

4TH INTERNATIONAL CONFERENCE ON PEDIATRICS & NEONATOLOGY &

5TH INTERNATIONAL CONFERENCE ON GYNECOLOGY AND OBSTETRICS



BARCELONA, SPAIN



**13-14
AUGUST, 2026**



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Santosh Kumar Mishra,
SNDT Women's University,
India



Eman Wetwet,
New Mowasat hospital,
Kuwait

Organizing Committee

Thank You All



DAY -1

**KEYNOTE
PRESENTATIONS**

**AUGUST
13-14, 2026**

BARCELONA, SPAIN

4th International Conference on Pediatrics & Neonatology & 5th International Conference on Gynecology and Obstetrics

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August 13–14, 2026 | Barcelona, Spain



Mohamed M Hosni
Croydon University
Healthcare NHS Trust, UK

Biography

Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals in London, with over 25 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. 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 is entirely dedicated to his profession. 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.

Endometriosis. The Silent Disease Meets The Smart Solution

Abstract

Endometriosis affects approximately 10% of women worldwide, causing significant pain, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in artificial intelligence (AI) offer promising solutions to these challenges, leveraging the power of machine learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI-powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, Artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.



Eman Wetwet

New Mowasat Hospital,
Kuwait

Biography

Eman Wetwet is a Consultant Pediatrician specializing in the diagnosis and management of general pediatric and neonatal conditions. She has extensive expertise in pediatric and neonatal respiratory and cardiac disorders, renal and gastrointestinal problems, childhood diabetes, nocturnal enuresis, allergies, and asthma. Dr. Wetwet holds Fellowship of the Royal College of Paediatrics and Child Health (FRCPCH), UK, Membership of the Royal College of Paediatrics and Child Health (MRCPCH), UK, and a Certificate of Completion of Training (CCT) in Paediatrics, UK. She is also a Fellow of the Arab Board of Medical Specialization in Pediatrics and holds a Diploma in Pediatrics. She completed her MBChB at the College of Medicine, Baghdad University, Iraq, and has developed broad clinical experience in pediatric and neonatal care.

Iron Deficiency Anemia In Wealthy Kuwait

Abstract:

Anemia caused by a low iron level is the most common form of anemia. The body gets iron through certain foods. It also reuses iron from old red blood cells. A diet that does not have enough iron is the most common cause of this type of anemia in children. More iron is needed When a child is growing rapidly, such as during puberty. Toddlers who drink too much cow's milk may also become anemic if they are not eating other healthy foods that have iron. Other causes may be: The body is not able to absorb iron well, even though the child is eating enough iron and slow blood loss over a long period, often due to menstrual periods or bleeding in the digestive tract. The aim of this retrospective study is to assess the prevalence of iron deficiency anemia in wealthy country like Kuwait and whether measuring iron parameters with check up blood in children with poor diet is worth doing for early recognition, treatment and concomitantly preventing disease progression. A total of 519 pediatric patients whose iron study has been done in the lab of New Mowasat Hospital in Kuwait over 6 months from Jan-July /2016 were recruited in this study, 264 boys and 255 girls, age range between few months-15 yrs. Lab results were considered normal or abnormal according to the hospital lab standard levels

Results: Most of these studied patients were iron deficient; there is no much difference in number of male and female patients. Ages equal and below 5 yrs are the most affected group. Most of these patients with iron deficiency were treated and followed up

Conclusion: Measuring iron parameters with check up blood in children with poor diet is worth doing, this leads to early treatment and concomitantly preventing disease progression, also to check iron level in any patients with signs and symptoms of anaemia and malnutrition. To educate and advise parents about healthy diet and to avoid junk and fast food. To consider repeating this study in 2 yrs time to assess the value of early checking and treating iron deficiency anaemia.

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**Santosh Kumar
Mishra**

S. N. D. T. Women's University,
India

Biography

Santosh Kumar Mishra is an Independent Researcher (Scholar) and former faculty member of the Population Education Resource Centre, Department of Lifelong Learning & Extension, S.N.D.T. Women's University, Mumbai, India. He received fellowship training in Demography (1986–1987) and earned his Ph.D. from the University of Patna in 1999. His expertise includes demography, sustainable development, public health, and related fields. Dr. Mishra has authored 4 books, 32 book chapters, over 110 journal articles, numerous research studies, and more than 120 conference papers. He has received multiple Certificates of Excellence in Reviewing and has served as a judge for the Edison Awards and Global Undergraduate Awards.

