



**GYNECOLOGY &
OBSTETRICS
2024**




ScitechSeries


**VIRTUAL
EVENT**

**2nd International Conference on
Gynecology and
Obstetrics**


**JUNE
20, 2024**

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**GYNECOLOGY
AND
OBSTETRICS
2024**

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ABOUT

Spreading Science and Technology Research Outcome to Remote Corners of the Globe.

Scitechseries offers a platform that is more inclusive and diverse, with researchers from the global North and the emerging South. A vast fraternity of budding researchers, experienced scholars, academicians, and seasonal professionals, join our conferences each year to deliberate on pure and applied Medical, Engineering, Technology, and Life Sciences research. We never deterred from adding emerging fields of research and our conferences spread across the destinations in Europe, Asia, the Middle East, the United States, and Canada.

Our conferences set the agenda to shape the visionary leaders of the future, who can further research the places unheard of its developments.

Our conferences extend exceptional benefits to emerging, experienced, and emeritus scholars in many ways. Join us for Networking, new project funding options, exploring new fields of scientific research, and unveiling successful formulas and solutions to promote your ideas.

Scope of the 2nd International Conference on Gynecology and Obstetrics:

The 2nd International Conference on Gynecology and Obstetrics, themed “Current Breakthroughs in the Field of Gynecology and Obstetrics,” will be held online from June 19-20, 2024. This event will address critical issues and recent advancements in the field, covering a wide range of topics such as gynecologic oncology, assisted reproductive technologies, hymen surgery, pregnancy and childbirth, reproductive endocrinology, menopause, PCOD, pediatric gynecology, cervical cancer, endometriosis, and new treatment modalities. Sessions will also explore prediction and prevention of disorders, ovarian cancer, abnormal uterine and vaginal bleeding, prenatal and postnatal care, contraception methods, urogynecology, minimally invasive surgery, multiple pregnancies, preterm birth, miscarriage, menstrual cycle disorders, pediatric and adolescent gynecology, and maternal health. The conference will feature interactive sessions with leading researchers, healthcare professionals, and policymakers, offering a global perspective and insights from both developed and developing countries. Attendees will benefit from industry insights, networking opportunities, and the chance to share their research in facilitated poster sessions. Emphasizing sustainability, the event will explore practices and innovations that contribute to long-term health and well-being. Join us to stay at the forefront of gynecology and obstetrics and help shape the future of this dynamic field.



**KEYNOTE
PRESENTATIONS**



MOHAMED M HOSNI

London North West University Hospitals
UK

New modalities in treatment of endometriosis: A Pilot multisite study

Abstract:

Endometriosis is one of the most challenging gynaecological conditions that primarily affects women of child-bearing age. It mainly presents with pelvic pains and subfertility, causing a significant impairment in the quality of life. Unfortunately, there is no radical cure for endometriosis. The management of endometriosis, whether medical or surgical, mainly focus on alleviating pain and improving the quality of life. Nevertheless, for 20-40% of women, symptoms persist following surgical and/or pharmacological treatment. Alternative ways of managing pains are needed, which need to consider contemporary pain science and all biopsychosocial aspects of the persistent pain experience. Current clinical practice guidelines provide minimal guidance for physiotherapy care of women with endometriosis, and none of the accredited or provisional endometriosis centres across the United Kingdom has got a physiotherapist in their endometriosis management teams as it is not a pre-requisite to be accredited as an endometriosis centre in the UK. At London North West Endometriosis centre we conducted a prospective cohort pilot study of 15 patients across our three sites: central Middlesex, Ealing and Northwick Park Hospitals. We recently started recruiting for the first randomised controlled trial for the effect of physiotherapy on endometriosis agony. Physiotherapy as a discipline provides conservative therapies, pain management education classes, group sessions and one to one, face to face and online, manual physiotherapy and pelvic floor exercises. We conducted on average six sessions over the course of six months for every patient. We recruited 15 patients into our pilot study, and we compared their answers to the BSGE Pelvic Pain Questionnaire at their initial consultation and then at the end of their physiotherapy sessions. Our results showed that more than 90 % of patients had her symptoms improved at the end of the six sessions.

Biography

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at London Northwest University Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research, with many peer-reviewed publications. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options. Entirely dedicated to his profession.



**ORAL
PRESENTATIONS**



AGNIESZKA MALCHER

Institute of Human Genetics, Polish Academy of Sciences
Poland

Whole-Genome sequencing identifies new candidate genes for nonobstructive azoospermia

Abstract:

In recent years, several papers have been published regarding identified genetic variants in men with nonobstructive azoospermia using the whole exome sequencing (WES). However, the whole exome sequencing (WES) provides a genetic diagnosis in only 25-50% of individuals. On the other hand, literature shows that application of whole genome sequencing (WGS) to samples previously screened with WES may provide a conclusive cause in 42%. Although WES improved significantly in the last years, it is outperformed by WGS in terms of genomic coverage. Here, we used the whole genome sequencing to detect potential causative variants in patients with non-obstructive azoospermia (n=39) including also samples of which mutations in WES were not found (n=6). WGS using Illumina HiSeq X was performed to detect NOA-associated gene candidates. Variants were annotated using the Ensembl Variant Effect Predictor, utilizing frequencies from gnomAD and other databases to provide clinically relevant information (ClinVar), conservation scores (phyloP), and effect predictions (i.e., MutationTaster). Structural protein modeling was also performed. Using WGS, we revealed potential NOA-associated SNVs, such as: TKTL1, IGSF1, ZFPM2, VCX3A (novel disease causing variants), ESX1, TEX13A, FAM47C (previously known genes associated with infertility) and BEND2, BRWD3, MAGEB6, MAP3K15, RBMXL3, and SSX3 genes, which may be involved in spermatogenesis

Biography

Agnieszka Malcher has 15 years of experience in research of male infertility at the Institute of Human Genetics PAS in Poznan/Poland. Her interests from the beginning was focused on the search for biomarkers of male infertility, most of all, based on the highthroughput technologies, like WGS, RNA-seq and microarray technique. The wide profile of projects carried out in the Department of Reproductive Biology and Stem Cells also allowed her to be involved in several research projects in the Department including stem cells in vitro culture, using transfection methodology, genome editing such as CRISPR technology, as well as molecular analysis of the androgen receptor. She is the author/co-author of >35 scientific publications (PubMed), manager of grant projects (Preludium, Sonata NCN), contractor of over 10 grant projects (NCN, NCBR), EMBO and Erasmus+ scholarship holder.



DELYTH PANNETT

Days for Girls

UK

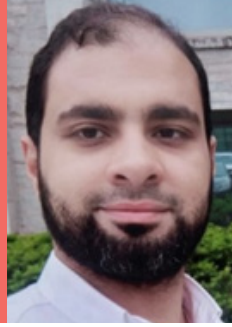
The impact of providing a sustainable menstrual product and menstrual health education in the Moxico province of Angola

Abstract:

The Moxico province of Angola is a fifth of the landmass of Angola and has a population of over 800,000 people and is where the civil war ended in 2002. The remote rural province capital of Luena is 1,314km from the Angolan capital of Luanda and has a population of over 90,000. The province remains heavily contaminated with explosive remnants of war, resulting in making the daily activities of water collection and farming dangerous, limiting housing, food production, and infrastructure. Over 54% of the population of Moxico lives on less than \$12 a month (World Bank, 2020), resulting in women and girls using leaves, ash, sand, old rags, and paper or going without a menstrual product. Days For Girls UK aims to shatter the stigma of menstruation by developing period-positive pathways and addressing period inequality. Days for Girls UK has supplied over 750 washable menstrual kits to women and girls, enabling them to manage their periods with dignity. Menstrual health and hygiene are critical factors in improving education and livelihood outcomes for menstruators. Working with our Angolan partner the Associação Nacional de Ajuda Humanitaria Angola (ANAH Angola), we have delivered menstrual health sessions, trained local women to deliver our menstrual health and hygiene training, and will be setting up a sewing workshop in Luena this year. This presentation will focus on the reasons for addressing the issues, the outcomes, the lessons learned, and how addressing period inequality empowers girls and women economically, socially, and holistically.

Biography

Delyth Pannett is the United Kingdom Country Coordinator for the UK-registered charity Days for Girls UK. Her role involves the coordination of the UK volunteer teams, overseeing the UK and global distributions of reusable menstrual kits, and is responsible for the development of the UK advocacy and education strategy. She is a former education consultant, working in the education and humanitarian sector for over 15 years and holds a BSc (Hons) in Genetics, a PGCE (Biology), and is a Member of the Royal Society of Biology.



