

Neonatal and Pediatric Medicine
November 2018 | Volume 4 | ISSN: 2572-4983

22nd World Congress on

PEDIATRICS, NEONATOLOGY & PRIMARY CARE

November 12-13, 2018 Dubai, UAE

Scientific Program

Pediatrics Neonatal Care 2018

Monday 12th November 2018 | **Day 1**

08:30-09:00 Registration Opens

Souq

09:00-09:30 Opening Ceremony

09:30-10:30

Keynote Presentation

Title: On the cusp of life and death, choose life

Stephanie Wellington, Nurturing MDs, USA



10:30-11:00 **Networking and Refreshments Break with Group Photo @Foyer**

11:00-12:00

Special Session

Title: Significance of perception management in healthcare industry globally

Ameya Ghanekar, Founder and Chief Learning Officer - Orange Zebra, UAE



12:00-13:00

Workshop Session

Title: Workshop on peritoneal dialysis in children

Kanav Anand, Sir Ganga Ram Hospital, India



Lunch Break 13:00-14:00 @ Restaurant

Scientific Sessions: Neonatal Diseases | Pediatrics Nutrition and Metabolism | General Pediatrics | Pediatric Self-harm and Psychiatry

Session Chair: **Richard Mupanemunda**, University Hospitals Birmingham, UK

Session Co-Chair: **Klaus Martin Beckmann**, Griffith University, Australia

14:00-14:25

Title: Neonatal candidemia in India: An overview and update

Harish C Gugnani, FRC. Path. , Retd. Professor, University of Delhi, India

14:25-14:50

Title: Role of national pediatric society in reducing pediatric malnutrition in developing countries in context of Nepal

Krishna Prasad Bista, President- Nepal Paediatric Society, Nepal

14:50-15:15

Title: Recent advances in understanding the pathophysiology and management of cystic fibrosis

Abeer Mohi El-Din Saleh, International Medical Center Hospital, Egypt

15:15-15:40

Title: Neonatal/preverbal trauma and its implications on treatability in the psychologically traumatised child

Klaus Martin Beckmann, Griffith University, Australia

15:40-16:10 Networking and Refreshment break @ Foyer

16:10-17:10

Workshop Session

Title: Raising resilient children

Sydney Engelberg, Hebrew University, Israel



Panel Discussion

Tuesday 13th November 2018 | **Day 2**

Souq

Scientific Sessions: Neonatal Intensive Care and Nursing

10:00-10:30

Title: The baby under 500 grams
Richard Mupanemunda, University Hospitals Birmingham, UK

10:30-11:00 Networking and Refreshment break @Foyer

11:00-12:00

Workshop Session
Title: 5 steps to keep burnout at bay and restore energy and to live and lead for today's physicians
Stephanie Wellington, Nurturing MDs, USA



12:00-13:00

Special Session
Title: Diagnostic assessment of cerebral palsy and other neurodevelopmental disorders after NICU: Do not wait-and-see
Simone Battibugli, The Children's Medical Centre, UAE



Lunch Break Lunch: 13:00-14:00 @ Restaurant

14:00-15:00

Workshop Session
Title: Use of Gibbs reflective cycle in promoting professional development of health care providers
Farha Hijji, Clinical Resource Nurse, UAE



15:00-15:30 Networking and Refreshment break @Foyer

Award Ceremony



Supporting Journals

Pediatrics & Therapeutics

www.omicsonline.org/pediatrics-therapeutics.php

Journal of Neonatal Biology

www.omicsonline.org/neonatal-biology.php

Journal of Pregnancy and Child Health

www.omicsonline.org/pregnancy-and-child-health.php

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Organizing Committee Members

Organizing Committee Members



Kanav Anand
Sir Ganga Ram Hospital
India



Simone Battibugli
The Children's Medical
Centre, UAE



Javed Rasheed
Dr.Abdul Haq Unani
Medical College, India



Sufwan Alomar
Hamad Medical
Corporation, Qatar

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Dubai, UAE

8th International Conference on
Chronic Obstructive Pulmonary Disease (COPD)
November 15-16, 2018 | Dubai, UAE
copd.healthconferences.org

International Conference on Addiction and Psychiatry
November 15-16, 2018 | Dubai, UAE
addiction.psychiatryconferences.com

Annual Conference on
Catalysis for Green and Sustainable Energy
November 15-16, 2018 | Dubai, UAE
green-catalysis.conferenceseries.com

International Conference on
Viral Infection and Immune Response
November 15-17, 2018 | Dubai, UAE
immuneresponse.vaccineconferences.com

International Conference on Anesthesiology and Critical Care
November 15-16, 2018 | Dubai, UAE
anesthesiology.healthconferences.org

World Brain Congress
December 05-07, 2018 | Dubai, UAE
brain.neuroconferences.com

International Conference on
Biomarkers and Cancer Targets
December 05-06, 2018 | Dubai, UAE
cancertargets.conferenceseries.com

25th International Conference on
Psychiatric Disorders and Psychosomatic Medicine
December 05-06, 2018 | Dubai, UAE
psychosomaticdisorder.conferenceseries.com

World Congress on Rare Diseases
December 05-07, 2018 | Dubai, UAE
rarediseases.infectiousconferences.com

World Congress on Food and Nutrition
December 10-11, 2018 | Dubai, UAE
food-technology.nutritionalconference.com

International Conference on
Herbal and Traditional Medicine
December 10-11, 2018 | Dubai, UAE
herbal-traditional.conferenceseries.com

10th Tissue Repair and Regeneration Congress
December 10-11, 2018 | Dubai, UAE
tissuerepair.conferenceseries.com