Contributing Factors for Sleep Disorder among Children

Abstract:

Getting adequate sleep is key to physical and mental health of children. But it has been found that nearly half of children (especially in the present-day situation wherein screen time is global health threat) experience issues connected with sleep disorder at some point during their childhood. There are several types of sleep disorders (or insomnia), including sleep apnea (a condition in which somebody stops breathing for a short time while asleep), and parasomnias (e. g., sleepwalking, night terrors, talking, acting out dreams). There are several reasons for disorder among children, both boys and girls. Prime objective of this work is to present description on factors responsible for sleep disorder among children. Secondary data (largely 'qualitative' in nature) have been used, and method of data analysis is 'descriptive'. Data analysis indicates that there are multiple reasons for sleep disorder among children, reasons vary from child to child. There are four broad contributing factors for childhood insomnia. They are:

1. **Poor Sleep Routine:** It includes Irregular bedtimes, late-night screen exposure, and inconsistent sleep habits.
2. **Stress/Anxiety:** Such causes may be comprised of study pressure, fears, etc.
3. **Medical Conditions:** Illness, such as asthma, allergies, and chronic pain, often disrupt sleep, including sleep quality.
4. **Lifestyle Factors:** Such factors include high sugar intake, and lack of daytime physical activity.

This abstract briefly concludes that childhood insomnia can be major health risk for children and their parents. However, effective treatments options are available. Management of childhood sleep disorder begins with life style changes.



Mohamed M Hosni
Croydon University
Healthcare NHS Trust, UK

Biography

Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals in London, with over 25 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. 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 is entirely dedicated to his profession. 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.

Pregnancy Outcome After Uterine Artery Embolization For Uterine Adenomyosis: A Systematic Review And Meta-Analysis

Abstract

Background: Uterine adenomyosis involves the growth of endometrial gland and stroma within the uterine musculature. Patients, with uterine adenomyosis, experience heavy painful periods, deep dyspareunia and subfertility, reducing their overall quality of life. Hysterectomy is usually the recommended treatment for such patients. Whilst Uterine Artery Embolisation (UAE) offers a suitable, fertility-preserving alternative, for patients who have not completed their families, its impacts on pregnancy outcomes have not yet been explored or studied in women with pure adenomyosis.

Aim: To assess pregnancy and live birth rates in women with pure adenomyosis, treated with UAE.

Methods: A comprehensive systematic review of the published literature, in Pubmed, Embase, Cochrane, Google Scholar, Scopus and ClinicalTrials.gov, was performed from January 2000 until January 2025. All the published and unpublished literature in English language, describing pregnancy outcome after uterine artery embolization for pure uterine adenomyosis, were eligible for inclusion in the study. Data about preconception characteristics, pregnancy, obstetrics and neonatal outcomes were extracted and analysed according to the study design source and pregnancy viability.

Results: We identified nine papers, with a total cohort of 611, 139 desiring fertility. Women were aged 18–52, with a mean follow up of 46.3 months after UAE. We concluded a pregnancy rate of 37.9% (n=35) and a live birth rate of 69.2% (n=26) in this cohort. Of these, 7 studies reported obstetric and/or neonatal complications, including preterm, premature rupture of membranes, haemorrhage during delivery, low birth weight and neonatal deaths.

Conclusions: The pregnancy and live birth rates, after UAE for pure uterine adenomyosis, are comparable to IVF clinical success rates. Uterine Artery Embolization provides a foundation for further studies and research, directly assessing pregnancy outcomes and indirectly assessing the fertility potential in women with pure adenomyosis, with the potential to influence uterine adenomyosis treatment guidelines. Future research should explore both pregnancy outcomes as well as fertility markers to differentiate the direct effects of UAE on pregnancy, as opposed to other confounding factors.

A background image of a tall, ornate Gothic cathedral tower, likely the spire of a church in Barcelona, Spain. The tower is made of light-colored stone and features intricate carvings and a cross at the top. The sky is blue with some light clouds.