MOHAMED GAMAL ABOUELYAZEED ALI SHEHATA

South Valley University

Egypt

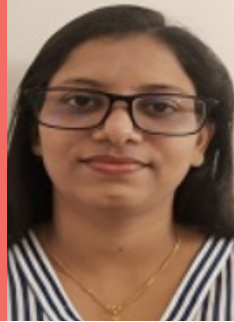
Physical therapy for hypertonic pelvic floor dysfunctions in women; paradoxical puborectalis syndrome and primary vaginismus

Abstract:

Hypertonic pelvic floor dysfunction is an umbrella term for a variety of pelvic floor disorders like Paradoxical Puborectalis Syndrome, Vaginismus, Pudendal neuralgia, vulvodynia, Pelvic floor trigger points, and Dyspareunia. Paradoxical Puborectalis Syndrome (PPS) is a spastic pelvic floor syndrome, and it is recently described as a subtype of dyssynergic defecation in which the puborectalis muscle either paradoxically contracts or fails to relax during attempted defecation, leading to a lack of straightening of the anorectal angle and resulting outlet obstruction. Vaginismus is defined as the psychologically mediated recurrent or persistent involuntary spasm of the vaginal muscles including the levator ani muscles and/or the thigh adductor muscles. This results in an inability of a penetrative pelvic examination or intercourse. Physical Therapy for hypertonic pelvic floor dysfunctions can help overcome symptoms and improve the quality of life for women who complain of these dysfunctions. Assessment tools like the MyotonPRO device and EMG Biofeedback are valid, reliable, and objective methods. The rehabilitation program includes Stretching exercises, Relaxation training, and Electrophysical agents like EMG Biofeedback, Magnetic stimulation, LASER, Extracorporeal Shockwave Therapy, and Pulsed Shortwave Diathermy may be the first-line approach in conservative management of such dysfunctions.

Biography

Mohamed G A. Ali Shehata. BSc PT, MSc PT, PhD PT Lecturer of Physical Therapy, SVU, Egypt. Associate Alumnus, Harvard Medical School, USA. Former PhD Researcher, SRT, Queen's University, ON, Canada. Licensed Physical Therapist, New York State, USA. Lecturer of Physical Therapy for Women's Health, South Valley University, Egypt. Bachelor of Physical Therapy, Faculty of Physical Therapy, Cairo University 2008. MScs physical therapy, Cairo University 2015. PhD studies, Queen's University, Kingston, Ontario, Canada March 2022- March 2023. Ph.D. in Physical Therapy for Women's Health (Joint Supervision, Cairo University and Queen's University, Ontario, Canada) May 2023. Associate Alumnus, Harvard Medical School, USA. Licensed Physical Therapist, New York State, USA.



LOVELY THOMAS

Calderdale and Huddersfield NHS foundation Trust
Hospital, United Kingdom

Spontaneous expulsion of Sub-Mucous fibroid within twelve hours of emergency caesarean section

Abstract:

Uterine fibroids or leiomyoma are the most common benign pelvic tumor in women of reproductive age group. Presenting the case of 41yr old Gravida 5 Para 4 – previous 1 CS (caesarean section) followed by 3 VBAC (vaginal birth after caesarean section), with history of previous preterm deliveries and this pregnancy complicated by sub-mucosal fibroid of size 7.5*6 cm. She was a late booker at 18 weeks. Fibroid remained almost stable in size throughout pregnancy. She presented to emergency services with pre-term labour at 36+1 weeks and examination revealed that she was in established labour (cervix fully effaced, 5 cm dilated) with breech presentation. She opted for emergency caesarean section and hence shifted to theatre quickly. She was fully dilated on reaching theatre with breech at -1 station. Because of pathological ctg and high station of the presenting part, decision made to proceed with caesarean section. Emergency caesarean section was challenging due to adhesions, multiple fibroids and atonic PPH (postpartum haemorrhage), which was managed with uterotonics. She complained of severe abdominal pain and heavy PV (per vaginal) bleeding couple of hours after caesarean section and was taken for examination under anaesthesia (EUA) which revealed a prolapsed fibroid of size 7*5 cm in the vagina which was removed by simple traction and bleeding settled. This case underlines the importance of considering fibroids as a cause for abdominal pain during and after pregnancy. This case will be the fourth case of spontaneous fibroid expulsion after caesarean but first case to occur within 12 hours of caesarean section.

Biography

Lovely Thomas has completed her MBBS from Government Medical College, Trivandrum, Kerala, India followed by post-graduation (MS OBGY) in the subject of obstetrics and gynaecology at Government Medical College, Trivandrum, Kerala, India. She has gained experience working in various regions of Kerala following her post-graduation. She has successfully cleared Member of Royal College of Obstetrician and Gynaecologists (MRCOG) and is currently employed in the UK.



VEENA ACHARYA

Rajasthan Hospital
India

Overcoming challenges for cervical cancer elimination in India

Abstract:

Cervical cancer continues to be a significant public health challenge in India, despite advances in medical technology and healthcare infrastructure. Several factors contribute to the complexity of eliminating this preventable cancer in the country. For Prevention of cervical cancer, WHO launched the global strategy on 17th Nov. 2020 with 90–70–90 targets i.e. 90% girls should be vaccinated, 70% women should be screened between the age of 35 to 45 years and 90% women should receive the treatment for precancerous lesions. India has the largest adolescent population in the world i.e. 253 million and for reaching this target in the given time frame is a big challenge. Lack of awareness remains a critical issue in general population. Many women in rural and underserved communities lack access to information about cervical cancer, its vaccination and regular screening. Cultural taboos and stigmas further hinder the acceptance for screening the women. Moreover limited access to healthcare services exacerbates the problems for management of cervical cancer. We are trying to overcome these challenges by educating school girls, awareness and training of health care providers nationwide. Indian HPV vaccine has been developed and very soon it will be included in National Immunization Program. Screening of adult women has also been integrated in National Health Services. Continues Training programs for Health Care providers for timely management of pre-cancerous lesions of cervix to prevent Cervical Cancer are organized. For this we should have multipronged approach to reach our goal.

Biography

Veena Acharya completed her MD in Gyane & Obstetrics at the age of 28 years from Rajasthan University India and Diploma STD, AIDS. Fellowship in I.E.C & Counseling in HIV/AIDS, Cardiff University England. She is the Senior Consultant & Head Obst & Gynae Preventive Oncologist, Rajasthan Hospita, Jaipur Rajasthan India She has Awarded “Chikitsa Vibhooshan” on Doctors Day 1st July, 2018, Appreciation Awarded by ,FOGSI in Post Graduate CME , Invited Faculty of Prince of Songkla University Thailand. Invited International Faculty at Global Summit on Maternal and Child Healthcare.



BAHAREH ARBABI

Askarie hospital

Iran

The effect of DBD plasma therapy on wound healing after labiaplasty

Abstract:

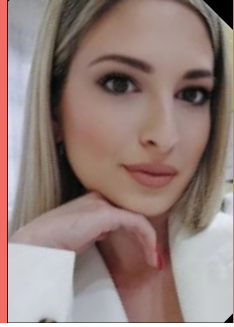
Background: It is important for a surgeon to control complications such as redness, swelling, itching, discharge and especially dehiscence after labiaplasty. DBD (dielectric barrier discharge) plasma therapy, which can be a less complicated and safe method in controlling skin complications and accelerating wound healing, was used in the present study for patients underwent labiaplasty and its effect on the mentioned complications was investigated.

Methods: In this quasi experimental study, 40 patients aged 30-40 who had undergone trim labiaplasty surgery were recruited. None of them had medical history, smoking, or medication. DBD plasma therapy was performed on days 3, 7 and 10 after the surgery. Each session lasted for 10 minutes. The operation site was assessed for redness, secretion and itching on days 7 and 14, and the wound was reassessing for dehiscence until day 21. Results: Following the DBD plasma therapy that started on the 3rd day after the labiaplasty and was repeated on the 7th and 10th days, the wound assessment on the 7th day showed that 2.5% of the women's wounds had high level of secretions, 20% had moderate level of secretions, and 77% had low secretion, while on the 14th day, these values reached zero, 5% and 95%, respectively; and these changes were statistically significant ($P < 0.05$). The redness of the wounds decreased from 5% among cases on the 7th day to zero on the 14th day ($P < 0.001$), and also the itching of the wounds decreased from 30% of the participants to 7.5% of them on 14th day after the surgery ($P < 0.01$). The other important finding was that no case of dehiscence was observed in any wound during the study, even up to day 21.

Conclusion: Considering the results of this study, DBD plasma therapy can help the surgeon to control post-operative wound complications, provide women's health and subsequently improve their satisfaction with the changes made. Therefore, the use of DBD after surgery can make labiaplasty the satisfactory experience for both the surgeon and the patient.