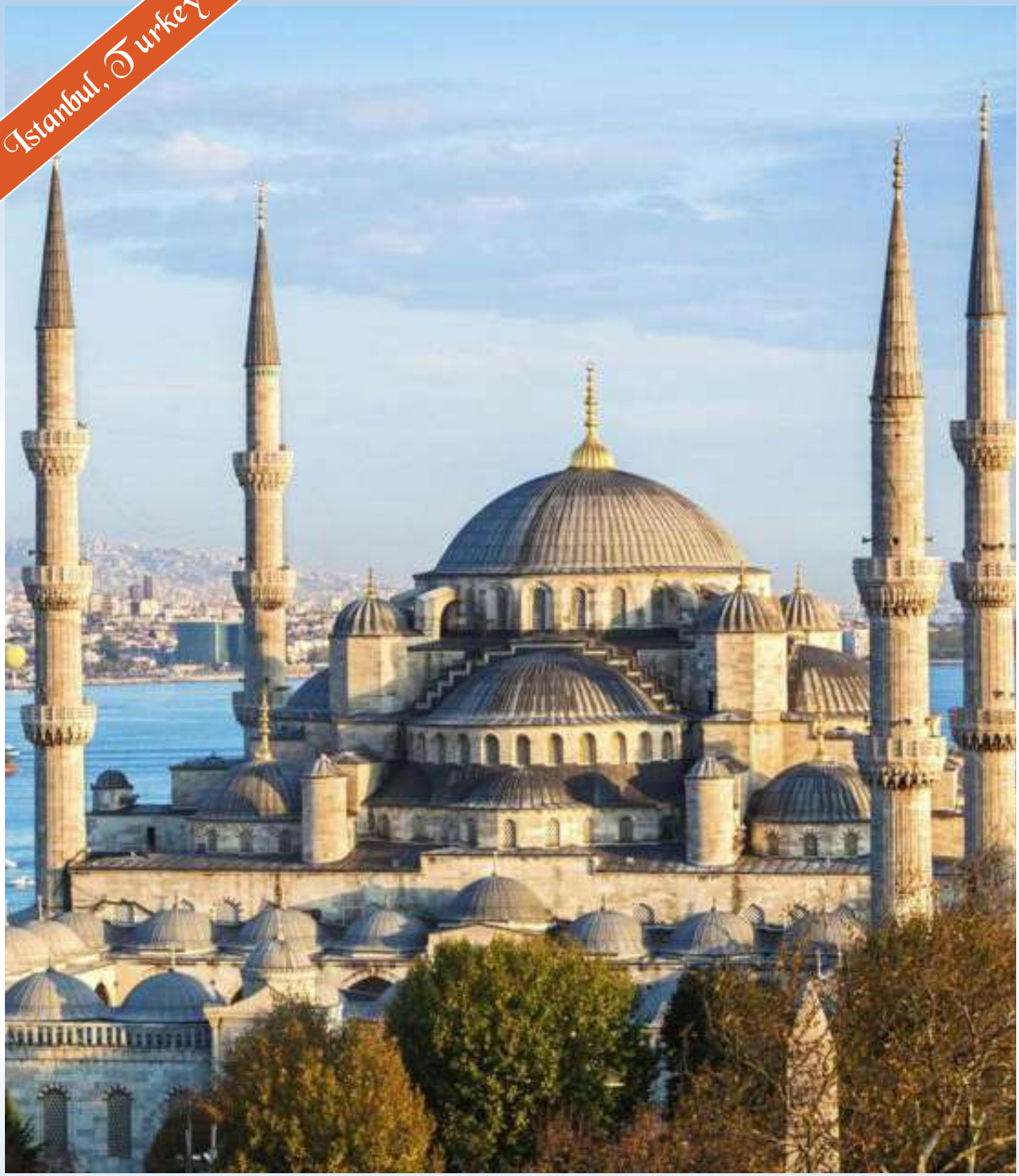
12th World Pediatric Congress
December 13-15, 2018 | Abu Dhabi, UAE
pediatrics-congress.conferenceseries.com

International Conference on
Allergy and Clinical Immunology
December 13-14, 2018 | Abu Dhabi, UAE
allergy.immunologyconferences.com

13th Annual Conference on
Dementia and Alzheimer's Disease
December 13-15, 2018 | Abu Dhabi, UAE
dementia.neuroconferences.com

International Anesthesia and Pain Medicine Conference
December 13-15, 2018 | Abu Dhabi, UAE
anesthesiology.conferenceseries.com

Istanbul, Turkey



Annual Nursing Congress: The Art of Care
November 12-14, 2018 | Istanbul, Turkey
healthcare.nursingmeetings.com

Annual Conference on
Stroke and Neurological Disorders
November 12-13, 2018 | Istanbul, Turkey
stroke.neuroconferences.com

6th Annual Conference on Parasitology & Infectious Diseases
November 15-16, 2018 | Istanbul, Turkey
parasitology.infectiousconferences.com

World Congress on
Epigenetics and Chromosome
November 15-16, 2018 | Istanbul, Turkey
epigenetics.geneticconferences.com

World Heart Rhythm Conference
November 15-17, 2018 | Istanbul, Turkey
heartrhythm.cardiologymeeting.com





5th International Conference on
Medicinal Practices: Herbal, Holistic and Traditional
November 26-27, 2018 | Bali, Indonesia
medicinalpractices.conferenceseries.com

Annual Conference on Nanoscience, Nanotechnology and Advanced Materials
November 26-28, 2018 | Bali, Indonesia
nanoscience.nanotechconferences.org

International Conference on
Oral Health and Dental Medicine
November 29-30, 2018 | Bali, Indonesia
oralhealth.dentalcongress.com

International Conference on
Obesity and Diet Imbalance
November 29-30, 2018 | Bali, Indonesia
obesity-diet.nutritionalconference.com

14th Annual Conference on Crop Science and Agriculture
November 29-30, 2018 | Bali, Indonesia
crops-agri.foodtechconferences.com

International Dermatology Conference: Skin and Body
November 26-27, 2018 | Bali, Indonesia
skin-body.dermatologymeeting.com

Ca[rd]iology and Healthcare
August 27-28, 2018 | Kuala Lumpur, Malaysia
aesthetic.dermatologymeeting.com

Global Meeting on Diabetes and Endocrinology
August 27-28, 2018 | Kuala Lumpur, Malaysia
endocrinology.diabetesexpo.com



International Conference on
Community Nursing and Public Health
November 19-21, 2018 | Cape Town, South Africa
community.nursingconference.com

Annual Congress on
Oral Care: Dental and Orthodontics
November 19-20, 2018 | Cape Town, South Africa
oralcare.dentalcongress.com

International Conference on
Nephrology
November 19-21, 2018 | Cape Town, South Africa
nephrology.nephroconferences.com

2nd World Congress on
Eye and Vision
November 19-20, 2018 | Cape Town, South Africa
vision.ophthalmologyconferences.com

World Congress on
Epilepsy and Brain Disorders
November 22-23, 2018 | Cape Town, South Africa
epilepsycongress.neuroconferences.com

International Conference on
Agriculture, Food and Aqua
November 22-23, 2018 | Cape Town, South Africa
agriculture.foodtechconferences.com

8th International Conference on
Bacteriology and Infectious Diseases
November 22-23, 2018 | Cape Town, South Africa
bacteriology.infectiousconferences.com

International Pediatric Infectious Diseases and Healthcare Conference
November 22-24, 2018 | Cape Town, South Africa
pediatrics.infectiousconferences.com



26th International Diabetes and Healthcare Conference
November 26-27, 2018 | Helsinki, Finland
diabetic.healthconferences.org

World Neurone Congress
November 26-28, 2018 | Helsinki, Finland
neurone.neurologyconference.com

International Conference on Biomarkers and Clinical Research
November 26-27, 2018 | Helsinki, Finland
biomarkerscongress.conferenceseries.com

International Epigenetics and Epitranscriptomics Conference
November 26-27, 2018 | Helsinki, Finland
epitranscriptomics.geneticconferences.com

International Conference on
Clinical Microbiology, Virology and Infectious Diseases
November 19-20, 2018 | Bucharest, Romania
microbiology.vaccineconferences.com

International Conference on
Antimicrobial and Antibacterial Agents
November 19-20, 2018 | Bucharest, Romania
antimicrobial.vaccineconferences.com

4th International Conference on
Crystallography and Novel Materials
November 19-20, 2018 | Bucharest, Romania
crystallography.materialsconferences.com

9th International Conference on
Biopolymers and Polymer Sciences
November 19-21, 2018 | Bucharest, Romania
biopolymers.materialsconferences.com

International Conference on
Medicine, Nursing and Healthcare
November 19-21, 2018 | Bucharest, Romania
medicine.nursingmeetings.com

World Congress on
Surgeons
November 22-24, 2018 | Bucharest, Romania
surgeons.conferenceseries.com

World Conference on
Optics, Photonics and Telecommunications
November 22-24, 2018 | Bucharest, Romania
opticsphotonics.physicsmeeting.com



Bucharest

6th Annual Congress on Dentistry and Dental Medicine
November 22-23, 2018 | Bucharest, Romania
dentalmedicine.dentalcongress.com

