; p<0.001). On the average, these infants underwent 1 day of either invasive or non-invasive mechanical ventilation, 2 days with FiO2 of >0.5 liters per minute, had two blood transfusions, and with shorter hospital stay (17 vs 26 days; p<0.001). The average age of mothers who delivered infants with ROP was 26 years old, multipara (59.2%), and underwent normal spontaneous delivery (67%). About half reported adequate prenatal check-ups (53.8%), and diagnosed with urinary tract infection (40.1%).

Conclusions: Data showed that mothers with urinary tract infection and preeclampsia are more likely to deliver infants with retinopathy of prematurity thus a significant maternal risk factors of ROP.

Biography

Ida Fidelis Denosta has completed her degree of Bachelor of Science Major in Psychology at the age of 20 in Far Eastern University. She commenced schooling at Our Lady of Fatima University-College of Medicine at the age of 25 where she graduated as Doctor of Medicine. She just completed her residency training in Pediatrics at East Avenue Medical Center last December 2016 as an Assistant Chief Resident. She is a member of the Philippine Medical Association, Manila Medical Society and currently affiliated with Caloocan City North Medical Center as a Junior Consultant in the Department of Pediatrics.

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20th International Conference on

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Scientific Tracks & Abstracts
Day 3

Neonatology 2017

Sessions:

Neonatal Surgery | Neonatal Infectious Diseases & Antibiotics | Neonatal Mortality & Neonatal Nursing

Session Chair
Shing-Yan Robert Lee
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Session Co-chair
Ahmet Selim Ozkan
Inonu University, Turkey

Session Introduction

Title: **Optimizing calcium and phosphate concentration in parenteral nutrition for the prevention of metabolic bone disease of prematurity**
Shing-Yan Robert Lee, Pamela Youde Nethersole Eastern Hospital, Hong Kong

Title: **Does cerebellar flocculus size affect subjective outcomes in pediatric auditory brainstem implantation**
Sunil Goyal, Armed Forces Medical College, India

Title: **Sedation with dexmedetomidine on Klippel Feil syndrome infant patient**
Ahmet Selim Ozkan, Inonu University, Turkey

Title: **Practising KMC in a limited resource setting SNCU: Study of 500 LBW babies in DH**
Yadaiah Damera, District Govt. Hospital-Nalgonda, India

Title: **Serum free placental growth factor isoform 1 at 11-13 weeks gestation: Effects of maternal factors, mean arterial pressure, placental volume, and uterine artery pulsatility index**
Tuangsit Wataganara, Mahidol University, Thailand

Title: **Colistin use in critically ill neonates: A case-control study**
Mehmet Sah Ipek, Memorial Dicle Hospital, Turkey

Title: **The potential effect of breastfeeding on maternal sensitivity during the first year of life**
Sawsan Abuhammad, Jordan University of Science and Technology, Jordan

Shing-Yan Robert Lee, J Neonatal Biol 2017, 6:3(Suppl)
DOI: 10.4172/2167-0897-C1-005

Optimizing calcium and phosphate concentration in parenteral nutrition for the prevention of metabolic bone disease of prematurity

Shing-Yan Robert Lee
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Metabolic bone disease (MBD) of prematurity is mainly caused by inadequate amount of calcium and phosphate in parenteral nutrition admixtures given to premature infants in early days of life before full enteral feeding is established. The longer the duration of parenteral nutrition and the smaller the body size of premature infants, more severe is the MBD of prematurity. According to published guidelines/survey of parenteral nutrition for premature infants in Australia, USA and Europe, it is still a common practice to prepare parenteral nutrition admixtures with calcium and phosphate concentrations such that these minerals are administered far below the fetal accretion rate. Not surprisingly, MBD of prematurity is still prevalent worldwide. An animal study on piglets showed that calcium and phosphate could be administered in parenteral nutrition at the rates of 15 mmol/kg/day calcium and 15 mmol/kg phosphate, which actually exceeded the fetal accretion rates. These exceedingly high rates of calcium and phosphate cannot be recommended at this stage as there is lack of human data. Instead we recommend: for growing infants less than 1.2 kg administer calcium and phosphate at 2.2 and 1.7 mmol/kg/day respectively. These rates are lower than the fetal accretion rates but are sufficient to prevent the occurrence of symptoms of MBD of prematurity. To prepare such parenteral nutrition admixtures, solubility of calcium and phosphate could be an obstacle. Therefore, we recommend using organic phosphate and organic calcium, the compatibility of which has been proven beyond doubt.

Biography

Shing-Yan Robert Lee studied Medicine in the University of Hong Kong and graduated in 1989. After graduation, he pursued his career in Pediatrics in Hong Kong. He received overseas training for half year in the Neonatal Service, the Monash Medical Centre, Melbourne, Australia in 1996. He obtained fellowship in the Hong Kong College of Pediatrics in 1997. Currently he is the Consultant in Neonatology in Pamela Youde Nethersole Eastern Hospital, Hong Kong. So far, he has 40 publications in peer-reviewed journals.

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Sunil Goyal, J Neonatal Biol 2017, 6:3(Suppl)
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Does cerebellar flocculus size affect subjective outcomes in pediatric auditory brainstem implantation

Sunil Goyal
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Objectives: The objectives of the study was to describe relevant surgical anatomy in defining and accessing the lateral recess for placement of electrode; propose a working classification for grades of flocculus and; to determine if different grades of cerebellar flocculus effects placement of ABI electrode and subjective outcomes in implantees.

Methods: Our study was a prospective study, and comprised of cohort of 12 patients who underwent ABI surgery via retrosigmoid approach between 1 Jan 2012 to 31 Dec 2014. All children with congenital profound sensorineural hearing loss with either absent cochlea or cochlear nerve were included in the study. Relevant anatomy was noted. We also noted down the difficulty encountered during the placement of ABI electrode. Auditory perception and speech intelligibility was scored post operatively for 1 year.

Results: Cerebellar flocculus was divided into 4 grades depending on the morphology of cerebellar flocculus. It was noted that Grade 3 & 4 flocculus (Group B) had difficult ABI electrode placement in comparison to Grade 1 & 2 flocculus (Group A). The subjective outcomes of Group A was better than Group B. However the p value was not statistically significant.

Conclusion: Cerebellar flocculus can be graded depending on morphology and size. Flocculus of higher grades can make the placement of ABI electrodes difficult and adversely effects the postoperative subjective outcomes.

Biography

Sunil Goyal has completed his graduation at Armed Forces Medical College, Pune (India) and Post-graduation in ENT in the Armed Forces in 2010. He underwent training in Neuro-otology including Implant Otology and Skull Base Surgery for 2 years at Madras ENT Research Foundation, Chennai (India) under th guidance of Prof. Mohan Kameswaran which he completed in Sep 2016. Presently, he is working as Assistant Professor at the Armed Forces Medical College, Pune (India). He has published more than 15 papers in reputed journals including chapters on vertigo in books.

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Ahmet Selim Ozkan et al., J Neonatal Biol 2017, 6:3(Suppl)
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Sedation with dexmedetomidine on Klippel Feil syndrome infant patient

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Inonu University, Turkey

Introduction: Klippel Feil Syndrome (KFS) is a congenital malformation which has a failure of segmantation of cervical somites in the 8th week of gestation and fusion at least two cervical segments. It is described as the triad of short neck, low posterior hairline and decreased range of neck motions. Especially decreased range of neck motions lead many anesthesiologists to difficulty in airway management. Dexmedetomidine is used for sedation especially without respiratory depression but use in very early age group pediatric patients was not observed in reported cases. In this case; we aimed to present succesfull sedation by dexmedetomidine in infant patient who is 65 days aged, diagnosed KFS, limited neck motions and known difficult airway.