Biography

Dr. Bahareh Arbabi, a dedicated OBGYN and board-certified cosmetic gynecologist from Iran, has been making waves in her field for over a decade. With a remarkable record of 3000+ deliveries and 800 successful cosmetic gynecology surgeries, she stands as a shining star in the world of women's health. Dr. Bahareh has earned prestigious Fellowship in Stem Cell and Regenerative Medicine from IASRM India and Fellowship in Cosmetic Gynecology from ABCG. She is also a faculty member in a Cosmetic Gynecology course in Dubai, showcasing her dedication to education. Dr. Bahareh has graced stages around the globe, sharing her expertise at events like the ISRAM World Congress 2023 in India, Aptos Company event Georgia, ESAG London, and the IMCAS World Congress Paris 2024. Her influence extends to her membership in ISSM (Sexual Medicine) in Dubai. In her homeland, Dr. Arbabi serves as the Head of the Cosmetic Gynecology Department and holds the esteemed position of a university professor at the University of Medicine in Isfahan city. Her commitment to education is evident through her collaboration with headmasters in Tehran, where she has conducted over 50 workshops on cosmetic surgeries in gynecology.



MILENA ZIVKOVIC

University of Kragujevac
Serbia

Development of a python-based tool for estimating effective radiation dose in diagnostic imaging

Abstract:

Accurate estimation of the effective radiation dose received by patients during diagnostic imaging is pivotal for risk assessment and therapeutic strategy. This paper presents a Python-based computational tool, enhanced by artificial intelligence (AI), designed to calculate the effective dose using the Dose Area Product (DAP) and specific conversion factors tailored to various imaging procedures. The integration of AI facilitates the adaptation of conversion factors based on evolving data trends and imaging techniques, ensuring precise and dynamic dose calculations. The program utilizes established conversion factors for common imaging procedures like chest X-rays, head CT scans, and abdominal CT scans to compute the effective dose in millisieverts (mSv). Such estimations are vital for maintaining compliance with safety standards and minimizing patient exposure to unnecessary radiation, thereby optimizing patient care. Results indicate that this AI-enhanced tool provides rapid, accurate dose estimates essential for informed clinical decision-making and effective patient communication. The implementation of this tool in clinical practice not only advances radiological safety protocols but also supports the psychological well-being of patients by reducing anxiety associated with radiation exposure risks. Looking forward, we aim to expand the tool's capabilities to include a wider array of diagnostic procedures and to refine the AI algorithms, enhancing the tool's responsiveness to new research and technological advances. This tool can be particularly crucial in the fields of gynecology and obstetrics, where precise radiation dose is essential for the safe and effective imaging of sensitive reproductive organs and during pregnancy, thus supporting not only advanced diagnostic capabilities but also ensuring maternal and fetal safety.

Biography

Milena P. Zivkovic, born on September 1, 1995, in Kragujevac, Serbia, is a highly accomplished academic excelling in physics and radiation science. Graduating with an exceptional 9.49 GPA during her undergraduate studies, she was consistently recognized as the top-performing student at the Faculty of Sciences and Mathematics for four consecutive years. Currently pursuing postgraduate studies specializing in physics, Milena maintains an impressive 9.67 average grade. Her dedication to advancing the field is evident through her extensive publication record and active involvement in research projects, including a Ministry of Education-funded project on "Experimental and Theoretical Research in Radiation Physics and Radioecology." Additionally, Milena serves as an editor for the journal "Imaging and Radiation Research" and contributes as a reviewer for "Radiation Science and Technology." As one of the authors of the monograph "Application of Monte Carlo programs and phantoms in Dosimetry", she showcases her expertise in dosimetry, further solidifying her reputation as a prominent figure in physics and radiation science.



SAUMYA PANDEY

Indira IVF Hospital
India

In vitro fertilization success trends amongst infertile women of Asian-Indian Ethnicity: Breakthroughs in Maternal-Fetal medicine

Abstract:

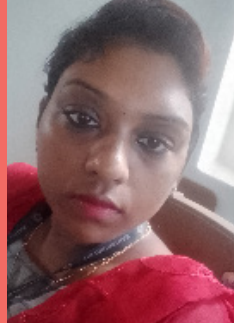
Objectives: Infertility is a major public health problem globally, including India; the etiopathogenesis of reproductive disorders amongst ethnically disparate populations is indeed complex. Cost-effective, evidence-based intervention strategies are essential for infertility control/prevention. My pilot study aimed to assess the in vitro fertilization success trends amongst infertile women of Asian-Indian ethnicity.

Methods: A prospective clinical research study enrolling infertile women undergoing Assisted-Reproductive-Technology procedures at Indira-IVF Hospital, Udaipur, India was rigorously conducted; inclusion criteria: age < 35 years, Indian ethnicity, Body Mass Index (kg/m²) < 25, Anti-Mullerian Hormone (AMH) 1.5-2.5 ng/ml, and exclusion criteria: prior ≥ 2 IVF failures, fibroids, adenomyosis, cervical cancer, thin endometrium, endometriosis. IVF success was determined by assessing total frozen embryos transferred per month, average oocyte yield per donor, oocyte quality, and pregnancy/beta-Human Chorionic Gonadotrophin (HCG) positivity. Psycho-sexual intervention-incorporated marital-relationship counseling sessions/therapy, referrals for psychiatric assessments (cognitive impairment/schizophrenia/depression). Written informed consent of patients was taken at initial enrollment.

Results and Conclusions: Total embryos transferred were 248/April, 240/May, 201/June, 254/July, 230/August, 207/September; number of pregnancies/β-hCG positivity: 171, 171, 139, 179, 176, 163. Subgroup-stratification demonstrated that M-II vs total oocytes retrieved were 72.7%, 66.6%, 83.1%, 73.0%, 72.1% and 74.2%. Overall IVF success rates were 71%/April, 72%/May, 71%/June, 72%/July, 78%/August and 84%/September, and frozen embryo-transfer success was 68%, 75%, 74%, 85%, 77%, 83%. My maternal-fetal medicine study highlights promising IVF success rates in Asian-Indian infertile women; future public health research, awareness-campaigns, psychosocial interventions and pharmacogenetic epidemiological studies are warranted for successful development of predictive biomarkers for infertility management in ethnically disparate populations.

Biography

Saumya Pandey possesses brilliant academic credentials with earned Post-Doctorate: Biochemistry-Molecular Biology, Graduate School of Biomedical Sciences, University of Texas Medical Branch (UTMB), Galveston, TX, USA/Visiting Scientist: Urology (Robotic-Prostatectomy), Department of Urology, New York Presbyterian-Weill Cornell Medical College, New York, NY, USA/Doctorate: Ph.D. Life Sciences, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, UP, India—Chhatrapati Shahuji Maharaj University, Kanpur, UP, India/Doctoral Research Fellowship: Biomedical Sciences, Creighton University, Omaha, Nebraska, USA/M.Sc. Biochemistry, University of Lucknow, Lucknow, UP, India, and recently worked as Head-Clinical Research, IndiraIVF-Hospital, Udaipur-Lucknow, India with 65 first authorship scientific publications in international journals.



ESWARI BEERAM

Mohan Babu University School of Liberal Arts and Sciences
India

Effect of metosartan on reproductive system and infertility

Abstract:

Metosartan is an antihypertensive drug used to treat Hypertension in humans and it is confirmed to induce apoptosis in reproductive organs and can induce infertility. It results in low success rate of pregnancy by assisted reproductive technology in persons whose use this drug. In invtro condition the drug can induce cancers in reproductive organs and can effect the histology of the tissue but in invivo treatment with the drug proven to be having no effect on Histology but induce apoptosis in the reproductive organs and can induce sterility in the patients prescribed with the drug. Flow cytometry results and the gamete cell counting using neubar chamber using microscopy confirm the test results.

Biography

Eswari beeram has completed her PhD at the age of 28 years from Sri Venkateswara University and she is the Associate Professor of Department of Biological and Chemical sciences of Mohan Babu University. she has published more than 30 papers in reputed journals and 3 international books and received Republic of India in 2023. She has been serving as an editorial board member of more than 20 journals and she has peer reviewed about 65 papers of both national and International journals. She has published 3 Editorials from Acta scientifica of microbiology journal.