DAY -1

**ORAL
PRESENTATIONS**

**AUGUST
13-14, 2026**

BARCELONA, SPAIN



Kafil Shadani

Letterkenny University
Hospital, Ireland

Biography

Kafil Shadani is a Consultant Paediatrician at Beacon Hospital, Ireland. He is highly qualified in paediatrics and holds **MBBS, MRCPCH, MRCP, FRCPCH, and FRCPI** qualifications. He is associated with **Beacon for Kids**, providing specialist pediatric care and contributing to the management of children's healthcare needs.

Approach to Movement Disorders in Children

Abstract:

Approach to Movement Disorders in Children: A Classification-Based Framework Integrating International Consensus Definitions, Basal Ganglia Circuitry, Clinical Evaluation, Investigation, and Management

Background: Paediatric movement disorders comprise a heterogeneous group of neurological conditions characterized by abnormalities in the speed, fluency, and control of voluntary or involuntary movements. The International Movement Disorder Society (MDS) has developed consensus definitions and classification systems that provide a standardized framework for diagnosis and research. A systematic understanding of movement disorders begins with distinguishing **hyperkinetic** disorders, characterized by excessive involuntary movements, from **hypokinetic** disorders, characterized by reduced movement amplitude and velocity.

Objective: To provide a practical, classification-based approach to the assessment of paediatric movement disorders by integrating internationally accepted definitions, basal ganglia pathophysiology, clinical evaluation, differential diagnosis, investigations, and evidence-based management.

Methods: This review summarizes current international consensus guidelines and contemporary literature regarding paediatric movement disorders. The discussion begins with the anatomical and physiological principles of the **direct and indirect basal ganglia pathways**, illustrating how alterations in these neural circuits produce either excessive or reduced movement. Hyperkinetic movement disorders—including **dystonia, chorea, athetosis, ballism, myoclonus, tremor, tics, stereotypies**—are defined using standardized MDS terminology, with concise descriptions of their characteristic phenomenology, common acquired and genetic causes, age-specific clinical presentations, and distinguishing examination findings. Hypokinetic disorders, particularly paediatric parkinsonism, are rare in children compared to adult population.

Approach: We should follow a structured diagnostic approach based on careful history, video analysis, neurological examina-

tion, identification of associated neurological and systemic features, and recognition of red flags suggesting treatable disorders.

Investigations: Recommended investigations include neuroimaging, metabolic screening, genetic testing, neurophysiology, cerebrospinal fluid analysis, and disease-specific biomarkers according to the suspected phenotype.

Management: Management strategies focus on establishing the underlying diagnosis while optimizing symptomatic treatment through multidisciplinary care. Pharmacological therapies, including anticholinergics, levodopa, dopamine-depleting agents, benzodiazepines, antiepileptic medications, and botulinum toxin, are discussed alongside disease-specific therapies for metabolic and immune-mediated disorders. Advanced interventions such as **deep brain stimulation**, intrathecal baclofen, and comprehensive rehabilitation involving physiotherapy, occupational therapy, speech and language therapy, and psychological support are also reviewed.

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Richa Bajaj

Maharaja Agrasen Hospital,
India

Biography

Richa Bajaj, MBBS, DNB, is a pediatrician with over six years of clinical and academic experience at leading medical institutions in India. Currently serving as Senior Resident in Pediatrics at All India Institute of Medical Sciences, she has extensive exposure to Pediatric Intensive Care, High Dependency care, neonatal medicine, and pediatric emergencies. A University Rank 1 holder and multiple Gold Medal awardee, she combines strong clinical acumen with a passion for academic medicine and critical care research. Dr. Bajaj has undertaken internationally funded research training at **Harvard Medical School**, resulting in a first-author publication in the Mayo Clinic Proceedings.

Post-discharge Morbidities and Readmissions Among Very Preterm and Very-Low Birth Weight Infants: A Prospective Cohort Study from North India

Abstract:

Background: Preterm infants, particularly those ≤ 32 weeks' gestation or ≤ 1500 g birth weight, remain vulnerable to post-discharge morbidity and mortality despite advances in neonatal care. Data from low- and middle-income countries (LMICs) remain limited.

Objective: To determine the incidence, causes, and risk factors of hospital readmissions and

post-discharge mortality within six months of birth among very preterm or very-low birth weight (VLBW) infants born at a tertiary care centre in North Delhi.