Case Report: Infant patient, who is 65 days aged, 4 kg weight, 81 cm height and diagnosed KFS, was scheduled for a neck MRI. On evaluation of patient; short neck, low posterior hairline, thorax deformity and floating finger was found. The mouth opening of patient was normal but the extension of neck was particularly restricted. Systemic examination revealed no other abnormalities. The chest X-ray showed hypoplastic ribs. In medical history of patient; there was intermittent respiratory distress. The patient was taken to the anesthetic preparation room. Standard monitorization (electrocardiography, heart rate, oxygen saturation) were performed and intravenous (IV) line was obtained. After preoxygenation for 5 minutes by facemask, dexmedetomidine infusion was administered by IV route as bolus of 0.5 mcg / kg dose for 10 minutes. Monitorization data and Ramsey Sedation Score of the patient were recorded at intervals of 5 minutes. Ear plugs was inserted into patient for protection of loud sounds in MRI room. After bolus administration, dexmedetomidine infusion was continued for maintenance dose as 0.6 mg/kg/hour. Dexmedetomidine infusion was continued for 20 minutes throughout the procedure. Mean values of monitoring data of the patient were recorded as peripheral oxygen saturation: 98% (range 96-99), heart rate: 138 beats/min (range 130-171), respiratory rate: 26/min (range 23-30). During the process, Ramsey Sedation Score was found 4. Dexmedetomidine infusion was terminated at the end of operation and patient follow-up was continued in the postanesthesia care unit. Patient was sent to service after the full awakeness and the patient was discharged on the same day.

Conclusion: Because of beneficial effects, we approved the administration of dexmedetomidine to 65 days aged infant and diagnosed KFS patient. Sedation is important in such cases which is considered limitted neck motions and difficult airway. We believe that dexmedetomidine is an agent which may prefer as an alternative agent ensuring respiratory control in anesthesia procedures for sedation.

Biography

Ahmet Selim Ozkan has completed his PhD form Kartal Medical Hospital and Post-doctoral studies from Inonu Universşty School of Medicine. He is working at Inonu University School of Medicine, Anesthesiology and Reanimation Department. He has more papers about anesthesiology and pharmacology study.

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Yadaiah Damera, J Neonatal Biol 2017, 6:3(Suppl)
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Practising KMC in a limited resource setting SNCU: Study of 500 LBW babies in DH

Yadaiah Damera
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Background: In order to reduce NMR Government of India with the help of UNICEF is strengthening FBNC through setting up SNCU in all districts. The KMC ward at Nalgonda was established by overcoming barriers in terms of space, infrastructure, human resources & training. Ours is the first pilot study done on KMC in India.

Aim: The aim of the study is to evaluate the safety, feasibility and efficacy of Kangaroo Mother Care in VLBW babies.

Methods: All VLBW < 1.5 kg were put on KMC & analysed for the following parameters: weight on admission & discharge, breast feeding compliance, sepsis incidence, co morbidities and weight on follow up.

Results: Duration of NICU stay before KMC was 9.8 days, mean duration of KMC was 14.3 days, mean wt. at starting KMC was 1.2 kg, mean wt.at discharge was 1.7 kg and Wt. gain/kg/day was 16 gms. Parameters of mortality and sepsis were nil and breastfeeding at discharge showed 100%.

Conclusions: KMC should be implemented as a policy for care of LBW at all new born units.

Biography

Yadaiah Damera is working as a Consultant Paediatrician at DH, Nalgonda since 23 years and in SNCU from 2008 as Civil Surgeon, HOD; instrumental in establishing 1st SNCU in India, 1st level 2 unit to get accreditation by NNF. He is working to strengthen the FBNC in India to reduce NMR and discharged 8000 babies till date; smallest baby discharged 650 gms, 28 wk GA, 1st of its kind from dist. Hospital. His areas of interest include: Bubble CPAP, KMC, ROP screening, Follow up NICU graduates and Presented research papers on CPAP, KMC and ROP.

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Tuangsit Wataganara et al., J Neonatal Biol 2017, 6:3(Suppl)
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Serum-free placental growth factor isoform 1 at 11-13-weeks gestation: Effects of maternal factors, mean arterial pressure, placental volume, and uterine artery pulsatility index

Tuangsit Wataganara, M Bhuwapathanapun, B Pratumvinit, P Lahfahroengron, S Hanyongyuth, Phaophan A and **Pooliam J**
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Introduction: To define the effects of maternal factors, mean arterial pressure (MAP), placental volume (PV), and uterine artery Doppler pulsatility index (UtAPI) to serum level of free form of placental growth factor isoform 1 (free PlGF-1) measured with a novel automated assay.

Methods: We enrolled 200 Thai women singleton pregnancy from 11+0 to 13+6 weeks gestation with low prior risk maternal factors (age, parity, tobacco use, assisted reproductive technology, and body mass index). MAP was measured. Serum free PlGF-1, PV, and UtAPI were measured with a new assay, transabdominal three-dimensional, and color Doppler ultrasounds, respectively. Effects of these variables to serum free PlGF-1 level were assessed.

Results: Data from 195 eligible subjects showed an elevation of serum free PlGF-1 from 11, 12, and 13 weeks (mean± SD; 36.89 ± 24.92, 38.71± 17.44, and 49.68± 22.30 pg/mL, respectively ($p<0.05$)). Serum free PlGF-1 level showed positive correlation with PV ($r= 0.290$, $p < 0.01$), and negative correlation with right and left UtAPI ($r= -0.717$, $p=0.05$ and $r= -0.221$, $p<0.05$, respectively). PV showed negative correlation with right and left UtAPI ($r= -0.243$, $p<0.05$ and $r= -0.372$, $p<0.05$, respectively). Serum free PlGF-1 level had no significant correlation with maternal factors or MAP ($p>0.05$). There was no preeclampsia at <34 weeks in 161 subjects (82.6%) with known pregnancy outcomes.

Conclusions: There was modest correlation of serum free PlGF-1, PV, and UtAPI, but not with maternal factors or MAP. Adjustment of serum free PlGF-1 in early preeclampsia screening algorithm should be considered.

Biography

Tuangsit Wataganara is an Associate Professor in the Division of Maternal Fetal Medicine, Faculty of Medicine Siriraj Hospital, Bangkok, Thailand. He has over 50 publications related to fetal medicine in international, peer review journals in the past 10 years. He is an executive director of Ian Donald Inter-University School of Medical Ultrasound, Board Member of maternal fetal medicine sub-committee, Asia Oceania Federation of Obstetrics and Gynecology (AOFOG), Board Member of World Association of Perinatal Medicine (WAPM), and Associate fellow of International Association of Perinatal Medicine (IAPM).

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Mehmet Sah İpek, J Neonatal Biol 2017, 6:3(Suppl)
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Colistin use in critically ill neonates: A case-control study

Mehmet Sah Ipek
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Background: Even though a few recent studies have shown the efficacy and safety of IV colistin in children and neonates, there is still a vague due to the concomitant use of other drugs in addition to colistin and coexisting clinical conditions. The aim of this study was to assess the safety and efficacy of colistin therapy for multi-drug resistant gram-negative bacteria nosocomial infections in neonates, considering the effects of concomitant medications and the coexistence of clinical conditions.

Methods: This case–control study included newborn infants with proven or suspected nosocomial infections between January 2012 and October 2015, at two centers in Diyarbakir, Turkey. The clinical and laboratory characteristics and outcomes of patients who received colistin therapy were reviewed and compared to patients who were treated with antimicrobial agents other than colistin during the same period.