NASEER FATIMA

University Medical Dental College
Pakistan

Familiarity with warning signals in pregnancy & the related factors among expectant mothers

Abstract:

A pregnant woman who is aware of obstetric risk indicators is able to identify pregnancy-related challenges early on and take necessary steps, enabling her to seek emergency medical care. The objective of this study was to evaluate the degree and factors influencing pregnant women and awareness of the warning signs and symptoms of pregnancy complications. A multicentered cross-sectional was conducted from May to November 2023. Data was collected through non probability purposive sampling technique. A questionnaire administered by an interviewer was used to choose 200 pregnant women for participation, irrespective of their gestational week. Other known cases of systemic diseases were excluded. Pregnancy related complications were assessed. Data was analyzed by SPSS software. Mean age was 28.01 ± 1.89 . Out of total, 80 (40%) were from metropolitan areas and 120 (60%) were from rural ones. Education level was intermediate 120 (60%), graduation 45(22.5%), and above 35 (17.5%). Fifty women (25%) out of the 200 women who took part in the poll knew that vomiting could be a warning indication during pregnancy, whereas the remaining 150 women (75%) did not know about this indicator. Similarly, only 60 people (30%) knew that headaches accompanied by blurred vision could be a warning indication, whereas 140 people (70%) did not know about this symptom. 40 people (20%) recognized stomach pain in the absence of labor as a warning sign, whereas 160 people (80%) were unaware of this during pregnancy. Only forty (20%) of the 200 pregnant women used tertiary hospitals, whereas 60 (30%) gave birth to their baby at home and 100 (50%) at neighboring government hospitals. On conclusion, this study enhances antenatal care (ANC) program by assessing obstetric danger signs, addressing barriers, and utilizing resources for effective communication and tracking ANC visits.

Biography

A 2021 MBBS graduate of University Medical & Dental College Faisalabad, Pakistan. She has done her FCPS Part 1 in Obstetrics and Gynecology in 2023. Her diverse house job encompassed Gynecology & Obstetrics, General Surgery, Pediatrics, and Internal Medicine. She has crafted an academic tapestry with eight (08) papers in esteemed journals, earning four citations. Beyond ivory towers, she has graced regional, national and international conferences. Notably, (Meritorious and Tenured Dr. Muhammad Khaliq-ur- Rehman) extended appreciation through a letter, affirming her commitment to excellence. Her story skillfully combines academic sophistication with medical expertise, taking the reader on a journey of discovery and recovery while expressing thanks for the guidance given.



AYESHA SHAHID

Shaikh Khalifa Bin Zayd Alnyhan Medical & Dental College
Pakistan

Rising incidence of cervical cancer: Where we stand for its awareness

Abstract:

Background: The increasing mortality of cervical cancer besides being preventable and curable is quite an alarming situation globally. It is the third most common cancer of females in developing country like, Pakistan. With the advancement in technology, breast cancer awareness has surpassed the specific number. Hence, cervical cancer being the common malignancy among females need to be addressed with the same zeal. Objective: This study intends to discover awareness, understanding as well as role of mass media towards cervical cancer and its screening awareness.

Methods: Cross-sectional study was conducted on married women (20-60 years of age) through self-administered questionnaire; visiting OPD of Gynecology and Obstetrics department of Shaikh Zayed hospital dated 1-7-2022 to 1-8-2022, Lahore, Pakistan. Data was analyzed through IBM SPSS Statistics version 24.

Results: Only 17% respondents had an understanding and 83% respondents were not familiar with the word cervical cancer and its screening. The study concluded that age, occupation, education and monthly household income showed positive associations with understanding of cervical cancer and its screening; this is because most of the respondents were of young age, housewives, less educated, and belongs to low socio-economic status. Whereas, 28% respondents found mass media imperative and 72% respondents had not found mass media significant in their awareness approach. Residence and source of information had shown significant associations with role of mass media in cervical cancer and its screening awareness because urban residence and utilization of information sources enhances knowledge as well as give awareness on their health spectrum.

Conclusion: Cervical cancer can be easily prevented with the help of screening methods. Thus, it is need of an hour to work on mass media for its awareness to prevent the third most common cancer among females in developing countries.

Biography

I am Dr. **Ayesha Shahid**, recently successful in obtaining my fellowship in Gynecology and Obstetrics from Pakistan. Furthermore, I have also cleared the MRCOG-2 in January 2024. As a keen researcher, I have contributed to various research projects, both nationally and internationally, resulting in multiple publications. I have actively participated in numerous conferences across the globe. I am also an author of a book chapter related to gynecology. During the COVID-19 pandemic, I served as a frontline healthcare worker and also conducted researches on various aspects of the pandemic. Additionally, I have dedicated my efforts to advocate for women's health, particularly in the field of gynecology. Presently, I am spearheading an awareness campaign focused on cervical cancer, which ranks as the third most common cancer among females in Pakistan. My involvement in cervical cancer research, coupled with participation in conferences and delivering lectures, underscores my commitment to raising awareness about this critical health issue. Furthermore, I am in the process of developing a website dedicated to cervical cancer awareness. I am recently running a YouTube channel as a free study guidance for exam aspirants of gynecology



AKSHAYA MURALI

St. Johns Medical College Hospital
India

Clinicopathological evaluation of benign vulvar masses – A descriptive study in a low-middle income country

Abstract:

Aim: To analyse the different types of benign vulvar tumours that required surgery and to correlate with the histopathological findings post-operatively.

Methods: This retrospective study was conducted over a period of one year in a tertiary care hospital in Southern India. A total of 10 benign vulvar masses which were operated between July 2022 to June 2023 were taken into the study. Demographic data, description of the mass, time taken to seek medical attention, surgical procedure and pictographic histopathological findings were studied.

Results: The study population ranges from 26 to 45 years with a mean age of 35.8 ± 7.33 years. The mean time taken to seek medical care for the detected mass was 16.25 ± 17.23 months. The earliest presentation was noted 6 months after detection, while one patient presented 6 years after the appearance of the mass. The largest mass was 12x15 cm in size. All the masses underwent complete surgical excision with no postoperative complications. The most common pathological finding was fibroepithelial polyp, noted in three patients, followed by leiomyoma of the vulva and vulvar hemangioma in two patients each. The other three masses were reported as vulvar endocervicosis, epidermoid cyst and lipoma respectively. It is important to note that these tumours, though benign, can cause functional, sexual and emotional impairment. Many women delay seeking consultation due to fear of embarrassment, especially in developing countries. This may also lead to neglecting of pre-malignant and malignant lesions of the vulva. These women were followed up until 6 months postoperatively and did not show any recurrence.

Conclusion: Surgical excision of benign vulvar masses not only mitigates the risk of premalignant tumors of the vulva, but also greatly improves the quality of life.

Clinical Significance:

- This study helps us understand benign vulvar masses which are not frequently reported
- It helps us understand the importance of surgical removal of these masses to prevent risk of malignancy
- Surgical excision helps to greatly improve quality of life in these women

Biography

Akshaya Murali has completed her MS in Obstetrics and Gynecology from JIPMER, India and is currently working as a Gynecologist in St. John's Medical College, Bangalore, India. She has completed a degree in Hospital Management from IIM-B. She has a number of national and international publications, and has authored a chapter in a book on Preeclampsia. Her interests are Fetal Medicine and High risk Obstetrics.



STACEY POWELLS LYSTER

Stirrups the Play

USA

Stirrups

Abstract:

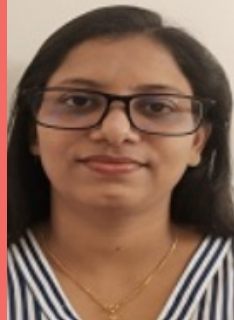
Advocating the importance of women's health issues, as well as the need for funding in women's clinics across the nation, our hope is to use the play, *Stirrups*, as a way to partner regional theaters with local women's health clinics, bringing attention and financial resources to this critical mission. *Stirrups* begins in 1975 with a teenage girl's first gynecologist appointment and chronicles her life until menopause has its way. Inspired by the relationship between a patient and her gynecologist, *Stirrups* takes place over 40-plus years, within the walls of a doctor's office. The play highlights key issues women may face over the course of four-plus decades as it relates to their gynecological health and beyond. Using *Stirrups* as a vehicle to bring awareness to women's health, local theaters connect with regional health clinics to create their own version of how the play is delivered; be it a virtual reading, staged reading, or a full live production. As support continues to be slashed for women's health initiatives nationwide, the goal is to generate resources for local clinics across the country. Available in both a one-act or two act version, *Stirrups* will be licensed at the non-profit rate paid directly to the playwright. The theater company and women's health clinic can decide how much to charge for this performance fundraiser and how they want to split the profit from the performance of *Stirrups* with the women's health clinic. Any changes made to the playbook must be approved by the playwright. For more information including licensing, please use the contact information below. We look forward to furthering the support of women's health initiatives nationwide through an amusing, informative, and creative lens. Act one and an event suggestion breakdown are available upon request.