World Conference on Vaccine and Immunology
November 22-23, 2018 | Bucharest, Romania
immune.vaccineconferences.com

7th International Conference on
Environment and Climate Change
November 22-23, 2018 | Bucharest, Romania
environmentclimate.conferenceseries.com

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Keynote Forum (Day 1)

Stephanie Wellington, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-007



Stephanie Wellington

Nurturing MDs, USA

On the cusp of life and death, choose life

The Neonatal Intensive Care Unit (NICU) positions us to live on the cusp of life and death. Studies show that parents of NICU babies are adversely impacted by the NICU hospitalization. Psychologically they have increased rates of anxiety, insomnia, depression and post-traumatic stress disorder. These same stressors exert their effects on the medical team. As we enter the discussion of periviability, which challenges the medical team to produce outcomes for infants who previously would not have been resuscitated, the pressure mounts. How does a doctor in training, a mother with a baby in the NICU or a seasoned physician meet the challenges of living on the edge of life and death? This talk takes a journey through human vulnerability which is often overlooked in the quest for the latest in research and technology to support these tiny patients. Participants will gain: (1) Insight into how a mother's past pregnancy losses dramatically contributes to her inability to connect and receive support from nurses, doctors and her family. Along her journey she experiences the power of releasing her past in order to be present for her daughter in the NICU, (2) discover the shift in perspective as a future neonatologist's vulnerability is not a sign of weakness but an opportunity to deepen and accept her humanity, (3) learn how a neonatologist blended life coaching with medicine to shift from compartmentalization, a common mode of dealing with the stress and death in medicine, to detached involvement and reignite her passion and purpose.

Biography

Stephanie Wellington has received her Medical degree at The Ohio State University College of Medicine. She has completed her Pediatric Residency and Neonatal Fellowship training at New York University School of Medicine. Her desire to support families in the NICU guided her to become a Certified Professional Coach from the Institute for Professional Excellence in Coaching (iPEC). She is a writer, speaker and facilitator of NICU parent support groups. Her love of coaching has expanded and she hosts workshops and private coaching for physicians and medical professionals courageous enough to live into the highest vision for their life and career.

Stephanie@NurturingMDs.com

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Special Session (Day 1)

Ameya Ghanekar, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008



Ameya Ghanekar

Founder and Chief Learning Officer -Orange Zebra, UAE

Significance of perception management in healthcare industry globally

Perception is bigger than reality in today's world and healthcare industry is not an exception to it. The way patients perceive a doctors is crucial for the success of a doctor. A few behavioral techniques could be catalyst for the successful career and personal growth for healthcare industry profesionals. The conversation about perception management will help healthcare professionals to effectively and succcessfully manage the perception about them leading to the unbelivebale professnional rewards.

Biography

Ameya Ghanekar is a TEDx speaker, award winning leadership facilitator, published author, learning strategist, strength coach, experienced body language guru and perception management specialists. He has 14 years of experience in corporate, consultancy and education domain specializing in healthcare, oil and gas, hospitality (Luxury), retail, banking, wellness, real estate, equine, manufacturing, entertainment and fitness industry. He has successfully coached and trained chief medical directors, doctors and healthcare professionals.

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Workshop (Day 1)

Kanav Anand, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008



Kanav Anand

Sir Ganga Ram Hospital, India

Workshop on peritoneal dialysis in children

Pediatricians relatively have a greater experience and comfort level with Peritoneal Dialysis (PD) as compared to other modalities of Renal Replacement Therapy (RRT). PD is a cost-effective and efficient therapy as it requires less technological expertise and resource allocation as compared to CRRT or Hemodialysis. PD provides gradual, continuous solute and water clearance through diffusion and ultrafiltration. PD does not require vascular access and access for peritoneal dialysis can be quickly and safely obtained, even in hemodynamically unstable patients, thus allowing for the rapid institution of therapy. Typical access includes Tenckhoff catheters which can be placed by pediatric surgeons in operation theatre or bedside by means of peel off technique percutaneously. Rigid PD cathethers can also be used if cost is an issue and requirement of PD is just for a couple of days.

This workshop will focus on the following:

1) Indications of starting PD
2) Types of catheters used for PD
3) Procedure of insertion
4) PD monitoring
5) Troubleshooting

Biography

Kanav Anand is a Consultant Pediatric Nephrologist in the Division of Pediatric Nephrology and Renal Transplantation, Institute of Child Health, Sir Ganga Ram Hospital, New Delhi, India. He is an Executive Member of Indian Society of Pediatric Nephrology. He is also the National Convener for Nephrology in a Nutshell program run under the aegis of Indian Academy of Pediatrics. He has authored a number of chapters in books on pediatrics and pediatric nephrology. His interest is in interventional pediatric nephrology and bedwetting.

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Notes:

Sydney Engelberg, Neonat Pediatr Med 2018, Volume 4
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Sydney Engelberg

Hebrew University, Israel

Raising resilient children

The American Psychological Association proclaims that, the ability to thrive despite these challenges (of childhood) arises from the skills of resilience". The good news is that resilience skills can be learned. Building resilience; the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress can help our children manage stress and feelings of anxiety and uncertainty. The most pressing need seems to be to teach children the soft skills necessary for developing resilience. This workshop aims to describe a comprehensive model for understanding soft skills and to provide an innovative model for soft skills development in children. The workshop provides a bridge between research, teaching and practice and provides a comprehensive overview of soft skills from their definition to their expression and application in the real world.

Biography

Sydney Engelberg is a Founding Director of the Program in Community Psychology at the University of New South Wales, Sydney, Australia, taught at Clarke University and Derby University, England and consulted to the World Bank, UNICEF, IBM, Microsoft and Intel. He is currently on the Faculty of the Schwartz Program in Nonprofit Management, School of Social Work and Social Welfare and the Nonprofit Management and Leadership program at the Rothberg International School, both at the Hebrew University and is a Visiting Professor at the Business School, University of Bologna, Italy. He has his own consulting practice with clients in the private, public and nonprofit sectors.

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Scientific Tracks & Abstracts (Day 1)

Scientific Sessions:

Day 1 November 12, 2018

Neonatal Diseases | Pediatrics Nutrition and Metabolism | General Pediatrics | Pediatric Self-harm and Psychiatry

Session Chair
Richard Mupanemunda
University Hospitals Birmingham, UK

Session Co-Chair
Klaus Martin Beckmann
Griffith University, Australia

Session Introduction

Title: **Neonatal candidemia in India: An overview and update**

Harish C Gugnani, FRC. Path. , Retd. Professor, University of Delhi, India

Title: **Role of national pediatric society in reducing pediatric malnutrition in developing countries in context of Nepal**

Krishna Prasad Bista, President- Nepal Paediatric Society, Nepal

Title: **Recent advances in understanding the pathophysiology and management of cystic fibrosis**

Abeer Mohi El-Din Saleh, International Medical Center Hospital, Egypt

Title: **Neonatal/preverbal trauma and its implications on treatability in the psychologically traumatised child**