Results: Forty-seven cases who received intravenous colistin (colistin group) and 59 control patients (control group) were included. There were no significant differences between the groups regarding outcomes and nephrotoxicity, including acute renal failure. Colistin therapy was associated with significantly reduced serum magnesium (1.38 ± 0.39 mg/dl vs. 1.96 ± 0.39 mg/dl, $p < 0.001$) and hypokalemia (46.8% vs. 25.4%, $p = 0.026$). The patients who received colistin also had longer hospital stays [43 (32–70) days vs. 39 (28–55) days, $p = 0.047$], a higher rate of previous carbapenem exposure (40.4% vs. 11.9%, $p = 0.001$), and a higher age at the onset of infection (13 (10–21) days vs. 11 (9–15) days, $p = 0.03$).

Conclusions: This study showed that colistin was both effective and safe for treating neonatal infections caused by multidrug-resistant gram-negative bacteria. However, intravenous colistin use was significantly associated with hypomagnesemia and hypokalemia.

Biography

Mehmet Sah ipek, born in 1978, specialized in Neonatal Medicine. He graduated from Hacettepe University Medical School, Ankara, Turkey. He received his specialization at Dr. Sami Ulus Maternity and Children Training and Research Hospital, Ankara, Turkey. Currently, he is working as a medical doctor at Memorial Dicle Hospital, Diyarbakir, Turkey. He is a member of Turkish Neonatology Society and Turkish Medical Association. He is author or co-author of more than 25 peer-reviewed published and accepted articles in international refereed journals. He has authored two book's chapters.

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Sawsan Abuhammad, J Neonatal Biol 2017, 6:3(Suppl)
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The potential effect of breastfeeding on maternal sensitivity during the first year of life

Sawsan Abuhammad
Jordan University of Science and Technology, Jordan

Background: Poor maternal sensitivity leads to insecure infant attachment, which has been associated with negative consequences in cognitive and mental health in school-aged children that continue into adulthood. *Maternal sensitivity* is defined as the mother's ability to recognize and respond to her infant's cues consistently and appropriately; it is indicative of the interactions between mothers and their infants, which is characterized by mutual and concurrent interchanges, often referred to as the "mother-infant dance" If the mother is able to accurately recognize her infant's cues, then she can provide an appropriate and secure foundation to encourage the infant's exploration, watching over and protecting the infant when necessary Literature suggests that maternal sensitivity is enhanced for women with high levels of oxytocin. Oxytocin is naturally increased during the early postpartum period, as a result of breastfeeding.

Purpose: The hypotheses tested in this study were as follows: (a) Mothers who breastfeed their infants between two to 12months after birth will demonstrate greater sensitivity than mothers who only formula-feed their infants, as measured by MAI. (b) Working mothers have greater maternal sensitivity than nonworking mothers in Jordan.(c) A difference in maternal sensitivity levels using MAI measure will be observed between mothers who never breastfed their infants and those who breastfed their infants for two to 12months of age, while controlling for infant temperament.

Study Design: Cross-sectional survey descriptive design was employed. All study protocols were reviewed and approved by the university Institutional Review Boards from UWM University.

Participants: Participants included 258 Arabic speaking mothers who visited three health care centers in Irbid, Jordan.

Data Collection: A combination of strategies was used in recruiting participants for the study. Data were collected from participants on (a) Maternal Sensitivity (B) Infant Temperament (C) Sociodemographical Information (D) Antenatal Information. Generally, the survey questionnaire was distributed and self-administered to mothers at various times in the health centers. Women also took the survey with them to their home, completed the survey and dropped them in the box in the health care centers.

Analysis: The data was analyzed using the statistical package for the social sciences (SPSS, version 24).

Results: Participants ranged in ages (18yrs-40 years; mean = 20.8 SD = 2.20 years. Women were recruited from all educational levels. Participants were predominantly reported being married (99%).There were varying perspectives held by the mothers in the study related to their maternal sensitivity toward their infants. The following findings demonstrated the following: a one-way analysis of variance (ANOVA) revealed significant differences in maternal sensitivity between breastfeeding and formula feeding mothers at two months ($F=24.365$, $P=0.00$); (b) Crosstab techniques were used to determine the contribution of the mother's employment status on breastfeeding her infant. The probability of obtaining this chi-square statistic, 2.58, show there is no effect from the independent variables (employment status), on the dependent variable (choosing breastfeeding). The model is not statistically significant because the P-value (0.095) is more than 0.05; (c) there was a statistically significant difference in maternal sensitivity between the breastfeeding and formula feeding group ($F=24.358$, $p <.05$) when using analysis of covariance to statistically control for infant temperament status, and holding temperament constant. The partial Eta squared of the groups indicates the effect was large (.101). At 12 months, there was a statically significant difference in maternal sensitivity between the breastfeeding and formula feeding group ($F=3.98$, $p>0.05$) when holding temperament constant.

Conclusion: Identifying maternal sensitivity level for breastfeeding mothers towards their infants is an appropriate initial first step to developing appropriate educational programs to help train future nurses to work sensitively and appropriately with their patient from mother and infant patients. A case study approach that uses stories from those mothers could be used to help provide better perspectives of understanding maternal sensitivity







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Posters

Catherine Bishop, J Neonatal Biol 2017, 6:3(Suppl)
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A holistic embrace: Development of an infant cuddler & family support program in a neonatal intensive care unit

Catherine Bishop
St. Michael's Hospital, Canada

The Family Support Program (FSP) at St. Michael's Hospital (SMH) utilizes trained volunteers to cuddle hospitalized infants in the absence of parental or guardian presence in the Neonatal Intensive Care Unit (NICU). The program aims to provide universally recognized physiological benefits of cuddling to infants, as well as to alleviate stress for families associated with hospitalization and illness through companionship and the fostering of a welcoming environment. Opioid exposure during pregnancy can result in neonatal withdrawal after birth, also known as Neonatal Abstinence Syndrome (NAS). As an inner city hospital with a diverse patient population, specific focus was given to creating a program at SMH that would meet the needs of marginalized families, including those struggling with substance use and addiction. The FSP was initially launched to optimally address the needs of infants experiencing NAS; however, many families encounter barriers to spending time with their hospitalized infants. Barriers could include, but are not limited to: single parent families or those with limited social support; continued employment after birth; parents with multiples; no or limited access to childcare for siblings; transportation; parental illness; need for parental self-care; and child protection involvement (restricting access or mandating outside program participation). Recognizing the benefits of a cuddling program for all infants and their families the FSP was extended as a standard of care for all infants admitted to the NICU. While volunteer cuddling programs are gaining momentum in NICUs in Canada; the FSP is unique in that the need for support for the whole family, and not just the hospitalized infant, is recognized as an integral program component. The creation, development and ongoing coordination of this program is led by social work and nursing and highlights how innovative programs can improve the quality of care provided to clients and their families. The impact of the Family Support Program on infants with NAS is currently being examined in a mixed-methods research project entitled The Infant Cuddler Study, with the aim to provide evidence that can lead to practice. The poster presentation will highlight how social work and nursing can take the lead in the development and coordination of a family support program in a Neonatal Intensive Care Unit.

Summary: The Family Support Program utilizes trained volunteers to cuddle hospitalized infants in the NICU. This social work/nursing led program aims to provide universally recognized benefits of cuddling, as well as to alleviate stress for families associated with hospitalization and illness.

Biography

Catherine is currently a Clinical Nurse Educator in the Neonatal Intensive Care Unit at St Michael's Hospital.