Biography

A published author, poet, and journalist since 1996, Stacey's work has appeared in several magazines including *Island's* and *Divulge*. Her book of personal essays, *Empty Cupboards*, launched on Amazon August 2022, reaching #1 in several categories. Her poem, "The Inch Between Us" was included in the 2021 *Stunning Poetry Collection*. She co-edited and contributed to the December 2023, *We See You, We Hear You Anthology*, and she was featured in the New York Times "Tiny Love Stories" section (2-13-2024). Her play *Stirrups* is a 2016 NY Theater Festival selection and her screenplay, *The Last Straw* is a 2024 Mammoth Lakes Film Festival finalist. Her TV Series *Beverly Hills Pharmacist* has been mentored by David Kirkpatrick (Paramount/Disney) and Jeff Arch (*Sleepless in Seattle*). She is also a StorySummit.us faculty member, leading various writing workshops. A published author, poet, and journalist since 1996, Stacey's work has appeared in several magazines including *Island's* and *Divulge*. Her book of personal essays, *Empty Cupboards*, launched on Amazon August 2022, reaching #1 in several categories. Her poem, "The Inch Between Us" was included in the 2021 *Stunning Poetry Collection*. She co-edited and contributed to the December 2023, *We See You, We Hear You Anthology*, and she was featured in the New York Times "Tiny Love Stories" section (2-13-2024). Her play *Stirrups* is a 2016 NY Theater Festival selection and her screenplay, *The Last Straw* is a 2024 Mammoth Lakes Film Festival finalist. Her TV Series *Beverly Hills Pharmacist* has been mentored by David Kirkpatrick (Paramount/Disney) and Jeff Arch (*Sleepless in Seattle*). She is also a StorySummit.us faculty member, leading various writing workshops.



**POSTER
PRESENTATIONS**



LOVELY THOMAS

Calderdale and Huddersfield NHS foundation Trust
Hospital, United States

An audit on obstetric anal sphincter injuries (OASI)

Abstract:

The objectives of this audit were to evaluate the OASI in our hospital over the last 1 year and to find out the incidence and risk factors of OASI and methods to reduce the incidence. The audit was retrospective and examined the case notes of all patients who sustained anal sphincter injuries after vaginal delivery over this one year period. Total number of OASI over the 1 year period was 57 cases (total vaginal deliveries including instrumental deliveries were 2736). We analysed the demographic data of women who had OASI, reviewed the mode of delivery, operator status at the time of delivery and reviewed the use of episiotomy. The most common type of sphincter injury was type 3B (49.1%), which involves more than 50 percent of external anal sphincter (EAS). Fourth degree tear, which is a complex sphincter injury constituted 8.7%. None were associated with Keilland rotational forceps delivery. The risk factors of OASI were direct occipeto- posterior position, shoulder dystocia, sequential use of instruments, tight perineum, compound presentation, short perineal body and quick delivery of fetal head.

Our recommendations were:

1. The importance of antenatal counselling regarding OASI and its impact on the quality of life.
2. The importance to assess the perineum prior to delivery to identify short perineal body, scarred or tight perineum.
3. Adequate training for the staff in performing episiotomy at the correct angle and suturing.
4. To continue giving manual perineal protection (MPP) till the delivery of baby's shoulders.
5. Ask for help in supporting the perineum, if needed.

Biography

.**Lovely Thomas** has completed her MBBS from Government Medical College, Trivandrum, Kerala, India followed by post- graduation (MS OBGY) in the subject of obstetrics and gynaecology at Government Medical College , Trivandrum, Kerala ,India. She has gained experience working in various regions of Kerala following her post-graduation. She has successfully cleared Member of Royal College of Obstetrician and Gynaecologists (MRCOG) and is currently employed in the UK.



EVANGELOS ATHANASIOU

Ippokration General Hospital
Greece

Collagen fibers during pregnancy

Abstract:

Collagen is found in all vital organs: dermis, tendons, fascia, bone, cartilage etc. It is a major component of the extracellular matrix along with elastin. Collagen belongs to a family of fibrillar proteins that have similar chemical and structural properties. The form of collagen is determined by the type of molecule that predominates. The collagen molecule consists of 3 polypeptides and there are 12 types of collagen identified. Collagen fibers are put into stress during pregnancy. Women with good quality of collagen have no marks were as women with poor collagen quality have a combination of symptoms and signs during pregnancy. We question and examined 52 women during the 3rd trimester of their pregnancy regarding the following: stiae gravidarum in their abdomen, varicosities in their lower extremities, hemorrhoids and urine incontinence during stress. We also noted their weight increase during pregnancy. The most common finding in those women was hemorrhoids who were reversely related to the age of the woman and directed related to the weight gain during pregnancy. The next most common was striae gravidarum which is not related to the weight gain during pregnancy. Finally stress incontinence was commoner in younger women and varicosities in older women.

Biography

Evangelos Athanasiou studied medicine in the Aristotle University of Thessaloniki (MD 1992). He then specialized in Obstetrics & Gynecology in England and got his specialty in Jan 1999. He then spend another year in England for his special interest in infertility and IVF. From 2000 is employed in various positions in the NHS system of Greece. He was Director/Consultant of the Obstetric & Gynaecology clinic in Naoussa General Hospital from 2007 to 2012. From May 2012 is working as a Consultant Obstetrician Gynecologist in the 2nd University Dpt O&G clinic at Ippokration Hospital.

***MUHAMMAD EJAZ , ¹ MAMUNA AKRAM**

United Lincolnshire Hospitals NHS Trust

UK

Completion of gynae emergency clerking proforma across united lincolnshire hospitals NHS trust

Abstract:

This audit evaluated the completion of gynae emergency clerking proformas at the United Lincolnshire Hospitals Trust (ULHT) to assess documentation quality for emergency patients. Data was collected from January 1 to February 28, 2023, for the two hospitals under this trust, with 39 and 50 available patient notes from them. The audit measured compliance against standards including patient identification, documentation of location, date, time of arrival, admitting consultant, source of referral, observations, past medical history, medications, examination findings, condition impression, initial management plan, VTE assessment, and the signature of the clerking doctor. Results indicated significant deficiencies: 34% and 46% of proformas lacked a doctor's signature in hospital A and hospital B, respectively; 34% and 44% had incomplete VTE assessments; 16% and 15% were missing initial observations; and 64% and 51% did not document the time of arrival. Patient identification was incomplete, documented only on the front page in 86% of hospital A and 59% of hospital B cases. The audit concluded that complete and accurate proforma completion is critical for patient safety and recommended enhancements to the induction process, potential revision of the proforma, and re-auditing to monitor improvements. The audit underscores the need for improved training and procedural adjustments to ensure comprehensive documentation.

Biography

Ejaz and Dr. Akram are currently practicing in obstetrics and gynecology at the United Lincoln Hospital Trust in the UK. Both physicians obtained their MBBS degrees in Pakistan before relocating to the UK to specialize in women's health. Dr. Akram successfully obtained her MRCOG certification in 2021, while Dr. Ejaz has completed the first part of his MRCOG. They are both enthusiastic about furthering their training and advancing their careers in gynecology and obstetrics. Engaged in numerous quality improvement initiatives and audits, their primary objective is to enhance the standard of care provided to their patients.



**ACCEPTED
ABSTRACTS**

TONG ZHAO

Shanghai Tongji Medical Group Tinglin Hospital
China

Correlation study of postoperative outcomes between benign total hysterectomy and five modified frailty indexes

Abstract:

Objective: The aim of this study was to investigate the association between five modified frailty index (5-mFI) and outcomes after benign total hysterectomy with bilateral fallopian tubes and oophorectomy, and to explore its application in clinical prediction and intervention strategies.

Methods: The clinical data of patients who underwent benign total hysterectomy with bilateral fallopian tubes and oophorectomy in my hospital from January 2018 to December 2022 were retrospectively analyzed. A total of 438 cases meeting the criteria were included, and the general data, operation conditions and postoperative outcomes of the three different groups were compared according to frailty score. Statistical analysis methods including Chi-square test, correlation analysis, Logistic regression and multiple linear regression analysis were used to reveal the association between 5-mFI and these factors.

Results: There were significant differences between age, BMI, operation time, intraoperative blood loss, postoperative hospital stay and total cost and frailty score ($p < 0.05$). Patients with higher frailty scores had poorer postoperative outcomes, longer hospital stays and higher costs. However, there was no significant association between surgical method and frailty score ($p > 0.05$), and no significant difference in indications of hysterectomy among different frailty groups ($p > 0.05$).

Conclusions: The results of this study suggest that the modified frailty index is an effective tool for predicting outcomes after total hysterectomy. For patients with high expected frailty score, risk assessment and appropriate preoperative preparation should be carried out in advance to improve postoperative outcomes.