Klaus Martin Beckmann, Griffith University, Australia

Harish C Gugnani, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008

Neonatal candidemia in India: An overview and update

Harish C Gugnani
FRC. Path. , Retd. Professor, University of Delhi, India

The incidence of candidemia has increased worldwide over the last more than five decades due to increasing population of immunocompromised hosts and advances in medical procedures. Nosocomial candidemia is a major cause of neonatal morbidity and mortality. The incidence of candidemia in Asia ranges from 0.026 to 4.2 per 1000 admissions. Its exact prevalence in India is not known due to paucity of systematic epidemiological. In PG Institute of Medical Education & Research, Chandigarh, 143 neonates were diagnosed to have acquired systemic candidiasis out of a total 4,530 admissions (3.2%). Though C. albicans is the most frequent etiological agent of candidemia in neonates in India, there has been increased prevalence of other Candida spp., notably *C. tropicalis*, followed in order of frequency by *C. glabrata*, *C. parapsilosis*, *C. krusei* and *C. guillermondii*. In a couple of studies *C. tropicalis* was more frequent etiological agent of neonatal candidemia than *C. albicans*. Also *C. glabrata* predominated among non-*C. albicans* species in a few of the investigations. Further, *C. aureus* has recently emerged as an important cause of neonatal candidamia in India. Multiple risk factors for neonatal candidemia include low birth weights less than 1250 g, prolonged indwelling intravascular catheters and central venous catheters, intrapartum use of antibiotics (often prolonged), unclean vaginal examination, parenteral nutrition, ventilator support and prior Candida colonization and inherent resistance to fluconazole observed in *C. kruei* and *C. glabrata*. It conclusion it can be said that neonatal candidemia in a challenging problem in India. We should prevent it by identifying risk factors in hospital settings and minimizing their level, implementation of hand washing procedures and precise identification of causative Candida species and in vitro antifungal susceptibility tests for formulation of effective therapy.

Biography

Harish C Gugnani has completed his PhD in Medical Microbiology in 1970 from University of Delhi. He was the Fellow of the Royal College of Pathologists, London (FRC Path) in 1990. He currently serves as an honorary Consultant in diagnosis of fungal infections in Delhi hospitals. He has published 240 research articles in highly reputed journals including 30 on global burden of diseases of various kinds in Lancet and two each in *American Journal of Tropical Medicine, JAMA Pediatrics and International Journal of Public Health,* and one in New *England Journal of Medicine*. He has been serving as Member of Editorial Board and a Referee for several medical journals.

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Notes:

Krishna Prasad Bista, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008

Role of national pediatric society in reducing pediatric malnutrition in developing countries in context of Nepal

Krishna Prasad Bista
President- Nepal Paediatric Society, Nepal

Malnutrition is a major public health problem in developing countries, responsible for approximately one-half of all childhood deaths globally. Documents review of the society and the national position papers and the various survey reports is done. The Nepal Paediatric Society (NEPAS) has played pivotal role in the development of community child health by extensive involvement in child health policies, strategies and interventions developed by Government of Nepal along with its partners like WHO, UNICEF. The nutritional status of children in Nepal has improved since 1996. More than half (57%) of children under five were stunted in 1996 compared to 36% in 2016. Consequently there is reduction on wasted and underweight children respectively from 15% and 42% in 1996 to 10% and 27% in 2016. To conclude NEPAS and its members are taking active participation in national child health programs and has an important role to play in advising policy makers on the development of effective responses to social problems that affect children's health.

Biography

Krishna Prasad Bista is the President of Nepal Pediatric Society (NEPAS) and a Member of APPA Technical Advisory Group, Nepal, Coordinator-Nutrition chapter, NEPAS and Consultant Pediatrician at Kanti Children's Hospital, Kathmandu. He has obtained Postgraduate Diploma in Child Health from Tribhuwan University, Nepal in 1997. He has worked as a Treasurer for NEPAS from 2008-2010 and worked as General Secretary for NEPAS from 2014-2016. Presently he is working as a President and National Coordinator for Paediatric Nutrition (NEPAS). He is presently working in The Kanti Children's Hospital as a Consultant Pediatrician in Nepal.

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Notes:

Abeer Mohi El-Din Saleh, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008

Recent advances in understanding the pathophysiology and management of cystic fibrosis

Abeer Mohi El-Din Saleh
International Medical Center Hospital, Egypt

Although cystic fibrosis is a monogenic, predominantly Caucasian, autosomal recessive disease, increasing numbers of patients with cystic fibrosis are being identified in other large populations. It was first recognized as a specific disease by Dorothy Andersen in 1938, with descriptions that fit the condition occurring at least as far back as 1595. The cystic fibrosis trans membrane conductance regulator gene was identified in 1989. It affects multiple organs, including the intestine, sweat glands, pancreas and the reproductive system, but cystic fibrosis lung disease causes most morbidity and leads to premature mortality. It's now predicted that children born with cystic fibrosis in the 2000s will survive into their 50s. The focus of this review is to summarize some of the recent advances that have taken place in our understanding of the recent advances in diagnosing and managing cystic fibrosis.

Biography

Abeer Mohi El-Din Saleh has completed Bachelor's degree from Ain Shams University Faculty of Medicine in 1995, Master's degree from the same university in 2001 and MRCPCH London, UK in 2013. She has previously worked in Yeovil District Hospital, UK. She is currently is working as a Pediatric Consultant in the International Medical Center Hospital and Nasser Institute, Cairo, Egypt.

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Notes:

Klaus Martin Beckmann, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008

Neonatal/preverbal trauma and its implications on treatability in the psychologically traumatised child

Klaus Martin Beckmann
Griffith University, Australia

Perinatal trauma comes on several spectra quality, intensity, duration, frequency and locations. Some newborns will be more traumatised than others. In selected infants, especially in the case of congenital physical health compromise, subsequent psychological trauma may endure for months, sometimes years and tragically sometimes a life long. Resilience to psychological scaring and PTSD will be discussed. This presentation outlines treatment options for toddler and infant. Whilst primary prevention is not possible to achieve after harm has been experienced, the focus is on therapies, secondary and tertiary prevention. Several psychological and psychosocial as well as systemic treatment options are presented in an attachment informed context. There will be a compound case presented and the presentation will be free of jargon and hands-on.

Biography

Klaus Martin Beckmann is currently an Associate Professor with the School of Medicine, Griffith University, Logan Hospital campus and he is employed as a Specialist Consultant Child and Adolescent Psychiatrist within the Child and Youth Mental Health Academic Clinical Unit, Metro South Hospital and Health Services for the Evolve Therapeutic Services (ETS) team.

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Workshop (Day 2)

Stephanie Wellington, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008



Stephanie Wellington

Nurturing MDs, USA

5 steps to keep burnout at bay and restore energy and to live and lead for today's physicians

The conversation in the medical community has shifted to include physician's dissatisfaction, physician burnout and the increasing rates of suicide among doctors in all stages of their careers. While physicians are charged with the task of caring for patients and the teams that support them, who cares for the doctor. Add to that the financial stress of debt from student loans and family responsibilities and it is evident that life as a physician is not as coveted as it once was. With more women entering medical school, we are entering an age where the model of hierarchy and competition are more destructive than constructive. The competitive model breeds comparisons among physicians which contributes to a lack of self-confidence and the 'not good enough' syndrome. Women physicians, attempting to find their place in this system, leave behind the natural gifts she has to share with her patients and the medical community. Distress mounts as a woman physician tries to define herself in medicine while balancing other roles in her life.

During this talk, participants will:

1. Define Physician Burnout. You may be experiencing it and be unaware.
2. Discover how frustration and dissatisfaction are impacting practice parameters and care teams: acting out and bullying, retreating and doing only what's necessary, or serving in indifference or maybe even in fear- all keeping you from realizing your full potential so you go home drained, discouraged, and defeated.
3. Explore the concept of Physician Energy.
4. Learn the 5 Step Process to restore your Physician Energy.
5. Learn how to harness the power of Physician Energy to lead and live powerfully.