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Laxmi S Hadalagi, J Neonatal Biol 2017, 6:3(Suppl)
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Updated diagnostic criteriae defining 'CHARGE' Syndrome: A case scenario

Laxmi S Hadalagi, Priyadarshini M K, Arali Chanbasu, Deepika M and **L H Bidari**
Dr. Bidari's Ashwini Hospital and Research Institute, India

Introduction: Pageon et al coined the term 'CHARGE' an acronym to 5 major features. Restricted criteria of Pageon and Blake et al, dichotomously divided, made diagnosis of this entity rare, giving rise to 'possibly' CHARGE or 'Near' CHARGE like terms. Major Signs of CHARGE Syndrome are (3C): Coloboma(iris/choroid, with or without microphthalmia, Atresia of choanae, Hypoplastic semi-circular Canals. The Minor Signs of CHARGE Syndrome are, Rhombencephalic dysfunction(brainstem dysfunctions, cranial nerve VIIto XII palsies and neurosensory deafness), Hypothalamo-hypophyseal dysfunction(including GH and gonadotrophin deficiencies), Abnormal middle or external ear, Malformation of mediastinal organs(heart,esophagus) and Mental retardation.

Case Discussion: Term, AGA, Male baby, 4th order birth to Non-consanguinously married couple, delivered by normal vaginal route, through meconium stained amniotic fluid, birth weight being 3.2 kgs. Mild respiratory distress since birth required supplemental oxygen and referred to us on D4. On admission, baby had significant respiratory distress, Downe's score being 6/10, taken on conventional mechanical ventilation for 48 hours, weaned to hood. Dysmorphic features observed were bilateral nanophthalmos, high and narrow arched palate, Lt.choanal atresia. Chest Xray showed fluffy opacities in bilateral lungs, Echo screening showed 2 ASDs, 1 VSD, USG abdomen revealed Rt Renal agenesis, MRI Brain being normal, OAE b/l ear-Refer. Ophthalmologist opined very guarded prognosis of vision.

Discussion: CHARGE is characterized by very specific developmental anomalies of optic vesicle, otic capsule, midline CNS structures and upper pharynx. Updated definition of CHARGE reinforces very specific embryological defects avoiding inclusion of nonspecific or secondary anomalies and dismiss sex-dependent criteria. 3 Major criteriae refer to 3 non-overlapping embryonic territories, 5 Minor criteriae to topographically distinct areas. Hence 3 major criteria fulfilled in our case study, defines the syndrome.

Biography

Laxmi S Hadalagi, after completing MBBS in the year 2002 at my hometown, she perceived paediatrics as she was very much interested in this field and completed my postgraduation in reputed medical college of Karnataka i.e Bapuji and Chigateri Government Hospital, Davangere, Karnataka. Seeing many neonates suffering from birth asphyxia, she always questioned herself, Is there no treatment available to prevent damage of these growing brains???This zeal took her towards doing Fellowship in Neonatal and Perinatal Medicine and started working at a Tertiary Care Unit catering to peripheries, started Therapeutic Hypothermia with Cerebral Function Monitoring and Erythropoietin to reduce neuronal damage. This has given them satisfactory results interms of mortality and neurodevelopmental outcome. She had been to Georgetown University Hospital, Washington DC,2015, as GIANI Scholar Awardee(By AAP and NNF), appreciating her research work and community level works. She is now working as Unit Incharge, examiner for Fellowshipexam for Doctors and Nurses in Neonatology, also Board of Advisor for Public-Private Partnership(VIJINAP 2016) to upgrade our government hospitals to meeting health demands of our society. Conduct regular workshops/CME for doctors and nurses to keep them updated.

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K Žilinská et al., J Neonatal Biol 2017, 6:3(Suppl)
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Endothelial microvesicles in patients on extracorporeal membrane oxygenation: Potential markers of systemic inflammation and organ dysfunction?

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Introduction & Aim: Inflammatory response influences mortality and morbidity. Processes leading to a systemic inflammation are associated with endothelial injury. Endothelial cells release microvesicles and several other biomarkers which can be used as diagnostic tools for detection and treatment of inflammatory response. There is limited information regarding endothelial dysfunction in newborns. Aim of our study was to explore microvesicles in critically ill newborns.

Methods: Microvesicles were measured in newborns on extracorporeal membrane oxygenation (ECMO) and compared to samples of healthy term newborns. The total microvesicle count and number of surface antigen-specific microvesicles was determined by flow cytometry (BD FACS CantoII). The plasma concentration of cell-derived microvesicles (MV) was measured using annexin V labeling of the microvesicles and the endothelial origin of microvesicles were determined using lineage specific antigen labelling of endothelial cell/microvesicle markers (CD105, CD31, CD309, MadCAM).

Results: 13 newborns on extracorporeal membrane oxygenation (ECMO group) and 13 healthy term newborns (Term group) were included. There were no significant differences in gestational age, birthweight and gender between groups. The concentration of markers shows Table1.

Conclusion: Soluble markers of inflammation and concentration of microvesicles were significantly increased in ECMO group. We did not detect significant differences in the concentration of endothelial specific microvesicles between the groups, with the exception of mucosal endothelium marker MadCAM. The understanding of endothelial cell response during inflammation may help to find biomarkers of early detection of neonatal diseases.

Biography

V Vitkova graduated from Faculty of Medicine Charles University, Prague in 2012 and started her PhD studies in 2016 at Charles University, Department of Pathological Physiology. Currently, she works as a Pediatrician/Neonatologist in Department of Neonatology, Thomayer Hospital, Prague, Czech Republic

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Jamie Alexander Grech et al., J Neonatal Biol 2017, 6:3(Suppl)
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Unusual presentation of cow milk protein allergy in a neonate

Jamie Alexander Grech, Pace K, Mizzi C and **Shoukry M**
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Cow's Milk Protein Allergy (CMPA) represents the majority of food allergies in children, especially in early childhood, with an incidence of up to 3% in the first year of life. Indeed, 90% of patients develop CMPA before they reach 3 months of age and often within a week of introducing cow's milk protein into their diet. Classical presentation may involve variable gastrointestinal symptomatology, inclusively regurgitation, vomiting, diarrhoea or constipation, among other non-gastrointestinal signs and symptoms. We report an unusual presentation of CMPA in a previously healthy eight day old formula fed baby girl, who was admitted due to multiple episodes of vomiting followed by a single instance of bile-stained vomiting associated with maroon-coloured blood stained stools on the first day of admission. Physical examination was non-remarkable. Initial diagnostic investigation included a water-contrast upper gastrointestinal tract study with follow-through and delayed films, to exclude mid-gut malrotation as sinister surgical pathology. Elimination of ominous pathologies from the differential diagnosis and cessation of symptoms with interruption of formula feeds led to a working diagnosis of CMPA. Reintroduction of hypo-allergic formula feeds elicited no relapse of symptoms, and the patient improved dramatically, further supporting this diagnosis. High index of suspicion is mandatory in management of such challenging cases.

Biography

Jamie Grech completed undergraduate medical education at the University of Malta in 2016, before completing a Postgraduate Certificate in Child Welfare and Wellbeing from Oxford Brookes University. He is currently reading for a Master of Science degree in Neonatal Medicine at Cardiff University while undergoing Foundation Programme training at Mater Dei Hospital, Malta.