Methods: In this prospective cohort study (September 2020–February 2022), all neonates born at

≤ 32 weeks gestation or ≤ 1500 g birth weight at Maharaja Agrasen Hospital, New Delhi, were enrolled after discharge. Infants were followed fortnightly by telephone or in-person up to six months' postnatal age. Baseline maternal and neonatal details were recorded prospectively.

Primary outcome was readmission incidence; secondary outcomes were causes, mortality, and related risk factors. Data were analysed using STATA 14.2 with univariate and multivariate logistic regression.

Results: Of 132 screened neonates, 126 were enrolled. Mean (SD) gestational age was

30.8 (± 2.0) weeks and mean birth weight 1258 (± 291) g. Twenty-one infants (17%) required 27 readmission episodes; incidence density was 3.6 per 100 person-months. Seventy percent of readmissions occurred within 30 days of discharge, predominantly for respiratory illness (pneumonia 29.6%, sepsis 22.2%). Three post-discharge deaths (2.3%) were recorded—due to sudden infant death, congenital heart disease, and pneumonia. Lower socioeconomic status independently predicted higher risk of readmission (adjusted OR 5.9; 95% CI 1.5–23.0; $p = 0.01$).

Other factors such as gestation, birth weight, or bronchopulmonary dysplasia were not significant. **Conclusions:** Nearly one-sixth of very preterm/VLBW infants required rehospitalization within six months, mainly for respiratory causes. Socioeconomic disadvantage was a significant modifiable risk factor. Strengthened discharge counselling, early post-discharge follow-up, and community-level support targeting low-income families may reduce preventable morbidity.



Ana Maria Mihoci

Grigore T. Popa University
of Medicine and Pharmacy,
Romania

Biography

Ana Maria Mihoci, MD, is a physician and doctoral researcher at the “Grigore T. Popa” University of Medicine and Pharmacy, Iași, Romania, affiliated with the Clinical Hospital of Obstetrics and Gynecology “Elena Doamna”. Her research focuses on reproductive medicine, infertility, chronic endometritis, endometrial receptivity, reproductive immunology, and assisted reproductive technologies, with particular interests in diagnostic biomarkers, evidence synthesis, and personalized approaches to infertility care.

MUM1 (IRF4): A Promising Biomarker for the Diagnosis of Chronic Endometritis

Abstract

Background: Chronic endometritis (CE) is increasingly recognized as an important contributor to infertility, recurrent implantation failure, and recurrent pregnancy loss. Accurate identification of endometrial plasma cells remains essential for diagnosis; however, currently available diagnostic approaches remain heterogeneous. MUM1 (IRF4), a nuclear marker expressed in plasma cells, has recently emerged as a promising biomarker for the diagnosis of CE.

Objective: To evaluate the diagnostic accuracy of MUM1 immunohistochemistry for the detection of chronic endometritis.

Methods: A systematic review and Bayesian meta-analysis were conducted in accordance with PRISMA guidelines. Electronic databases were searched for studies assessing MUM1 expression in endometrial tissue. Diagnostic performance was evaluated using a Bayesian bivariate random-effects model. Pooled sensitivity, specificity, likelihood ratios, and diagnostic odds ratio (DOR) were calculated.

Results: Six studies involving 1,574 women met the inclusion criteria, with four studies eligible for quantitative synthesis. MUM1 demonstrated high diagnostic performance, with a pooled sensitivity of 87.6% and specificity of 85.3%. The pooled positive likelihood ratio was 5.83, while the pooled negative likelihood ratio was 0.15. The pooled diagnostic odds ratio reached 40.27, indicating favorable overall diagnostic accuracy. Across the included studies, MUM1 consistently identified plasma cells in endometrial tissue and showed potential value as an adjunctive diagnostic marker in CE.

Conclusions: MUM1 (IRF4) appears to be a reliable adjunctive biomarker for the diagnosis of chronic endometritis and may enhance plasma-cell detection in reproductive pathology. Its diagnostic performance supports further investigation and validation in prospective studies aimed at establishing standardized diagnostic protocols and defining its role in infertility evaluation.