Biography

Stephanie Wellington has completed her Medical degree at The Ohio State University College of Medicine. She has also completed her Pediatric Residency and Neonatal Fellowship training at New York University School of Medicine. Her love of coaching has expanded and she hosts workshops and private coaching for physicians and medical professionals courageous enough to live into the highest vision for their life and career.

Stephanie@NurturingMDs.com

Farha Hijji, Neonat Pediatr Med 2018, Volume 4
DOI: 10.4172/2572-4983-C3-008



Farha Hijji

Clinical Resource Nurse, UAE

Use of Gibbs reflective cycle in promoting professional development of health care providers

One of the major models of reflection is Gibbs reflective cycle. It involves six stages headed as description, feelings, evaluation, anlaysis, conclusion and action plan. The process of reflection allows a sense of order to be brought to the descriptions of the experiences and for them to be brought into conscious awareness. Therefore, it should be embedded into professional behaviour for providing high quality care to patients. The workshop will involve exploring the model, understanding the stages involved and practicing reflection using scenarios and actual experiences.

Biography

Farha Hijji has completed her double major Master's degree in Leadership in Health Professions Education from University of Sharjah and Royal College of Surgeons in Ireland. She is working as a Clinical Resource Nurse in Kuwait Hospital-Sharjah and licensed BLS Instructor from American Heart Association.

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Special Session (Day 2)

Simone Battibugli, Neonat Pediatr Med 2018, Volume 4
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Simone Battibugli

The Children's Medical Centre, UAE

Diagnostic assessment of cerebral palsy and other neurodevelopmental disorders after NICU: Do not wait-and-see

Worldwide, Cerebral Palsy (CP) is the most common motor disability in childhood. CP is the result of a non-progressive lesion or injury to developing brain and has multiple causes and clinical manifestations, which leads to a very challenging discussion on diagnosis and screening. CP registers indicate the average age at cerebral palsy diagnosis is 19 months of age, however in most clinical settings the age of CP diagnosis is on average two years or older. It is well-known that delays in diagnosis of cerebral palsy are associated with worse long-term motor function, parental dissatisfaction and higher rates of physical and mental health deterioration. Infants at high risk for neurodevelopmental disorders, including CP, can be identified early, in the first weeks of life, through systematic clinical evaluation combined with specific neuroimaging, neurophysiological tests and when needed genetic testing. The most promising early predictive tool for CP is the General Movement's Assessment (GMA), which assesses the quality of spontaneous movements of infants in the first 4 months of life. However, as not all children with abnormal findings at neurological examination or on neuroimaging will develop CP, several authors recommend combining GMA with MRI. This combined assessment has been showing high sensitivity and specificity starting from the first months of life (GMA, 98% and 91%; MRI performed at term 86-100% and 89-97%, respectively). As stated by the World Health Organization, identification of the infant at risk for CP and others neurodevelopmental disorders is a crucial starting point to establish a close relationship between parents and health care providers and to provide early intervention. The broad goal of early intervention is to minimize motor, cognitive, emotional impairments, therefore the remarkable potential of the brain development between preterm age and the age of 1-year post-term offer the best opportunity for early intervention. Hence, ideally early intervention should begin when infants are still in the Neonatal Intensive Care Unit (NICU), mainly by focusing on reduction/minimization of stress factors or soon after NICU discharge. Nevertheless, the main aim of early intervention after hospital discharge is no longer stress reduction but supporting the infant's development and functional outcomes. Certainly, the best practice will involve comprehensive multidisciplinary programs based on active interventions including physiotherapy, occupational therapy, psychology and neurodevelopmental management. Brain and muscle plasticity in response to target therapies has been demonstrated in children with CP of different age ranges, confirming that neuroplasticity is a lifelong continuous process that enables the brain to change and rewire itself in response to stimulation. However, clinical and experimental findings seem to indicate that, to be maximally effective, early intervention has to be early, intensive, active, individualized and family based. Therefore, the main goal of early motor training is to optimize the development of skilled motor function and avoid musculoskeletal deformities. Poor control of muscles and movement in children with CP can be associated with a wide range of functional challenges. Traditional efforts to manage these motor disabilities have been directed at improving tone and promoting adequate motor patterns. However, contemporary approaches are directed rather to target muscle weakness and poor selective motor control, which is showing very encouraging results. Given that cerebral palsy presents at early in infancy and persists throughout lifetime, effective management must be cost efficient, family friend and based in context of community integration.

Biography

Simone Battibugli is a Pediatric Orthopedic Surgeon, currently working as Pediatric Orthopedic Surgeon at The Children's Medical Centre in Dubai. She has 10 years clinical and research experience as Faculty of Federal University of Sao Paulo. She has completed her Pediatric Orthopedic Fellowship training at Children's Hospital, Chicago, USA and also as a Fellow at Shriners Hospital for Children. Lexington, USA. Her main interest is in evidence based medicine, systematic literature review, management and clinical research on neuromuscular disorders, as cerebral palsy, spina bifida and arthrogryposis multiplex congenital and congenital foot and lower limb deformities and other congenital and acquired musculoskeletal pathologies in children.

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22nd World Congress on

PEDIATRICS, NEONATOLOGY & PRIMARY CARE

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Scientific Tracks & Abstracts (Day 2)

Scientific Sessions:

Neonatal Intensive Care and Nursing

Session Introduction	
Title:	**The baby under 500 grams**
	Richard Mupanemunda, University Hospitals Birmingham, UK

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The baby under 500 grams

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The last 25 years have witnesses continued improvement in the survival of extremely low birth weight infants particularly in the industrialized nations of the world. This has been accompanied by a shift in attitudes to the provision of intensive care to infants regarded as being at the margins of viability. Intensive care is increasingly offered to such infants with significant intra- and inter-country variations in outcomes. Infants of birth weight <500 g encapsulate the moral and ethical dilemmas of perinatal clinicians who struggle to balance the natural parental emotional desire for every effort to be made to save their premature infants with the clinicians' uncertainty about the infant's prospects for survival and/or disability. It is difficult for perinatal staff to predict the medical prognosis for extremely preterm infants which means some viable infants might die if not offered aggressive treatment. Detailed outcome data for this group of infants is still limited but reported survival rates vary from 11% to 68% though concerns remain regarding long term morbidity. Common morbidities included bronchopulmonary dysplasia BPD, Retinopathy of Prematurity (ROP), Intraventricular Haemorrhage (IVH), Necrotizing Enterocolitis (NEC) and cerebral palsy. Survival rates increase with increasing birth weight and gestational age, is more likely for small for gestational age than appropriate for gestational age infants, is greater for female infants and singletons. Despite the increased mortality and morbidity, up to a third of survivors have been reported free from handicap at age of two years. Current evidence suggests that a proactive and positive approach to intervention in maternal and newborn care including obstetric interventions, antenatal steroids, tocolysis and caesarian delivery with a neonatologist present at birth, for 'a trial of life' including intubation and surfactant administration may increase survival without increasing neurological impairment. Providing perinatal teams with up-to-date outcome data on this group of infants may help further shift attitudes towards a more active and optimistic approach which may encourage higher expectations of a favorable outcome among obstetricians and neonatologists. The Japanese experience clearly supports this view as attested by the amendment of their viability limit from 24 to 22 completed weeks of gestation.