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Hemant Sarin, J Neonatal Biol 2017, 6:3(Suppl)
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The fractional gene esebssiwaagoTQ is the reading direction intergene distance tropy that needs to be zero slope for horizontal alignment of the gene for maximal gene transcription and also is an arbitrary unit measure of the intracellular pressure needed for maximal gene expression

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The esebssiwaagoTQ is the acronym for episodic sub-episode block sum split-integrated weighted average-averaged gene overexpression tropy quotient. The esebssiwaagoTQ (fract) is 100% sensitive and specific to 3-significant digits (0≥0.245<0.745) in over 80% of cases, and 100% sensitive and specific to 2-significant digits (0≥0.25<0.75) in the remaining 20% or less of cases, as it comverges to the respective significant digit for the overexpressed genes of the comparative cell types, at opposite ends of pressuromodulation pressure spectrum, the multi-nucleated mitogenic lymphatic endothelial cell (LEnC) overexpressing over-pressuromodulated genes (100% sensitivity) at the supra end, and the blood microvascular capillary endothelial cell (BMEnC) overexpressing under-pressuromodulated genes (100% specificity) at the infra end. A positive pressuromodulator milieu decreases cell membrane compliance (CMC), and thus, increases intracellular pressure (IP), either (1) from the resting G0 phase pressure (i.e. BMEnC esebssiwaagoTQ: 0.18; LEnC esebssiwaagoTQ: 0.29) to the specific greater pressure range in which cell types express proliferation markers (esebssiwaagoTQ range: 0.27 ascending to 0.35 and then descending back down), or alternatively from the resting G0 phase pressure to the even greater specific pressure range in which cell types express stem cell-like pluripotency markers (esebssiwaagoTQ range: >0.35 ascending to 0.65 or greater than); whereas, a negative pressuromodulator milieu increases CMC, and thus, decreases intracellular pressure, from the resting G0 phase pressure to the specific lesser pressure range (esebssiwaagoTQ range: varies) in which differentiated cell types trans-differentiate. The esebssiwaagoTQ methodology will be discussed in detail in context of the more recent observations on the esebssiwaagoTQ ranges.

Biography

Hemant Sarin has completed his MD from University of Rochester SOM, ISTP in NIH and MPH from, Icahn SOM at Mount Sinai. He is a ABPM Board Certified in Occupational Medicine (2016). He has authored 28 publications since 1994 (15 sole author, 5 1st and corresponding author, 7 co-authors and 2 1st author mentored) (745+ citations).

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The revised second iteration classification system for pressuromodulators

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Pressuromodulation is any alteration in the compliance (elastance) of the cell membrane (CM; CMC) that results in a change in intracellular pressure (IP; CMC· IP = k) and horizontal alignment of DNA for transcription, then channel opening and CM depolarization-coupled to-exocytosis of Golgi vesicle-ready contents. The small molecule and peptide pressuromodulator milieu a stem cell is exposed to determines the lineage path to the final lineage cell type, the differentiated cell, which always enters G0 phase at a lower IP than the stem cell. The first iteration classification system for pressuromodulators was developed when pressuromodulation was realized as three observations synoptically pruned. They are: Capillary endothelial cell (EnC) endocytoses VEGFR-VEGF (insufficiently separated, IS 2+) along with CM, and as CM vesiculo-vacuolizes, CMC decreases and IP increases, the EnC undergoes mitogenesis-multinucleation diaphragmed-fenestration; Vitamins such as vitamin D increase CMC and lower IP by perturboincorporating while being CM enzyme co-factors; and Chemoxenobiotics such as colchicine are endocytic at the CM receptor due to the presence of exterior etheroylation/carbonylation, and although CMC decreases transiently, IP decreases as microtubule formation is inhibited. Therefore, the first iteration classification system is structure-, charge- and site of action-based: Structure, a) small molecules, backbone Cs and exterior groups and size (vdWD); b) peptides, type of helix; and c) receptors, subunits; Charge, small molecules and peptides, 0 (neutral), +1 (non-endocytic), +2 (IS) (endocytic), +3 IS (heparan sulfated to +1, cell polarizing), +4 IS (sulfated to 2+, endocytic); and Site of Action, (a) small molecules and peptides, CM channel (nucleus), CM receptor, CM, or sub-cellular (microtubules, mitochondria). The revised second iteration simplified system considers the recent observation that the esebssiwaagoTQ [2] is an accurate fractional arbitrary unit measure of IP at maximal gene transcription, and further classifies pressuromodulators in terms such as positive or negative.

Biography

Hemant Sarin has completed his MD from University of Rochester SOM, ISTP in NIH and MPH from, Icahn SOM at Mount Sinai. He is a ABPM Board Certified in Occupational Medicine (2016). He has authored 28 publications since 1994 (15 sole author, 5 1st and corresponding author, 7 co-authors and 2 1st author mentored) (745+ citations).

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Antenatal bleeding esogastritis: A case report

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Neonatal esogastritis is relatively common and is characterized by the contrast between severity of clinical and endoscopic features and its usually rapid favorable evolution. The first clinical symptoms can appear very early, sometimes in the first hours of life. We report on a case of neonatal esogastritis by the antenatal onset of hemorrhage. The mother, primigravida without significant past medical history, presented at a term of 37 gestational weeks and 5 days for metrorrhagia. An emergency caesarean delivery was decided for suspicion of acute abruption and fetal distress. The amniotic fluid was dark blood stained. Placenta was normally inserted without wound nor abruption. Uterus, tubes and ovaries were all intact. The eutophic newborn had Apgar score of 8 at 1mn and 9 at 5mn despite a double circular cord. Melena coated with red blood was noted from the first minutes of life and the nasogastric aspiration brought a hematic fluid. Hemodynamic state was stable. There was no other clinical anomaly besides a transient tachypnoea. Homeostasis exams were normal and so abdominal doppler ultrasound. Endoscopy done at H60 of life showed a congestive esogastritis. Bleeding stopped after four days of proton pump inhibitor with stabilization of hemoglobin at 12 g/dl. Enteral feeding was then introduced without incident and treatment continued for 1 month. Etiopathogenesis of neonatal esogastritis is still poorly understood. Our observation by associating fetal distress due to circular cord and antenatal digestive bleeding may highlight the importance of fetal distress as an etiological factor in neonatal esogastritis.

Biography

Ben Mrad S has completed her PhD from Tunis El Manar University and Postdoctoral studies from University School of Medicine of Tunis. She is a Pediatrician at the Department of Pediatrics and Neonatology of Habib Bougatfa University Hospital. She accomplished complementary studies in inherited Metabolic Diseases in 2016 and in Pediatric Dermatology in 2013. She has published many papers in reputed journals.

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Maternal and neonatal health consequences of education and counseling services for the pregnant with preeclampsia risk and their effects on self-efficacy level

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We determined maternal & neonatal health consequences of education and counseling for the pregnant with preeclampsia (PE) risk & effects of those on self-efficacy level & healthy lifestyle behaviors. Fourty seven pregnants were in the study group (SG) and 53 were in the control group (CG). PE risk determination form, self-efficacy scale (SES), healthy lifestyle behavior scale II (HLBS-II), self-monitoring form, postpartum (PP) assessment form, PE education booklet for necessary information were utilized in the course of collection of research data. Groups were monitored 4 times from 20th week of pregnancy, labor and PP follow-ups were performed. The women in SG were educated and counseled on PE. CG were subjected to standard care. HLBS-II score averages in both groups in the first monitoring were similar, while HLBS-II averages of the SG were found to be higher & significant in 2nd, 3rd and 4th monitoring sessions. SES averages of the pregnants in both groups was found similar in all of 4 monitoring sessions. CG experienced most of the severe PE symptoms, more than the SG. 1st and 5th min. apgar scores, weight & nutrition conditions were found to be similar between the infants in the SG & CG. PE developed in 7.6% of pregnants in CG and gestational hypertension developed in 6.3% of SG and 5.7% of CG. No difference in pregnancy problems & PP maternal and neonatal problems were found between two groups. Education and consultation provided to pregnants with PE risk contributes to acquiring healthy lifestyle behaviors and improvement of mother-infant health.