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**Ruben Matos
Gonzalez**
Rubmatos,
Spain

Biography

Ruben Matos Gonzalez is a senior consultant and speaker in strategic planning. Computer engineer with a Master's in Quality. 10+ years leading strategic processes and management systems in key sectors. Former board member. International lecturer connecting executive vision with daily operations. Helps turn strategy into results.

Results, Map & Guide: The Methodology That Transforms Uncertainty Into A Secure Roadmap For Your Gynecology Clinic

Abstract

Healthcare executives and clinical directors face a critical challenge: navigating volatile regulatory environments, rising operational costs, and rapid technological changes without a clear strategic compass. Too often, strategic plans fail not because of a lack of ambition, but because they begin with generic diagnostics rather than the end goal. This session introduces the RMG (Results, Map, and Guide) methodology, a proven 5-phase strategic framework designed specifically for women's health organizations. Unlike traditional consulting models, RMG works backwards: it starts by defining your concrete, ambitious strategic results (Results), then builds a precise, data-driven roadmap to achieve them (Map), and finally provides a step-by-step execution playbook (Guide) to turn that map into reality. We will walk through each of the five phases: Diagnosis (data-driven environmental analysis), Identity & Challenge (redefining Mission, Vision, and core strategic dilemma), Scenarios & Critical Factors (forecasting future scenarios and defining KPIs via the Balanced Scorecard), Architecture (setting SMART objectives and competitive advantages), and Action & Control (implementing a concrete plan with budgets, timelines, and performance monitoring). Attendees will leave with a practical framework to align clinical and administrative teams, reduce operational waste, and convert strategic uncertainty into a confident, actionable roadmap that guarantees measurable outcomes for their gynecology department.



Nuhu Teri James

Kettering General Hospital,
United Kingdom

Biography

Nuhu Teri James is a Specialist Registrar in Obstetrics and Gynecology at Kettering General Hospital NHS Trust, UK. He holds an MBBS from Ahmadu Bello University, Nigeria, an MSc in Leadership in Healthcare from the University of South Wales, and is a Fellow of the West African College of Surgeons. His professional interests include maternal health, reproductive medicine, and healthcare leadership.

Impact of Badger Net on Documentation Compliance with Assisted Vaginal Birth (AVB) Safety Criteria at Kettering General Hospital: A Prospective Re-Audit

Abstract

Background: Assisted vaginal birth (AVB), using forceps or vacuum extraction, is a common obstetric intervention that can reduce maternal and neonatal morbidity and help avoid second-stage caesarean sections, which carry higher risk. The Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 26 outlines essential safety and documentation standards for AVB. Previous audits at Kettering General Hospital identified gaps in documentation and recommended integration of RCOG criteria into electronic records. Following the introduction of BadgerNet in September 2025, a re-audit was undertaken to assess its impact on documentation compliance.

Objectives: The study aimed to determine AVB rates, sequential instrumental delivery rates, maternal and neonatal complications, and compliance with RCOG AVB documentation standards following BadgerNet implementation.

Methods: A prospective audit conducted between January and April 2026 included 82 AVB cases out of 746 total deliveries identified via BadgerNet and postnatal records. Data were collected using a structured electronic tool and analysed against RCOG standards.

Results: The AVB rate was 11%, with vacuum deliveries accounting for 51.2%, forceps 41.5%, and sequential instruments 7.3%. Most procedures occurred in delivery rooms (68%), with 32% in theatre. WHO checklist compliance for theatre-based cases was 100%. Maternal complications included postpartum haemorrhage (22%) and perineal trauma (25.6%). Neonatal outcomes included SCBU admission (6.1%) and rare complications such as obstetric anal sphincter injury, shoulder dystocia, and retained placenta (each 1.2%). Compared with the 2025 audit, documentation compliance improved across multiple domains after BadgerNet implementation. Full compliance was achieved for aseptic technique and neonatal resuscitation-trained staff presence. Improvements were also seen in documentation of fetal head position, consent, and procedural details. However, prophylactic antibiotic documentation remained suboptimal (78.1%).

Conclusion: BadgerNet improved adherence to RCOG AVB documentation standards and achieved full compliance in several key areas. However, gaps remain, particularly in documenting prophylactic antibiotic administration. Ongoing quality improvement and system enhancements are required.