Biography

Tong Zhao has completed his MD at the age of 29 years from FU DAN University, he has been engaged in clinical and research work of Ob&Gyn in Shanghai Tongji Medical Group Tinglin Hospital for more than 18 years, especially good at a variety of minimally invasive gynecological surgery and examination, he's one of the early gynecologists who can have total laparoscopic hysterectomy in his hospital, and published more than 10 papers in domestic and foreign magazines!

LIUYALAN

Chongqing Public Health Medical Center
China

Assessment of maternal services in china based on WHO's comprehensive evaluation model

Abstract:

Background: To understand the trend of equalization in maternal services, and to provide guidance for policy-makers regarding resource allocation and public health policy in China.

Methods: Twelve indicators, including maternal services, needs, utilization, and resource allocation, were collected from China Health Statistical Year Book 2010 and 2020. WHO's comprehensive evaluation model and the non-integral Rank Sum Ratio (RSR) method were used to analyze, rank, and categorize maternal services of 31 provinces (cities, autonomous regions) in China.

Results: All provinces (cities, autonomous regions) were grouped into five categories, including relatively balanced area, low input area, resource shortage area, over utilization area, and resource waste area. In 2019, there were 18 provinces (cities, autonomous regions) in the relatively balanced area, and more than one-half had achieved equal development. Compared to 2009, the resource shortage area decreased from three to zero, and the resource waste area increased from four to six. Among the provinces (cities, autonomous regions) with a type change compared with 2009, eight changed to relatively balanced area, and four showed an improvement.

Conclusion: Under the policy guidance of promoting the equalization of public health services, maternal services is gradually being realized. However, several provinces (cities, autonomous regions) still have problems such as the mismatch between resource input and health needs, resource waste, and over-utilization, etc. Therefore, specific policies should be formulated according to the actual types to promote the transformation into equalization regions.

SAMA HADI ALSHUJAIRI

Dubai health

UAE

Successful cesarean section for a ruptured uterus with severe intra-abdominal pus collection: A case report

Abstract:

A 32-year-old gravida 2 para 1 unbooked pregnant patient presented to the emergency department with severe abdominal pain and fresh moderate vaginal bleeding that started a couple of hours prior. Her gestational age (GA) at the time of presentation was 27 weeks and 2 days by her last menstrual period (LMP). On per abdominal examination, her abdomen was found to be soft, while per vaginal examination revealed a posterior cervix with the os closed and a fetal body part was felt at the right adnexa. A bedside abdominal ultrasound scan was performed, and a single live fetus was found with fluid collection around the fetal head. Hence, a diagnosis of uterine rupture was made, and the patient was shifted to the operation room for an emergency lower segment cesarean section (LSCS) under general anesthesia. The patient delivered an 800- gram live baby. Intraoperatively, it was found that there was a chronic, complete rupture of the uterus at the previous scar with large amounts of intraabdominal and uterine pyogenic collections. Postoperatively, the patient was then shifted to the intensive care unit (ICU), where she was given intravenous antibiotics, which improved her clinical condition. During the remainder of her stay, she made an uneventful recovery and was discharged.

Biography

Alshujairi has obtained MBBS certificate on 2021 from Dubai Medical College with Excellent Degree and Distinction student in Obstetrics and gynecology , since she was in medical schools she was very ambitious about women health. She then joined internship in Dubai Health in 2022 , where she spent full 3 months in obstetrics and gynecology ion Latifa hospital , she joined multiple researches and studies including case reports , audits and literature reviews. She was dedicated to join the residency program in. Latifa hospital as it's the first specialized hospital for obstetrics and gynecology in UAE. Currently she is obstetrics and gynecology resident year 1 in latifa hospital , UAE

POOJA GUPTA

Dr. Ram Manohar Lohia Institute of Medical Sciences
India

The correlation between colposcopy, cervical cytology and histopathology in the diagnosis and management of cervical lesions: A cross sectional study

Abstract:

Objective: The study was undertaken to see the correlation between cervical cytology, histopathology and colposcopy in the diagnosis and management of various cervical lesions.

Methods: It is a cross sectional study conducted at a tertiary care hospital in the department of obstetrics and gynecology for a period of one year. A total 55 sexually active women were enrolled for the study who belonged to age group greater than 20 years with history of chronic leucorrhoea or post-coital bleeding/spotting, intermenstrual bleeding/spotting or examination findings of erosion, an unhealthy cervix, a lesion bleeding on touch or an abnormal or suspicious Papanicolaou smear. These women then underwent cytology, colposcopy and cervical biopsy.

Results: The accuracy of cytology when compared to colposcopy was 81.82%. The accuracy of colpo-histopathology was 83.6%. The combined accuracy was 76.36%.

Conclusions: The simultaneous use of cytological studies and screening colposcopy has been shown to increase the cervical cancer detection. Colposcopy offers an excellent tool in the hands of a gynaecologist to evaluate the uterine cervix and it is not possible to develop this kind of perspective by any other method.

Biography

Pooja Gupta has completed her MBBS and post graduation in Obstetrics and Gynecology from Mumbai, India. After her post graduation, she has been working in esteemed colleges and at present working as Professor (Jr, Grade) in Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, India. She has published quite a few papers in reputed journals.

ASSEL YESKARAYEVA

Khoja Akhmet Yassawi International Kazakh-Turkish University
Kazakhstan

Ultrasound in labor and delivery

Abstract:

Background: Ultrasound in the delivery room, also known as ultrasound in labor, is a valuable tool used by healthcare providers to monitor the progress of labor and plays a crucial role in monitoring fetal development and ensuring a safe delivery process. It allows obstetricians to visualize the baby's position, estimate gestational age, monitor fetal heart rate, and detect any complications that may arise during labor, such as placental abnormalities or umbilical cord compression. Ultrasound technology provides real-time imaging, enabling medical teams to make informed decisions during labor and delivery such as determining the need for interventions like cesarean delivery or instrumental assistance.. By providing real-time imaging, ultrasound helps ensure the safest possible outcome for both mother and baby during the childbirth process.

Objective: To provide an overview of current publications and the overall applicability of ultrasound in the delivery room, taking into account all stages of labor. And also provide data analysis to assess the effectiveness of the use of ultrasound in a continuous mode, in obstetrics and gynecology. **Methods:** The review provided includes an analysis of scientific articles published in the Medline, PubMed and Cyberleninka databases published over the past 5 years.

Results: Several recent studies using both two- and three-dimensional ultrasound have now described objective measures of progression of the fetal head during labor. In instrumental deliveries an important determinant of a successful and safe use of vacuum and forceps is the correct determination of the fetal head position and appropriate application of the instrument.

Conclusion: In the field of evidence-based medicine, there is still limited research into its various possible uses during childbirth, but it is expected that further research may lead to improved maternal and newborn health care during childbirth. However, ultrasound studies have shown that digital examination before instrumental delivery fails to identify the correct fetal position in a high proportion of cases. The use of ultrasound is of crucial importance in performing a safe operative delivery and can help in the prediction of whether a vaginal delivery would be successful

Biography

Assel Yeskarayeva has her expertise on ultrasound controlling of delivery process and enhances prenatal care by providing valuable information to support maternal and fetal well-being, ultimately contributing to better outcomes for both mother and baby. Her intrapartum sonopartogram can guide medical interventions such as the appropriate use of oxytocin to augment labor, the timing of amniotomy (breaking of the water), or the need for assisted delivery techniques like vacuum extraction or forceps delivery. These interventions, when used judiciously and appropriately, can help optimize the chances of a successful vaginal delivery.

AHMED ELGHARABAWY

Adam's international hospital

Egypt

IVF

Abstract:

IVF stands for In vitro fertilisation – which literally means fertilisation ‘in glass’. The name comes from the fact that in the early days, the fertilisation of eggs with sperm outside of the body used to be done in glass test tubes. The term IVF is now commonly used to mean the whole treatment process of creating a pregnancy in this way. IVF may be the best treatment option for couples who are having difficulty getting pregnant or cannot establish a pregnancy naturally. Whether infertility or low fertility is because the woman cannot produce suitable eggs or the man cannot produce suitable sperm, or a combination of both, there are various ways to increase the chances of a successful pregnancy through IVF by controlling the body's systems with medications and enhancing the biological processes in the laboratory. Generally speaking, IVF can help women of child-bearing age and sometimes beyond but the pregnancy success rate for women using their own eggs does decline quite steeply after age 40. (See separate fact sheet on Age and fertility). Singles and same sex couples may also often choose to get pregnant in this way as IVF can be used in conjunction with donated eggs and sperm and also surrogacy.

Step 1: Stimulating egg development
Normally a woman's ovaries release a single mature egg each month but in IVF treatment we stimulate the ovaries to develop more follicles (which contain the eggs) to produce a greater number of eggs. This means there is more chance of achieving a healthy embryo to transfer back into the uterus.