Biography

Richard Mupanemunda has completed his Medical studies graduation from University of Southampton. He teaches Pediatrics and Neonatal Medicine at University Hospitals Birmingham NHS Foundation Trust. His interests include the use of inhaled nitric oxide in the treatment of hypoxic respiratory failure in newborns, airway management and the ethics of healthcare provision.

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Accepted Abstracts

Adult consequences of extremely preterm birth

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An increasing number of epidemiologic and clinical studies clearly show that preterm birth, and especially extremely preterm birth, is associated already in young adult life with risk factors for chronic cardiovascular and metabolic diseases such as higher blood pressure and glucose intolerance. Profound changes in physiologic demands to the developing organs that are associated with the premature transition to ex-utero life can impact cell proliferation, organ growth and function. More specifically for cardiovascular and metabolic diseases, hemodynamic changes are associated with reduced proliferation and accelerated maturation of cardiomyocytes and nephrons. Experimental data further bring arguments for a causal effect of elements characterizing preterm birth such as oxidative stress (through increased PO2, exposure to oxygen and parenteral nutrition combined with poor antioxidant capacity), an imbalance between nutrition (whether too little or too much) and cell metabolism and growth, resulting in defective angiogenesis, altered organogenesis and possible epigenetic modifications. Preterm birth may therefore bring an additional risk to familial history and genetic background for cardiovascular diseases and diabetes. Beyond the academic debate about whether adult dysfunctions are associated with or caused by conditions related to extremely preterm birth, it should now be recommended to specifically target this group for screening for cardiovascular disease risk factors, from childhood to adulthood, particularly women in their reproductive years. Further, special attention should be made to avoiding additional damages through second hits such as kidney injury and overweight. In the neonatal intensive care unit, current studies support minimizing exposures to pro-oxidants and to nephrotoxic drugs, optimizing parenteral nutrition composition and its practical and effective photo protection, promoting breast milk feeding and optimizing nutrition. Nutrition factors include avoiding excessive fat accumulation, especially after term equivalent age, while allowing maximal healthy growth, which is essential for neurodevelopment. Future research should be designed to finely determine the mechanisms involved in adult consequences of extremely preterm birth, aiming at preventing thrifty organ (mal)development and implementing very early in life measures, which will allow recovery or at least healthy compensation in case of fixed organ damages. Finally, there is a clear need for increased awareness among health care providers, families and now the preterm-born young adults themselves, as they are entering their active independent lives and having children.

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The impact of congenital heart disease: Beyond the heart

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Congenital Heart Diseases (CHD) as the name itself says these are the heart defects in an infant. These are one of most common congenital birth defects occurring in a single child per 125 births. Majority of these are idiopathic (no known cause) and usually malformation occurs in the first 8 weeks of intrauterine life. Generally, 90% of them don't have any identical cause, some of them might be due to malfunctional inheritance as a reason of genetic and environmental factors, few of them can be maternal factors such as elderly primi, IDDM, epileptic mother, mother with lithium medication etc. Family history: chances of CHD are high when either of the parents has it or any sibling born before has affected with this. Chromosomal abnormalities: 5-10% children born with CHD have chromosomal abnormalities such as Trisomy 21(Down's syndrome) Trisomy 18 (Edward's syndrome) Trisomy 13 (Patau's syndrome) Turner's syndrome (47XO) and cri-du-chat-syndrome. Many parents were told by their doctors that there was no known cause; it was just something that happened. Even when they accepted this, parents often searched for an answer for a while, believing there was something they could have done differently. Congenital heart disease can significantly impact the lives of children and their parents. Here, we talk about new statistics that reveal the specific challenges some families face and how researchers are working hard to make a difference. The majority of babies born with congenital heart disease go on to live meaningful and fulfilling lives as adults.

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The role of the asthma educator in pediatric practices

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The role of the asthma educator within a pediatric practice has been shown to enhance and improve patient outcomes. Data has shown exactly how much of a change occurs during a pediatric well child visit when there is the intervention of an education specialist. In the New York City database from the 379NYC Department of Health and Mental Hygiene, the percentage of pediatric patients hospitalized due to asthma exacerbations has declined from the high 80 percent range to the lower 30% range due to the introduction of an asthma educator providing extensive asthma education, teaching and reinforcement of all medications and devices during the well child care visit. Additional data has shown a decrease in the number of school absences due to asthma, again upon the proactive intervention of an asthma educator within the pediatric practice. Before the year 2000, at Queens Hospital Center, studies have shown pre-asthma educator involvement lead to higher well-child visit hospital admissions, ED visits and missed days of school. Clearly, there was a need for more intervention. The NYC Department of Health and Mental Hygiene had started to recognize these high rates within their public hospitals and, therefore, established initiatives tailored to meet the needs of these patients and allow them to be more involved with their care. The NYC asthma initiative was presented to public hospital outpatient clinics with mandatory requirements at all well-child pediatric visits. Some of these requirements were: (1) The introduction of a written asthma action plan at each visit, (2) The completion of the medications administration form (MAF), and (3) the use of a chamber or spacer always with all prescribed inhalers, and lastly, to have an asthma educator provide teaching and asthma education during the well-child visit. The asthma initiative along with the NYC Asthma Partnership (NYCAP) wanted to improve outcomes of pediatric asthmatic patients with the implementation of these mandatory requirements. Queens Hospital Center, in the year 2000, decided to implement an education specialist within their pediatric practice, in particular as an addition to their pediatric pulmonary clinic. The asthma educator would work with the provider, nurse and team to ensure a well-rounded educational experience for the asthmatic patient. Weekly visits with the introduction of an asthma educator during the well-child visit had started to show more improvements in declining hospitalization rates, ED visits for asthma and school absences. This data was evident over the years by the NYC Department of Health and Mental Hygiene, citywide, as well as, borough to borough. Patients now became more empowered and more connected with their condition and knew they could always contact the asthma educator for any services they needed. There was also more compliance to keeping all their appointments and follow-up with their providers. Over the years, we can say that the impact of having an education specialist within a practice has shown great outcomes and has shown sustainability as well.

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Role of procalcitonin as inflammatory marker in a sample of Egyptian children and adolescent with simple obesity

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Introduction & Aim: Obesity is a multifactorial disease, associated with metabolic disorders and chronic low-grade inflammation. Circulating Procalcitonin (PCT) is produced by adipose tissue and several cell types following cytokine stimulation. Procalcitonin is well known as a biomarker of infection, sepsis and severe systemic inflammation. Recently it has a potential as a marker for chronic low-grade inflammation in obese population. Aim is to evaluate the role of serum PCT as an inflammatory biomarker in diagnosis of obesity-related low-grade inflammation.

Method: In this case control study, 50 obese and 50 normal weight children and adolescents aged 6-16 years were enrolled. Anthropometric parameters and blood pressure were measured in all study subjects. The body composition was evaluated by Body Mass Index (BMI), body circumferences and skinfold thickness fasting blood samples were collected for measurement of lipid profile, blood glucose, insulin, high sensitivity-CRP (Hs-CRP) and serum procalcitonin. Serum (PCT) levels were assessed using Enzyme Linked Immunosorbent Assay. Insulin resistance was represented as the homeostatic model assessment value (HOMA-IR).