DAY -1

**POSTER
PRESENTATIONS**

**AUGUST
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Chaima Derbel

Kasserine Regional Hospital,
Tunisia

Biography

Chaima Derbel is a resident in Obstetrics and Gynecology at the Ministry of Public Health in Tunisia. She obtained her Doctor of Medicine degree from the Faculty of Medicine of Sfax and completed complementary certificates in Senology and Gynecologic Laparoscopy. Her doctoral thesis focused on in utero transfer in obstetric practice. Her research interests include obstetric pathology, placenta accreta spectrum, and gynecologic oncology. She is the first and presenting author of several scientific works, has published in peer-reviewed journals, and has presented at national and international gynecology and obstetrics conferences, including FIGO and ESGO.

The Role of Ultrasound in the Diagnosis of Placenta Accreta

Abstract

Placenta accreta is an uncommon but potentially life-threatening condition associated with significant maternal morbidity and mortality. Accurate prenatal diagnosis is essential to enable appropriate planning and optimal management. Although magnetic resonance imaging (MRI) offers high diagnostic specificity, ultrasound remains the primary screening tool because of its safety, accessibility, and practicality in routine obstetric care. This study aimed to evaluate the diagnostic performance of ultrasound in placenta accreta and to compare its role with that of MRI. We conducted a retrospective case series in the Department of Obstetrics and Gynecology of Kasserine over a three-year period, from January 2023 to June 2025. Data were extracted from medical record and operative reports of patients diagnosed with placenta accreta. Six cases of placenta accreta were included. The median maternal age was 34 years, with a median gravidity of 5 and parity of 3. Five patients had a history of one or more cesarean sections, while one had a previous uterine aspiration. Prenatal diagnosis was achieved exclusively using ultrasound with Doppler. Placenta previa was identified in all cases. Ultrasound demonstrated a sensitivity of 84.6% and a specificity of 100%. All patients delivered by cesarean section. Conservative management was performed in four cases, whereas radical treatment was required in the remaining patients. All women required postoperative intensive care. No maternal deaths were reported. Placenta accreta should be suspected in the presence of known risk factors. Ultrasound remains the first-line imaging modality due to its high sensitivity, safety, and wide availability. MRI should be reserved as a complementary second-line tool, particularly in cases of posterior placenta or suspected bladder invasion.



Ana Maria Mihoci

Grigore T. Popa University
of Medicine and Pharmacy,
Romania

Biography

Ana Maria Mihoci, MD, is a physician and doctoral researcher at the “Grigore T. Popa” University of Medicine and Pharmacy, Iași, Romania, affiliated with the Clinical Hospital of Obstetrics and Gynecology “Elena Doamna”. Her research focuses on reproductive medicine, infertility, chronic endometritis, endometrial receptivity, reproductive immunology, and assisted reproductive technologies, with particular interests in diagnostic biomarkers, evidence synthesis, and personalized approaches to infertility care.

Endometrial BCL6 as a Potential Triage Biomarker before Embryo Transfer: Bridging Recurrent Implantation Failure and Occult Endometriosis

Abstract

Background: Despite remarkable advances in assisted reproductive technologies, recurrent implantation failure and unexplained infertility remain major clinical challenges. Many women undergo repeated embryo transfers despite apparently good-quality embryos and the absence of an identifiable cause of implantation failure. Increasing evidence suggests that occult endometriosis and subtle endometrial dysfunction may contribute to these poor reproductive outcomes. Endometrial B-cell lymphoma 6 (BCL6), a marker associated with progesterone resistance and inflammatory signaling, has emerged as a promising biomarker of endometrial dysfunction. Rather than functioning as a stand-alone diagnostic test, BCL6 may help identify women who could benefit from further evaluation for underlying endometriosis before additional unsuccessful embryo transfer attempts. This systematic review aimed to evaluate the current evidence supporting the potential clinical role of endometrial BCL6 as a triage biomarker in infertility care.

Methods: A systematic review was conducted according to PRISMA 2020 guidelines following a prospectively registered PROSPERO protocol. Eligible studies evaluated endometrial BCL6 expression on endometrial biopsy in infertile women and reported reproductive outcomes or clinically relevant comparative data. Two predefined questions were addressed: whether abnormal BCL6 expression was associated with poorer reproductive outcomes than normal expression and whether pre-transfer treatment improved reproductive outcomes in BCL6-positive women. Owing to substantial clinical and methodological heterogeneity, findings were synthesized narratively, considering infertility phenotype, embryo-transfer setting, biopsy timing, hormonal preparation, BCL6 assessment methods, intervention strategies, and comparator structure.