Hormones: In a natural cycle, the growth of the follicles is stimulated by a hormone called ‘follicle stimulating hormone’ (FSH). When the follicle is mature, another hormone, called luteinising hormone (LH) causes release of the egg from the follicle (ovulation). In an IVF cycle, we use artificial versions of FSH and LH to stimulate your ovary to produce multiple follicles and also to control the timing of egg release (ovulation). The process is called ‘controlled ovarian hyperstimulation’ (COHS). Medications are also used to switch off or reduce your own hormone signals and prevent them from interfering with the process. You may be asked to take these hormones in various ways such as by a daily nasal spray or by injections. FSH is usually a daily injection, which you administer yourself after instructions from the IVF nurses.

Ultrasound monitoring: Soon after FSH treatment has started, we monitor the response of your ovaries and the growth of follicles with ultrasound scans. The ultrasound technique involves gently placing a probe into the vagina. This is normally painless and takes only a few minutes. Results of the scans will allow the doctor to adjust your medication, if needed, to improve follicle development. We may also test your blood to monitor oestrogen levels (a hormone produced by the follicles). Occasionally this stimulation treatment has to be stopped and your treatment postponed if the ovary does not respond or seems to be over-responding.

Step 2: Collecting the eggs
The trigger: When the ultrasound scan shows that a number of the follicles have reached a diameter of 17mm, we administer another ‘trigger’ hormone which helps the eggs to mature and to be released by mimicking the LH surge that triggers ovulation in a normal menstrual cycle. The trigger may be given by injection or as a nasal spray. 36 hours after the trigger injection or spray, before the eggs are naturally released from the follicles, you will have a procedure to collect the eggs. This procedure is called egg retrieval or egg pick-up (EPU).

Egg pick-up procedure: The trigger is usually given late in the evening and you will have an appointment for your EPU about 36 hours later. Your Nurse

Coordinator will give you detailed instructions on when to stop the stimulation medications and when to use the trigger. You must not eat or drink for six hours before your egg collection procedure. You will be asked to come to the Life Fertility Clinic IVF theatre about an hour before the time of your procedure, where you will speak to one of our scientists and the IVF nurses. Our friendly theatre staff will do the admission paperwork and prepare you for the egg collection. EPU's can be done under local anaesthetic or sedation. Your fertility specialist will advise you which is best for you. If you are having sedation, you will meet the anaesthetist just before the procedure who will sedate you for about 30 minutes. We collect your eggs via your vagina, using the ultrasound probe (as used during scanning) to guide a fine needle into the follicles. The follicles are drained by suction and flushing and a scientist will identify and isolate the eggs from the follicle contents. When the procedure is over, the recovery nursing staff will take care of you and the Life Fertility Clinic nurses will tell you how many eggs were collected. Most people are ready to leave the clinic 1-2 hours following the egg collection. You will need someone to collect you from the hospital as you shouldn't drive for 24 hours and you should rest for the remainder of the day. In the meantime, your eggs are transferred to the IVF laboratory and held in a culture medium ready for insemination with sperm 3-5 hours later. Step 3: Collecting the sperm: The man will be asked to produce a semen sample around the time of the egg collection. There is a private room for this purpose at the clinic. Alternatively if you live within an hour's travel time of the Life Fertility Clinic, the semen sample may be collected at home and delivered to the clinic for the scheduled time. We recommend that the man does not ejaculate for between two and seven days before producing this sample. In circumstances where the man cannot be available to produce a fresh semen sample, we can arrange to freeze a sample before the egg collection. If the man has previously been found not to have sperm in his semen even though they are being produced in his testis, he will need to have a procedure called Percutaneous Epididymal Sperm Aspiration (PESA) or Testicular Sperm Aspiration (TESA) to surgically retrieve sperm. Both of these procedures can be done through Life Fertility Clinic and will be arranged in advance. Life Fertility Clinic can also arrange for donor sperm if needed. Please discuss this with the IVF doctor and nurse coordinator before you start your IVF treatment.

Step 4: In vitro fertilisation and embryo culture: Insemination: Once the laboratory has received the semen sample (or a sample of frozen sperm has been thawed), the scientists separate normal swimming sperm from the semen. For standard IVF, this prepared sperm is used to inseminate the eggs by leaving them in culture dish together overnight. To have a good chance that the eggs will be fertilised by this method, we need a large number of normal sperm. If the number of sperm is too low for standard IVF, or they are not of sufficient quality, we can use another method called 'intra-cytoplasmic sperm injection' (ICSI), where a single sperm is injected into each egg (see separate fact sheet on ICSI). Fertilisation check: Regardless of the insemination method we have used, we must examine the eggs under a microscope the following day to see if they have fertilised. If an egg has fertilised, the male and female genetic material are visible as two spherical bodies in the egg know your fertilisation results. For about 5% of patients who have eggs collected, fertilisation fails. Sometimes this is due to an unexpected problem identified with the eggs or sperm but sometimes there is no obvious reason. Embryo development: The fertilised egg is a single cell which then begins to divide. By day 3, most embryos are somewhere between 5 and 8 cells From day 3 onwards, the cell numbers increase and the cells begin to rearrange themselves, starting to differentiate into different types. By day 5, some of the embryos will reach a stage of development called a blastocyst A scientist checks the embryos every day and assesses and records their progress and quality. Step 5: Embryo transfer and freezing: Embryo transfer: At Life Fertility Clinic, we usually transfer embryos on day 5 after fertilisation, when they are at the blastocyst stage (see separate fact sheet on blastocyst culture). Your IVF specialist will advise you if your embryos should be transferred sooner. The embryo transfer involves placing the embryo(s) into the uterus using a thin plastic tube called a transfer catheter. The clinician inserts a speculum into the vagina (as for a pap smear) and locates the cervix (the entrance passage to the uterus). A scientist uses a syringe to pick up the embryo(s) and place them into the tip of the catheter. The catheter is then passed through the cervix into the uterus and the embryo(s) is placed in the uterus. The process lasts only a few minutes and does not normally require an anaesthetic. You will

be asked to have a full bladder so that the clinician can view the embryo transfer using an abdominal ultrasound scan. After the embryo transfer, the Nurse Coordinator will explain your after-care medications and the timing of your pregnancy test. Embryo Freezing: If you have more good quality embryos than you need, they can be frozen for future use. All embryos are cultured in the laboratory until day 6 in case any further embryos can be cryopreserved at this stage. For some patients a fresh embryo transfer is not planned for immediately after the EPU. Instead the clinician may ask the laboratory to freeze all suitable good quality embryos at the blastocyst stage (day 5 and 6) with the plan to thaw and transfer an embryo in a subsequent frozen embryo transfer (FET) cycle. Your IVF doctor will discuss this with you in advance if we think this is the best plan for you. Step 6: Pregnancy test and follow-up: We will order a pregnancy blood test for 11-14 days after the embryo transfer. The blood test measures the hormone human Chorionic Gonadotropin (hCG), which is produced by the early pregnancy. Please wait until the advised date to have your test as the hormones used during the cycle can lead to false readings if you test too soon. Some women experience bleeding or spotting before their pregnancy test. This is not necessarily a period and it is important that you continue to take any prescribed medications until you have spoken to your Nurse Coordinator or fertility specialist. If the test is positive, we will order a repeat blood test to confirm the result. If you are on medication to support the endometrial lining, it is important that you continue to take it. We will arrange an ultrasound examination within the next two to three weeks. Once an ultrasound confirms the presence of a healthy fetus, the IVF doctor will congratulate you and discuss your plans for pregnancy care. If you live outside the Brisbane region, we can arrange telephone follow-ups. If the pregnancy test is negative, we will tell you which medications to stop and when. Your period may take 1-2 weeks to start and may be slightly heavier than normal. If you have been taking progesterone it can delay your period, even if you are not pregnant. A negative test is always very disappointing and we encourage you to take advantage of our free counselling service if you would like to discuss your responses. When you are ready, please make another appointment with your Life Fertility Clinic doctor to review your IVF cycle and plan future treatment. Although our procedures and pregnancy rates are amongst the best, sometimes it does take more than one treatment cycle to be successful. That can be a daunting thought but our new parents tell us it's all worth it in the end!

NADER GOHAR

Gohar Hospital

Egypt

Trans-obturator sling for the treatment of uterine prolapse (a pilot novel approach)

Abstract:

Objective: To innovate a technique for management of uterine prolapse stages 2, 3 or 4. The aim is to preserve the uterus in an effective way. Vaginal hysterectomy is sti the most frequently used operation for the uterine descent worldwide. However the new technique restores the normal anatomical condition of the uterus efficiently.