Result: Obese participants had increased (BMI) z-score, blood pressure, insulin resistance (HOMA-IR) and higher concentrations of serum PCT, total cholesterol, triglycerides, glucose and Hs-CRP than control group. On correlation analysis, procalcitonin had significant positive correlation with (BMI) z-score (P=0.03), waist circumference (WC) (P=0.05), Hs-CRP (P=0.02)), total cholesterol (P=0.04), triglycerides (P<0.001) and (HOMA-IR) (P<0.001) in obese group.

Conclusion: The increased serum procalcitonin concentrations were closely related to measures of adiposity, Hs-CRP and insulin resistance, suggesting that PCT may be an excellent biomarker for obesity related chronic low-grade inflammation in children and adolescents.

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Apelin: A novel predictor of obesity-related complications in children

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Background & Aim: The rapidly increasing prevalence of childhood obesity has become a major burden on health worldwide, giving an alarm to healthcare clinicians and researchers. Adipocytes act as an active endocrine organ by releasing a plenty of bioactive mediators (adipokines) that play a vital role in regulating metabolic processes. Apelin is a newly discovered adipokine that is expressed in adipocytes. The present work aimed to study the association between serum apelin and childhood obesity and its related complications as hypertension and hyperglycemia.

Method: 50 obese and 45 non-obese age- and sex-matched children were enrolled in our study with mean age of 9.5±2.1 and 8.7±1.3, respectively. Anthropometric measurements, blood pressure were assessed in all studied participants; we also determined the lipid profile, serum insulin, Fasting Blood Glucose (FBG) level, HOMA-IR and serum apelin.

Result: Obese children had higher levels of FBG, HbA1c, serum insulin, HOMA-IR, triglycerides, total cholesterol and Low-Density Lipoprotein (LDL) and Diastolic Blood Pressure (DBP Z-score) compared to controls (all p<0.05). Apelin was significantly higher in obese children versus controls and correlated positively with BMI Z-Score (p=0.008), DBP Z-Score (P=0.02), cholesterol, TG (both p=0.02), serum insulin (p=0.003), FBG and HOMA-IR (both p=0.001). Linear regression analysis showed that FBG was the most effective factor predicting the level of serum apelin (p=0.04).

Conclusion: This work supports the hypothesis that apelin may have a pivotal role in the pathogenesis of obesity-related complications in children including hypertension and insulin resistance and a higher risk of occurrence of metabolic syndrome.

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The role of *Streptococcus* in the formation of clinical pictures of infectious mononucleosis in children

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Infectious Mononucleosis (IM) is one of the most common diseases of childhood, which causative agent virus is Epstein-Barr. It is proved that under the influence of that virus the phenomena of acute tonsillitis appears. At the same time, we know that viruses do not lead to the changes in purulent tonsillar tissue, although the last one is almost always seen in infectious mononucleosis. Consequently, the bacteria are involved in the genesis of tonsillitis. However, their role in the formation of the clinical picture of infectious mononucleosis, as a whole, remains unexplored. Thanks to recent studies, the streptococcus was found in the tonsillar tissue of 60-80% of children. In this regard, we have set a target to determine the importance of streptococcus in tissues of the tonsils of children in the formation of their clinical picture of infectious mononucleosis and to reveal the immune pathogenetic features of the development and course of the disease. 103 children aged 5-9 years were studied. The patients suffered with anginal-glandular form of infectious mononucleosis. The first group consisted of 78 children. All the patients had *Streptococcus pyogenes* in their bacteriological analysis of smears of tonsil tissue. It was not possible to allocate the representatives of the bacterial flora in the analysis of other 25 children (they were the second group of patients). All the children in the course of the disease (acute period and the period of early convalescence) had in blood interleukin (IL) 1 and 4, tumor necrosis factor (TNF-α), relative content of immune cells CD 3^+, CD 4^+, CD 8^+, CD 19^+. The diagnosis of infectious mononucleosis was verified on the basis of clinical and positive laboratory signs (polymerase chain reaction, enzyme-linked immunosorbent assay). According the collation of the clinical and laboratory parameters of the children from the compared groups, the patients, with the presence of streptococcus in the oropharynx, had the debut of the disease accompanied by a high temperature reaction of the body and the greater manifestations of intoxication. The children of the first group had higher severity of the regional (submandibular, cervical) lymphadenitis, although it was not able to identify the difference in size of lymph nodes to the other groups. At the same time, the significant increase of the size of liver and spleen were found in the bodies of the children with additional antigenic exposure. The blood of such patients included significantly lower content of lymphocytes and higher content neutrophils. The relief of the symptoms of infectious mononucleosis was passing in a slow rhythm with the children of the first group; it was significantly slower than the relief of the children of the second group. Due to a higher response of pro-inflammatory interleukins and less-anti-inflammatory of children of the first group at the early stages of the manifestation of the pathological process, in the future, it is characterized by slow decrease in the levels of interleukins 1 and TNF-α and the inhibition of the increase of IL 4 content. However, the children infected with Streptococcus have signs of cellular immunodeficiency throughout the disease. Therefore, the presence of streptococcus in the tissues of the tonsils of the children who suffer from infectious mononucleosis helps for the prolongation and aggravation of the symptoms of the disease. In our opinion, this factor is the argument, which conducts to the formation of an unfavorable outcome of the disease.

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Prevalence and associated factors of stunting among 6-59 months of children in Pawie District, Benishangul Gumuz, Northwest Ethiopia: A community based cross-sectional study

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Background & Aim: In developing countries including Ethiopia, stunting remains a major public health problem and more than a quarter of the Worlds' under 5 children are stunted. It is an indicator of chronic malnutrition which contributes to 50% of all deaths in under five children and results in diminished mental and physical development. Most studies indicated that stunting is associated with low socio-economic status and educational level of parents, poor water supply and sanitation and highly infectious diseases burden. Thus, the aim of this study was to determine the prevalence and associated factors of stunting among 6-59 months of children in Pawie District, Northwest Ethiopia.

Method: A community-based cross-sectional study was conducted from March 1st to April 1st, 2016 among 841 children from the age 6-59 months. An anthropometric measurement was taken for all children to determine their nutritional status but demographic, clinical and associated factor data were obtained through face to face interview with the mother of the child using structured questionnaire. Trained 10 diploma nurses and two bachelor degree nurses were recruited as data collectors and supervisors, respectively. The quality of data was assured through translation, retranslation and pretesting of questionnaire and training was given for data collectors and supervisors. Before analysis, the data was cleaned thoroughly to check for completeness and errors during collection and then entered into Epi info v7 and export to SPSS v25 for analyses. Bivariate and multivariate logistic regression was employed to see the associated factors of stunting. Lastly, results were presented using tables, charts, graphs and result statements.

Result: A total of 841 respondents were included in this study with 99% response rate. The prevalence of stunting among 6-59 months children was 37.2% (95% Cl: 33.9-40.4). From these, half (50.1%) of them were females the remaining were males. Child age, maternal education and occupation, episodes of malaria, colostrum feeding and meal frequency were significantly associated factors with stunting.

Conclusion: Since the prevalence is relatively high and numbers of factors are associated with it, confirming food security at household level and creating awareness among mothers/guardians are the best methods to revert under 5 stunting.

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Notes:

Three years follow up (cohort) study via population based intervention on adolescent and childhood obesity and overweight at schools setting

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Background & Aim: Obesity and overweight are recognized as major global public health phenomena. Its long term consequences are many of wide variety of chronic conditions including high blood pressure, type-2 diabetes, stroke, cardiovascular disease and certain forms of cancer; which in turn are primary drivers of healthcare spending, disability and deaths, childhood obesity is complex and multidimensional, which has been identified as a public health priority. It is also recognized that obesity decreases the quality of life and life expectancy considerably. Aim is to assess population based childhood obesity intervention over three year at school population in Dubai and to examine the childhood obesity intervention outcome.