Biography

Meltem Uğurlu has completed her PhD at the age of 29 years from Gulhane Military Medical Academy. Her subject of study includes Prenatal/Postnatal Care, Obstetrics and Gynecology

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Father's experiences in postpartum period

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We evaluated father's experiences in postpartum period. Fatherhood can be a milestone in a man's life that comes with excitement and challenges. It is imperative to understand father's needs and experiences to provide appropriate support for them. Postpartum period often requires the experience of new emotions, role development, work and knowledge barriers to infant involvement, and a lack of father-specific support and resources for the fathers. Fathers express that it can be beneficial to know more about infant care, their role as a father, and potential relationship changes or strains that might be expected with their partners. Many of them feel disconnect between their partner's wishes, their employer's needs, and their family's economic situation. Also, many fathers feel sleep-deprived. And because of the long working hours they can spend less time with their baby. Unfortunately, many fathers perceive and concede that their needs are unimportant, which hinder seeking out and requesting information. Indeed, many fathers report poor social support systems in the postpartum period. These absences could create emotional detachment from their family and unhappiness. Postpartum depression is a growing mental health concern in new fathers. Nurses can be the connection for fathers to primary health care and advocate for improved, father-focused postnatal programs. They should involve fathers in educational programmes and they can use real babies by inviting experienced parents to antenatal and postnatal educational programs. Different ways of providing informational support in the form of mobile health apps can be considered. Also, DVDs can be used for giving information.

Biography

Meltem Uğurlu has completed her PhD at the age of 29 years from Gulhane Military Medical Academy. Her subject of study includes Prenatal/Postnatal Care, Obstetrics and Gynecology

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Accepted Abstracts

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Extremely preterm infant skin care: A transformation of practice aimed to prevent harm

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Background: The skin of extremely preterm infants is underdeveloped and has poor barrier function. Skin maintenance interventions initiated in the Neonatal Intensive Care Unit (NICU) have immediate and lifelong implications when the potential for infection, allergen sensitization, and altered aesthetic outcomes. In addition, the high level medical needs of extremely preterm infants demand skin level medical interventions that too often results in unintended skin harm.

Purpose: We describe the use of a harms prevention, or consequence-centered, approach to skin care which facilitates safer practice for extremely premature infants.

Method: Neonatal and pediatric Advanced Practice Registered Nurses (APRN) came together for monthly meetings to review the evidence around best skin care practices for extremely preterm infants, with an emphasis on reduction of skin harm. Findings were focused on the population of interest and clinical implementation strategies.

Findings: Skin care for extremely preterm infants remains overlooked by current literature. However, clinical practice pearls were extracted and applied in a manner that promotes safer skin care practices in the NICU.

Implications for Practice: Gentle adhesives, such as silicone tapes and hydrogel backed electrodes can help to reduce medical adhesive related skin injuries. Diaper wipes are not appropriate for use among extremely preterm infants, as many ingredients may contain potential allergens. Skin cleansers should be pH neutral to the skin and the prophylactic use of petrolatum based emollients should be avoided. Deanna Elizabeth Johnson's Presentation would focus on the Background and Implications for Practice.

Implications for Research: Further exploration and understanding of skin care practices that examine issues of true risk versus hypothetical risk of harm.

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Diagnosis of abnormally invasive posterior placentation: The role of MR imaging

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Abnormally invasive placentation is becoming more common with a recent increase in Cesarean sections and maternal age, among other risk factors. Ultrasonography is the first line-imaging, but it can be difficult to diagnose when limiting factors are present. Failure to recognize this serious placental abnormality precludes us from making the appropriate plan for the delivery and consequently can lead to fatal results. In this report, we present a case in which magnetic resonance imaging was used to diagnose posterior placenta increta missed by multiple sonographic examinations in a patient with previous myomectomies, and we also include a review of the literature on this topic. It is our conclusion that magnetic resonance imaging is superior to sonography to diagnose abnormally invasive placentation in cases of posterior placenta previa and high pretesting probability.

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From preemie to young adult: A retrospective look at parenting over a twenty-six year period

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Have you ever thought to yourself, "I wonder what happened to that family, once they left the neonatal intensive care unit? How did the family cope, or how did the infant progress, once they got home?" Every year, thousands of infants and their parents and families spend days, weeks or months in a hospital unit, but once they transition to home, we often lose track of them. Through pictures and stories, Laura will share her personal journey, a long-range view of her life, and of her 27-week twin sons, after their NICU (Neonatal Intensive Care Unit) experience. You'll hear how a six-month NICU stay impacted every aspect of their lives. Laura will talk candidly about post-traumatic stress, disabilities, infant loss, mental health, adaptive technology, navigating through the public school system, and genereal coping and adapting through a traumatic period in time. Strategies to support NICU families during and after the NICU stay will be discussed. In addition to her personal story, Laura will share quotes and comments from dozens of parent interviews, illustrating common themes and experiences shared by many NICU parents, including a discussion on how the minor co-morbidities impact the child in their early and late adolescence. From a parent's perspective, the NICU experience is a powerful one, which many times changes the course of one's life and career. This session reveals the real-life struggles of NICU families rarely talked about.

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Early onset sepsis of the newborn: Antimicrobial stewardship tools and challenges

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Early Onset Sepsis of the newborn remains a diagnostic challenge due to its nonspecific presenation, rarity, and high associated mortality without prompt treatment. However, current guidelines may lead to the treatment of many uninfected infants, which opens the door to potential medication adverse effects, development of antimicrobial resistance, separation of mother and infant, as well as increased health care costs. After its initial development and publication, the Kaiser-Permanente neonatal sepsis calculator has been studied for its ability to safely lower antibiotic use in the neonatal population. The sepsis calculator is designed to use objective data available at birth to give infants ≥ 34 weeks of age a calculated risk score of bacterial sepsis, and offers monitoring and treatment recommendations based on the evolving clinical status of the neonate. This presentation will review recent advances in management of early onset sepsis using the sepsis risk calculator, and challenges to further improving antimicrobial stewardship in the neonatal population.

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Congenital toxoplasmosis: Implementation of a surveillance system in France

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The national prevention programme for congenital toxoplasmosis in France has been in place since 1978; however, no data is available concerning the annual number of cases. In order to estimate the perinatal burden of this infection, and to follow the impact of the national prevention programme, a surveillance system was implemented in 2007 by the National Reference Centre on Toxoplasmosis with support of Santé Publique France. We recommended a laboratory- based surveillance system as being the most adapted for the surveillance of this infection. Several surveys were undertaken, in order to define the network of contributors, and optimize the exhaustively of the surveillance. The surveillance system put in place, named ToxoSurv, is based on a network of laboratories specialized in prenatal and postnatal diagnosis and medical biology laboratories that occasionally perform a confirmatory diagnosis of this infection during the neonatal and postnatal periods. Cases are declared to the National Reference Centre for Toxoplasmosis via the Internet or by the sending of a paper form. The data produced by this surveillance will be used to produce an annual report destined for concerned health professionals. The surveillance system for congenital toxoplasmosis has been active since June 2007 and provided valid prevalence data for congenital toxoplasmosis in France. The number of congenital toxoplasmosis appears to be stable in France since 10 years with few cases of severe toxoplasmosis and high proportion of subclinical forms. We also present French studies for treatment of congenital toxoplasmosis in antenatal and neonatal period.

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The effect breastfeeding counseling on self-efficacy and continuation breastfeeding among primiparous mothers in Iran

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Background: Breastfeeding is one of the most important factors in ensuring the health of infants. Self-efficacy of mothers is effective on promotion and continuation of breastfeeding . The aim of this study was to determine the effect of lactation counseling on self-efficacy and continuation of breast-feeding in primiparous mothers.