Methods: A pilot novel study procedure, which was carried out at AI Azha r University in Egypt, between March 2012 and December 2015. 20 women were complaining of symptomatic uterine prolapse stage 2, 3 or 4. They were treated by transobturator sling with uterine conservation. Patients were then reviewed after the surgery after 1 week, 1 month, 6 months intervals and then yearly thereafter.

Results: 20 patients underwent innovative transobturator sling operation with uterine conservation. 19 out of the 20 procedures were successful, with no objective evidence of uterine prolapse on clinical examination after 2 to 4 years of reviews. Significant subjective remarkable improvements in prolapse symptoms, urinary stress incontinence, vaginal infection, itching, ulcers, sexual wellbeing and vaginal prolapse. Within the follow up period, two patients conceived and gave birth. **Conclusion:** The new transobturator sling operation is an effective, simple, safe, and secure and time saving (around 20 minutes) treatment that could benefit patients, who suffer of uterine prolapse. Results show, it is a better procedure compared to abdominal or laparoscopic sling operation. It avoids the potential morbidity of vaginal hysterectomy and has a very high success rate (95 O/o).

Less known but greatly feared: Cervical cancer in ethiopia, community awareness

Abstract:

To improve a community's awareness and attitude towards cervical cancer, strong evidence is needed to inform contextually appropriate policies. This study aims to explore community awareness about cervical cancer from the perspective of women, men and health extension workers (HEWs). The research was conducted from May to July 2021 in Jimma, Ethiopia. A total of 23 in-depth interviews were conducted. The study included married and unmarried women (15–19 and 25–29 years old), men of similar ages (married and unmarried), and HEWs. Furthermore, eight separate focus group discussions (FGDs) were conducted with both men and women. Thematic analysis was used to draw findings from the interviews and FGDs. Community awareness about cervical cancer was very limited. However, people who knew of it believed that cancer is fatal. A few participants were aware of cervical cancer through its symptoms, but most people did not know it by name and had never heard about HPV as the cause of cervical cancer. There was little understanding of HPV risk, transmission factors, prevention, vaccination, screening, or treatment. Participants considered their participation in this study as their first chance to learn about the disease. HEWs had limited knowledge about HPV and cervical cancer. Study participants demonstrated favorable attitudes towards HPV vaccination, cervical screening, and treatment after they received basic information about cervical cancer from the data collectors. Participants and HEWs strongly suggested awareness creation programs for the wider community members, including active involvement of men and HEWs in cervical cancer interventions. There is a critical information gap regarding cervical cancer, its cause and risk factors, HPV transmission, cervical screening, and treatment programs. Limited community awareness leads to poor uptake of cervical screening in the few settings where it is available. Therefore, community awareness programs about HPV, cervical cancer, and available services should improve the community's awareness of cervical cancer and HPV

GEBRHUD BERIHU

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Incidence of neonatal mortality and factors influencing neonate survival in neonatal intensive care unit in northern ethiopia: A prospective cohort study

Abstract:

Globally, in 2020, approximately 2.4 million neonates were died in the first 28 days of life, and it is a global burden. In Ethiopia, the neonatal mortality rate is high (30/1000 live births). Although some published research exists, there is lack of data regarding' incidence of neonatal mortality and factors influencing after admitted to intensive care units. A prospective cohort study was conducted among 325 neonates admitted to intensive care unit of public hospitals in Ethiopia from October 2021 to May 2022. The study participants were selected using systematic random sampling. Structured questionnaire was used for data collection. Data were entered and cleaned using Epi-data V-4.4.3.1 and exported to STATA V-14 for analysis. Cox-model was fitted with a 95% CI and $P \leq 0.05$. In this study incidence rate of mortality was 23.55 per 1000 person-days of observation (95%CI:17.40,31.87). Birth injury (AHR:2.4;95%CI:1.10–5.70), 1st minute APGAR score<7 (AHR:5.5;95%CI:1.73–17.18), ROM>12hours(AHR:2.6;95%CI:1.04–6.31), outborn (AHR:2.93;95%CI:1.13–7.58), and MAS(AHR:3.5;95%CI:1.39,8.94) were predictors of mortality. The incidence of neonatal mortality rate was high, and birth injury, outborn, 1st minute APGAR score<7, MAS and ROM>12 hours were predictors of mortality. Government should give special attention for those predictors to improve neonatal survival in intensive care unit.

Biography

I am currently PhD student at Zhengzhou University, Zhengzhou City, China. I have completed my MSc at the age of 28 years from Mekelle University, School of Nursing Mekelle City, Ethiopia. I was head department of Pediatrics and Child health department. I have more than two publications, mostly related to maternal health.

SAMANTHA BROWN

Eastern Virginia Medical School

USA

Associations between postpartum healthcare utilization and breastfeeding initiation: Findings from 2016 - 2020 virginia pregnancy risk assessment monitoring system data

Abstract:

Concerns related to breastfeeding and lactation support are routinely addressed during postpartum visits. However, some recent studies show that approximately 40% of postpartum patients never return for comprehensive postpartum care. Therefore, in this study we examined the associations between postpartum healthcare utilization and breastfeeding practices, using representative sample data from 4,843 women who participated in the 2016 to 2020 Virginia Pregnancy Risk Assessment Monitoring System (VA-PRAMS). The survey collected a wide range of information to include women's socioeconomic background, attendance of a postpartum healthcare visit, and breastfeeding practices. Multivariate logistic regression was employed for the examination of not attending a postpartum checkup and no breastfeeding initiation. Models were adjusted for potential confounders such as sociodemographics and unplanned pregnancy. Over 11% of women had no postpartum healthcare visit and 25.93% never initiated breastfeeding after their recent delivery. The rates of never initiating breastfeeding were highest among women who were African American (25.34%), Medicaid participants (24.97%) and had low household income (20.10%), $p < 0.001$. Overall, women without a postpartum checkup demonstrated significantly increased odds of not initiating breastfeeding (AOR: 2.11, CI: 1.39 - 3.21, $p < 0.001$), and attained a high school or less education (AOR: 4.28, CI: 2.70 - 6.78, $p < 0.001$). Findings highlighted that targeted intervention to improve postpartum visits will bring added value to improve the breastfeeding practices among Virginia mothers to optimize the benefits of breastfeeding for improved maternal and child health outcomes.

Biography

Samantha Brown has recently completed her Master of Public Health in Epidemiology from Eastern Virginia Medical School in May 2024. During her study at EVMS, she worked as a Teaching Assistant in the Principles of Epidemiology course. She is passionate about maternal and child health research (MCH). She pursued her practicum project at EVMS Pediatrics Department and led a secondary analysis of the VA-PRAMS to examine the patterns of health utilization, and its effect on health outcomes of mothers and infants. This study is completed as a component of her practicum project to fulfill her MPH degree at EVMS.

ALEMAYEHU

Bahir Dar university

Ethiopia

Carcinogenic risks of human papillomavirus genotypes and their coverage in vaccine delivered to Ethiopian women

Abstract:

Introduction: Cervical cancer is a significant public health concern in Ethiopia. It is caused by persistent infection with the human papillomavirus (HPV). The aim of this study was to assess the relationship between carcinogenic risk of probable, possible and low risk HPV infection and those of cervical intraepithelial neoplasia (CIN) and cervical cancer.

Methods: A prospective cohort study was conducted between January and December 2023 among patients attending the gynecology unit of Felege Hiwot Comprehensive Specialized Hospital in Bahir Dar, Ethiopia. Trained gynecologists carried out physical and gynecological examination and collected cervical swab specimens for HPV DNA testing, cytological specimens and biopsies in cases where there were positive results from colposcopic impressions. Statistical analyses were performed using SPSS version 26.0. Results: In this study, the total prevalence of any HPV types was 46.8% (139/297). The rates of high risk and probable high risk HPV was 34.68% (103/297); single infection and multiple (2 or more) infection accounting 23.23 % (69/297) and 11.45% (34/297), respectively. The rates of possible high risk (HR) and low risk HPV only was 12.12% (36/297) with 9.76% (29/297). HPV-16 was associated with the highest risk of CIN II+, (AOR = 15.42; 95% CI: 6.81 – 34.91). In addition, HPV-52, -18, -53 and -58, were significantly associated with an increased risk of CIN II+, (AOR = 7.38(1.73 – 31.54), 5.42(1.61 -18.31), 4.08(1.53 – 10.87), and 3.17(1.00 – 10.03)), respectively.

Conclusions: The current study shows high rate of HPV with predominance of HPV-16, -53, -58, -18, -35, and -52. HPV-16, -52, -18, -53, and -58 were associated with the highest risk of CIN II+. The quadrivalent and nonavalent vaccine had only covered 27.1% and 45% of the circulating HPV genotypes. Ethiopia may need to consider introduction of nonavalent vaccine into the national public health strategy as part of a comprehensive approach to cervical cancer prevention and control.

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