Method: About 2600,000 students age range (5-18) years grade (1-12) years over about 180 private schools in Dubai over three consequence academic years 2014-2015, 2015-2016 and 2016-2017, BMI measurement as per CDC criteria and chart, WHO (mean±SD) centile body weight at the beginning of each academic year (September), wide variety of interventions been designed and applied e.g. health promotion, school nutritional education activities, Food labeling, happy schools initiatives, 10/10 initiative physical activity platform, parents awareness, students health file initiative, City Makers (blue team initiative), community participation (private-public partnership, governmental stockholders intersect oral collaborations school canteen policy and guideline, BMI and other age and gender based BMI and centile measurement done at the end of academic year (June) for 3 successive academic years.

Results: The current study revealed that about 8.7% of the total students population in private schools in Dubai were obese and about 1.4% of the total students were morbid obese in total of 10.1% of the total students were obese of different severity. The study showed that the prevalence of obesity among student population at private schools in Dubai during the academic year 2015-2017 was 9.05%. The study showed 0.9% reduction of obesity comparing academic year 2014-2015 to academic year 2015-2016, the study reflected that prevalence of obesity among student population at private schools in Dubai during the academic year 2016-2017 was 8.2% which was about 1.3% less comparing to the prevalence of obesity during academic year 205-2016). The study revealed that the trend of obesity prevalence among students population at private schools in Dubai is declining over that last three academic years (2014-2015, 2015-2016, 2016-2017) showing that about 2.2% total reduction the tree years period of applying effective intervention program.

Conclusion: Multidisciplinary public health intervention for childhood obesity is successful in producing weight loss in the short and long term, when stakeholders brought on board effective means.

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Notes:

Neonatal allergy

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An allergy is an immune malfunction whereby a person's body is hypersensitized to react immunologically to typically non-immunogenic substances. Allergies affect people from the early stages of their life and continue until their late adult ages. The allergic march refers to the natural history of allergic or atopic manifestations characterized by a typical sequence of clinical symptoms and conditions appearing during childhood and persisting for several years. The neonate is born with a distinct immune system that is biased against the production of T-helper cell 1 (Th1) cytokines; which may guard against rejection of the foreign fetus by the mother's immune system. There are many risk factors that increase the incidence of neonatal allergies. Neonatal allergies could present by different non-specific symptoms and signs. Food proteins demonstrated to cross the placenta and can be detected in amniotic fluid. Exposure to small quantities of food antigens from mother's diet thought to tolerize the fetus, by means of IgG1 and IgG3, within a protected environment. Neonates may develop allergy to cow's milk proteins present in mother's milk or in hydrolyzed cow's milk infant formulas which can be assessed by intestinal permeability measurements. The allergy to cow milk protein may progress from dermatitis or hives to vomiting and wheeze to asthma and anaphylaxis. Neonatal latex allergy could appear in neonates in NICU undergoing multiple surgical procedures especially myelomeningocele. Various reactions to latex may persist chronically or precipitously develop into hypotension and anaphylaxis. Prevention of natal allergy can be done through following different steps.

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An introduction to applied behavior analysis: What ABA is, what ABA isn't and everything in between

Nicholas Orland
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Applied Behavior Analysis (ABA) is an evidenced based science traditionally utilized for children on the autism spectrum. Derived from B.F Skinner's "Behavior of Organism", this science focuses on the acquisition of skills through specific and natural teaching procedures. Even though ABA is one of the most frequently utilized treatments for children on the autism spectrum and endorsed by many health organizations, including the center for disease control, it is still viewed by some to be controversial and can be misunderstood. The purpose of this workshop is to break down what ABA is, dispel potential myths of ABA and explore how it is utilized with children on the autism spectrum. Further, an overview of other environments in which ABA can be utilized will also be covered (such as Parent Training, Mental Health, and School Consultation).

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Notes:

Urinary Bisphenol A: Its relation to food intake and packaging in Egyptian children

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Introduction & Aim: Bisphenol A (BPA) is a high production volume industrial chemical used in manufacturing of polycarbonate and other plastic products and epoxy resin that line food can. The aim of this study is to analyze whether increased consumption and packaging of different food types in a sample of Egyptian children will be associated with higher urinary levels of BPA or not.

Method: A random sample of 305 children and adolescents from 2-18 years old of different social levels were included. Three public and two private Egyptian Schools were chosen using a list of random numbers. 49 preschoolers were enrolled in the study. Personal histories as well as anthropometric measurements, including weight, height, waist and hip circumference were taken. BMI was calculated. Urine samples were collected from 297 children and adolescents. Urinary BPA, was categorized into quartiles (<1.3 ng/mL, 1.3≤2.6 ng/mL, 2.6-4.9 ng/mL, >4.9 ng/mL).

Result: Higher BPA levels were found in elder children ≥12 years (p=0.01). Increased different food types consumption or food packaging is not associated with increased urinary BPA levels. Chips consumption only is significantly associated with increased urinary BPA levels (p=0.046). There is no significant relationship between water usage or storage and urinary BPA levels.

Conclusion: Food consumption has no effect on urinary BPA levels except for chips.

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Genotype and phenotype of the inherited bone marrow failure and chromosomal instability syndromes and their association with cancers

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In the practice of pediatrics, the treatment of infectious and nutritional disorders is well established. In contrast, pediatric onset genetic disorders and cancer constitute a substantial load in pediatric clinic nowadays. So the care to the genetic based diseases such as IBMFS, CIS and childhood cancer has been becoming the major task in pediatric practices worldwide and it is unprecedented. The Inherited Bone Marrow Failure Syndromes (IBMFS) and Chromosome Instability Syndromes (CIS) are the most classic and representative genetic syndromes overlapping with their phenotypes and they are not only with other medical complications in the delay of mental and physical development commonly including different degree of dysmorphics, organs/systems dysfunction generally and also they are with high risk of inherited solid cancer and leukemia predisposition due to the similar pathway of DNA defects which required the different treatment strategies from the sporadic malignancies. The significance to recognize such diseases is not only benefit to patients phenotypically affected but also benefit to individuals phenotypically unaffected and members/relatives of the family. Medicine is at the crossroads as we march into a new genomic era, brought about by major technological advances. Remarkable advances have been well defining and classified these genetic syndromes. The identification of the IBMFS and CIS has led to important advances in the understanding of the genotypes and guide the clinical practice of the phenotypes provided insights into the function of the various DNA repair pathways. In this conference, the phenotype and genotype of the IBMFS and CIS were discussed to increase the understanding in the genetic mechanism of IBMFS and CIS to assist clinical recognition and laboratory testing.

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Upcoming Conferences

28th World Neonatal
Pediatric and Family Medicine Conference
March 21-22, 2019 Dubai, UAE
neonatal.pediatricsconferences.com

2nd Annual Conference on
Pediatric Nursing and Healthcare
April 15-16, 2019 Dubai, UAE
healthcare.nursingconference.com

22nd Global Summit on
Pediatrics, Neonatology & Primary Care
May 16-17, 2019 Abu Dhabi, UAE
pediatricsummit.conferenceseries.com/middleeast

23rd World Nutrition & Pediatrics
Healthcare Conference
April 29-30, 2019 Helsinki, Finland
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