Methods: This study was a randomized clinical trial. In this study, 104 qualified primiparous women after vaginal delivery were randomly assigned into two groups (case and control). The data collected through a questionnaire that included demographic characteristics , self-efficacy in breastfeeding, and continuation of Exclusive Breast Feeding (EBF). Before the consultation questionnaire was completed by both groups. The four weekly sessions during a month and three monthly telephone follow-ups were conducted in intervention group. While the control group received only routine care. After fourth moth of delivery, the two groups were re-examined. Data analyzed using the independent t-test, paired t test.

Results: Two groups had no significant differences in demographic variables. Before consultation, there was not any significant difference on self-efficacy and breastfeeding between intervention and control group. After consultation, there was a significant difference on self-efficacy and breastfeeding between intervention and control group. The mean score of self-efficacy and EBF have increased significantly in intervention group ($P<0.01$). However, a significant decrease was observed in the control group ($P<0.01$).

Conclusions: With regard to the role of consulting on self-efficacy and breastfeeding continuation, it suggests that this consultation is scheduled to take place in hospitals.

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Antenatal steroids-Where are we?

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Early steroids studies in fifties and sixties involved animals and the effects they had upon various organs. It was not until in 1969 when GC Liggins, while studying the effects of steroids upon the initiation of labour in fetal lambs, that he noticed the steroids treated lambs not only had initiation of labour but they also had relatively more mature lungs and better survival. This further led to studies, which directly showed the effect of steroids upon maturing lungs by accelerated surfactant appearance. In 1972, landmark study by GC Liggins and RN Howie showed that steroids could reduce the incidence of RDS in preterm neonates. This study led pathway to numerous studies all over the world showing effects of steroids in maturation of lungs. However, they also showed caution regarding the potential adverse effects. In 1990, systemic review by P Crowley clearly showed the beneficial effects of steroids in reduction of RDS with minimal adverse effects. Further, in 1994, consensus statement by NIH gave the current recommendation and regimen for antenatal steroids for preterm deliveries. Further consolidation of the positive effects of steroids was done by meta-analysis by D Roberts in 2000 and further in 2006. However, despite clear evidence of beneficial effects, 2014 study in Lancet showed that the use of corticosteroids in lower income countries like Nepal, Afghanistan, Niger, and Congo was low. The use of antenatal steroids must be encouraged especially in lower income countries for reducing the neonatal mortality rates in these countries.

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An alternative approach to gastric emptying time scintigraphy and ınvestigation of clinical ımportance

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Introduction: Gastric emptying time scintigraphy is an important functional investigation test for evaluating the gastric mechanical functions. Nevertheless this test is not ideal because of the proposed meal, energy content, quantity, deficiencies in composition standardization and also lack of practicality in preparation and a application. For this reason, there are not internationally accepted normal values of the test. The aims of this study are to investigate the potential role of oral barium solution, used as radiological contrast in gastric imaging, mixed with Technetium-99m macro aggregate albumin (Tc-99m MAA) as a standart test meal in gastric emptying time scintigraphy and to evaluate its potential importance in clinical investigations by imitating conditions of gastroparesis via applying atropine.

Methods: In this study, 14 male New Zelland rabbit 2000-2500 gr weighted were used. Each rabbit was fed with 1 mCi Tc-99m MAA mixed with 40 gr oral barium solution (1 mg/ml, Radiobarit solution, Reccordati medical) by nasogastric catheter. Rabbits stabilized on a wood floor without anesthetic medication were scanned by gamma camera for one hour dynamically (1 frame/minute). A few days later, the same rabbits were scanned under the same conditions after 1 mg atropine injection to imitate gastroparesic condition. The area of interest was drawn around the stomach in the first and last minute anterior and posterior projection images and counts were obtained and geometric averages were calculated. Gastric emptying rate was calculated by the formula: (1.min. count- 60.min.count)/ 1.min. count X 100 and baseline and post-atropine differences were investigated by Wilcoxon signed rank test.

Results: When the dynamic images were examined, barium was found to cause controlled drainage of Tc-99m MAA from the stomach. The basal gastric emptying time was mean±SD:74,24±8,32, after atropine injection the values were decreased to mean±SD:50,34±12,37. The %25-75 percentile values in basal group were %67,15-80,24, after atropine injection these values decreased to % 41,34-62,11 and this decrease was determined to be statistically significant ($p<0.001$).

Conclusions: Oral barium solution which has no side effect as it is not absorbable in gastrointestinal system and used as contrast agent in gastrointestinal system imaging was mixed with Tc-99m MAA in this study. It has been understood that this standard mixture in regards of calorie, content and quantity, which prevents the radioactive solution from being suddenly discharged from the stomach, has potential to be used in gastric emptying studies and to provide useful information in gastroparesic conditions.

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Rapid vs slow advancement of feeds in preterm babies less than 34 weeks in incidence of NEC and feed intolerance

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Objectives: To evaluate whether preterm neonates less than 34 weeks at birth receiving rapid enteral feeding advancement at 25-30 ml/kg/day to attain full feedings (180 ml/kg/day) and those receiving slow enteral feeding advancement at 15-20 mL/kg/day (180 ml/kg/day) are at increase in the incidence of necrotizing enterocolitis or feed intolerance.

Methods: The Study design is Retrospective cohort study. The Setting is Level III Neonatal Unit in Southern India.The subjects are Neonates born at < 34 weeks of gestational age and admitted to the NICU during study period were enrolled. The outcome is Mortality and major morbidity – NEC as per Bell staging, incidence of feed intolerance.

Results: Both groups had similar baseline characteristics. The average gain in weight, length and head circumference were significantly lower in the slow feeding group as compared rapid feeding group. The days to reach birth weight was less in rapid feeding group ($p = 0.04$). It was inferred that duration of hospital stay and parenteral nutrition was less in rapid feeding group was less compared to slow feeding group ($p = 0.04$). Rapid feeding group does not have increased episodes of feed intolerance or NEC compared to slow feeding group.

Discussion: The incidence of ROP in India and worldwide was comparable to our study. 61 babies weighing above 1500 grams were diagnosed with ROP. According to AAP screening guidelines, we would have missed the babies who weighed more than 1500 grams with stormy neonatal course. Safe level of oxygen usage has not been defined. Assisted ventilation and RDS were independent risk factors which was comparable to other studies.

Conclusions: Our results support rapid enteral feeding protocols (increments of 25-30 mL/kg/day) for enteral nutrition of stable preterm neonates less than 34 weeks of gestation.

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Gastric aspirate shake test in preterm neonates to predict respiratory distress syndrome

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Introduction: Respiratory Distress Syndrome (RDS) is a major cause of mortality and morbidity in preterm babies. Early prediction of RDS is vital in the management of preterm babies. Among the various test, the gastric aspirate shake test is a simple bedside test to predict RDS.

Objective: To evaluate whether the shake test performed in the gastric aspirate sample in preterm babies can predict the likelihood of respiratory distress syndrome of prematurity.

Methods: A prospective hospital-based cohort study conducted at the NICU of Kathmandu Medical College for 6 months from May to October 2014. All live born babies greater than or equal to 26 weeks and less than 37 weeks (36+6) gestation were included in the study. Neonates who could only be seen after 1 hour of life, neonates in whom gastric aspirate samples < 0.5 ml were obtained or those samples mixed with blood or meconium, neonates who were fed before the procedure, neonates with severe congenital anomalies incompatible with life and those with parents denying to give consent were excluded from the study. Babies were defined to have respiratory distress syndrome if the neonate develop any two of the clinical signs of respiratory rate > 60/min, expiratory grunting, suprasternal, intercostal retraction or cyanosis within 6 hrs of life and persisted for >24 hours with chest xray showing hypoaeration, diffuse reticulogranular pattern with air bronchogram. The shake test results were read as positive (if complete rim of bubbles were present across the surface of the fluid), intermediate (an incomplete rim of bubbles were present across the surface of the fluid), negative (if no bubbles were seen). The results of the shake test were then compared with clinical diagnosis of neonatal respiratory distress syndrome.

Results: Among the 50 preterm babies who were enrolled in the study, 15 (30%) babies developed RDS. Similarly, shake test predicted 48% as mature (positive shake test) and 34% intermediate and 18% as immature (negative shake test). The sensitivity, specificity, positive predictive value (immaturity), negative predictive value (maturity) by shake test was 93.3%, 65.7%, 53.8% and 95.8% respectively.

Conclusions: Gastric aspirate shake test in preterm babies is a simple yet reliable test for prediction of fetal lung maturity and therefore can be used routinely in resource limited settings to predict RDS.

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Stercoral perforation of the ileum in a very low birth weight infant: A case report

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Stercoral perforation is rare spontaneous rupture of the bowel that is associated with a high risk of mortality. Cases of Stercoral perforation have typically been reported in adults, with the colon being the most common site of perforation. There has been no case report of Stercoral perforation in infants. In this case report, we describe a Stercoral perforation in the distal ileum in a preterm male infant. An 11-day-old male was referred with complaints of vomiting and abdominal distension. Dilatation of bowels with fecal impaction was found on simple abdominal radiographs. Abdominal distension was aggravated with no effect of glycerin enema. Explorative laparotomy was performed and Stercoral perforation of the distal ileum was confirmed.

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Cell-specific immuno-localization of progesterone receptor alpha in the rabbit ovary during pregnancy and after parturition

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Progesterone receptor alpha (PRA) has a central coordinator role in the ovarian functions in mammals. The aim of this study was to investigate the immunolocalization of PRA in the rabbit ovary during pregnancy and after parturition. The rabbit ovary during pregnancy and after parturition had moderate cytoplasmic and moderate to intense nuclear PRA immunostaining in the ovarian surface epithelial cells, stromal cells and interstitial gland cells. The PRA was also present in granulosa cells and theca interna cells of the growing, small antral and mature Graafian follicles. Theca interna cells of the atretic antral follicle in addition to endothelial and fibroblast cells had PRA immunoreactivity. The PRA were also observed in the theca externa smooth muscle-like cells of the growing and antral follicles and in the telocytes. In the present study, the corpora haemorrhagica and early developing corpora lutea had, slight cytoplasmic and nuclear PRA immunostaining in the large lutein and small lutein cells. The endothelial cells of the corpora haemorrhagica and corpora lutea had an intense nuclear PRA immune signal. The corpora lutea at an advanced stage of development had moderate cytoplasmic and nuclear PRA immunostaining in the large lutein cells and intense nuclear PRA immunostaining in the small lutein cells. The regressed corpora lutea did not have PRA immunostaining in the apoptotic large lutein cells and moderate cytoplasmic and intense nuclear PRA immunostaining in the small lutein cells.

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The investigation on the protective role of regulatory T cells in LPS induced fetal liver damage in late pregnant mice

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To evaluate the role of regulatory T cells (Tregs) on the liver inflammatory response in a lipopoly- saccharide (LPS)-induced preterm birth mouse model. The LPS-induced preterm birth mouse model was established. Before LPS treatment, Tregs were insulated from pregnant mice and inoculated into different pregnant mice. The expression of Heme oxygenase-1 (HO-1), fork head family transcription factor (Foxp3) and interleukin-6 (IL-6) in liver, were examined by real-time reverse transcription polymerase chain reaction and western blotting. The mRNA and protein expression levels of, HO-1 and Foxp3 in liver from LPS-treated mice was considerably reduced equated with the controls, while the adoptive transfer of Tregs expressively rescinded the changes in the expression of the above said elements after LPS treatment. Fascinatingly, the expression of IL-6 in the liver was meaningfully elevated after LPS treatment, and the adoptive transfer of Tregs obstructed this effect. The preterm birth was remarkably persuaded after maternal LPS exposure, and affected the expression of Foxp3, HO-1and IL-6 in liver tissue. Furthermore, the adoptive transfer of Tregs absolutely abolished the changes in the expression of the above factors after LPS treatment. However, further study is needed to understand the mechanism of Tregs to prevent the liver inflammation in preterm birth in human.

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Interpregnancy interval and the risk of preterm birth: A case-control study of infants born at Al-sadaqa general teaching hospital, Aden, Yemen

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Background: Interpregnancy interval (IPI) is a known risk factor for preterm birth. The aim of this study was to assess the relationship between IPI and spontaneous preterm birth, and to identify the influence of confounding variables such as socioeconomic status, maternal age, and reproductive history.

Methods: This is a hospital-based, case-control study conducted in the department of neonatology, Al-Sadaqa General Teaching Hospital, Aden, during June to September 2011. A case was defined as infant born spontaneously before 37 weeks of gestation and control was a next eligible infant born between 37-42 complete weeks of gestation. Comparison between groups was assessed by statistical analysis and odds ratio were calculated for confounding factors.

Results: A total of 100 preterm (cases) and 100 full-term (controls) infants were evaluated for the effects of IPI. Intervals of both <12 months and 12-· 24 months were significantly associated with preterm births compared to control (37% vs 12% and 73% vs 46% respectively, all p<0.05). The risk of preterm birth was higher in association with low number of antenatal care visits (OR=10, 95% CI=1.62-61.46, p=0.018), younger women's age (OR=8, 95% CI= 1.35-8.4, p=0.001), non-educated mother (OR=7.92, 95% CI=2.49-25.22, p=0.002) and gravid 2-3 (OR=6.5, 95% CI= 5.06-53.8, p=0.001). Significant risk was also observed among mother with low socio-economic status and residents of rural areas (all p<0.05).

Conclusions: Short IPI is significant risk factors for preterm birth. This highlights the importance of counseling women in childbearing age to wait at least 24 months between delivery and subsequent conception.

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Shared antenatal care to increase utilization of maternity services

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The objective of the study, now published, was to identify factors, which may have contributed to the decline in the utilisation of maternity services at the tertiary institution in Benin. The cross sectional study was undertaken at the antenatal units of the University of Benin Teaching Hospital (UBTH), Central Hospital Benin (CHB), Catholic Maternity Hospital (CMH) and the Anglican Women Hospital (AWH), between the months of June and September 1998. 1200 pregnant women at various gestational ages, attending the antenatal clinics were interviewed using a structured questionnaire. The mothers also responded to open-ended questions. The inquiry included personal data, place of domicile, information on previous and present antenatal booking and maternity service utilization. 950 adequately completed questionnaires were analyzed. All the patients attended the clinic from within the town. The catchment area for each of the maternity units was not clustered, nor showed any pattern of delineation by place of patients' domicile. Patients attended any antenatal clinic from various locations in town, indifferent of the distance or proximity to their residence. The reasons for not attending antenatal care in UBTH are multiple and in various combinations. A large number of the patients (71.47%) that have no previous delivery experience with UBTH, did not book with the centre because of the cost of services (19.89%), poor attention (27.37%) and distance from place of residence (24.21%). 23 patients (50.0%) of all the women that have delivered in UBTH complained of cost. 295 mothers (31.05%) were satisfied with their present centres and do not want a change. Included in this number that were satisfied are 12 (21.42%) women that have delivered previously in UBTH. Patients' satisfaction and aversion for obstetric interventions could be improved by shared antenatal care to increase utilisation of maternity services. We recommend the introduction of a midwife-managed care unit in the department, for the management of low-risk mothers.

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