Results: Thirteen studies met the inclusion criteria. Overall, abnormal endometrial BCL6 expression was associated with poorer reproductive outcomes in selected infertility populations, particularly among women with unexplained infertility

undergoing in vitro fertilization. Earlier studies generally demonstrated lower clinical pregnancy and live birth rates in women with elevated BCL6 expression, whereas more recent investigations in highly selected euploid embryo transfer cohorts did not reproduce these findings consistently. Studies evaluating pre-transfer interventions suggested that medical suppression or laparoscopic treatment may improve implantation, clinical pregnancy, and live birth in selected BCL6-positive women, supporting the concept that BCL6 identifies a potentially modifiable inflammatory or endometriosis-associated endometrial phenotype. However, interpretation of the available evidence remains limited by observational study designs, heterogeneous patient populations, variable biopsy protocols, differences in hormonal preparation, and inconsistent reporting of reproductive outcomes.

Conclusions: Current evidence does not support the routine use of endometrial BCL6 as an isolated diagnostic or treatment-guiding test. Nevertheless, BCL6 appears to be a clinically relevant triage biomarker that may help identify infertile women in whom occult endometriosis or inflammatory endometrial dysfunction should be considered before repeated embryo transfer attempts. By linking molecular evidence of endometrial dysfunction with more individualized patient selection for further investigation, BCL6 has the potential to support a more personalized approach to infertility care. Well-designed prospective studies using standardized testing protocols and harmonized reproductive outcome reporting are required before BCL6-guided management strategies can be routinely recommended.

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Chaima Derbel

Kasserine Regional Hospital,
Tunisia

Biography

Chaima Derbel is a resident in Obstetrics and Gynecology at the Ministry of Public Health in Tunisia. She obtained her Doctor of Medicine degree from the Faculty of Medicine of Sfax and completed complementary certificates in Senology and Gynecologic Laparoscopy. Her doctoral thesis focused on in utero transfer in obstetric practice. Her research interests include obstetric pathology, placenta accreta spectrum, and gynecologic oncology. She is the first and presenting author of several scientific works, has published in peer-reviewed journals, and has presented at national and international gynecology and obstetrics conferences, including FIGO and ESGO.

Management of Caesarean scar pregnancy

Abstract

Cesarean scar pregnancy (CSP) is a rare but potentially life-threatening condition that requires early diagnosis and careful management due to the high risk of hemorrhage. We conducted a retrospective study of seven patients diagnosed with CSP between 2022 and 2024 at the Department of Obstetrics and Gynecology, Kasserine Regional Hospital. The mean maternal age was 36.5 years, and the mean gestational age at diagnosis was 7 weeks + 3 days. The average gravidity was 3.7 (range 2–5) and the mean parity was 2 (range 1–4). Abnormal uterine bleeding was the most common presenting symptom, with pelvic pain reported in 34% of cases. Transvaginal ultrasonography established the diagnosis in all patients, while MRI was performed in only two cases. Management depended on gestational age and clinical presentation: four patients diagnosed at a mean gestational age of 6 weeks + 3 days underwent uterine aspiration, two patients received intramuscular methotrexate as the sole treatment, and one patient underwent hysterotomy at 9 weeks + 5 days. Fertility outcomes were evaluated in three patients. This study confirms that transvaginal ultrasound is the diagnostic gold standard for CSP and plays a crucial role in follow-up, alongside serial plasma hCG monitoring. Given the risk of recurrence and obstetric complications in subsequent pregnancies, careful planning, early detection, and close surveillance are essential to optimize maternal and fetal outcomes.

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Swati L. Narayan

Rutgers Robert Wood
Johnson Medical School,
USA

Biography

Swati L. Narayan is a medical student at Rutgers Robert Wood Johnson Medical School. She graduated from Amherst College with a bachelor's degree in biology. Prior to medical school, she worked in clinical research at Dana Farber Cancer Institute and Boston Children's Hospital, which inspired her to continue engaging in clinical research during her time in medical school. Her research interests South Asian cardiovascular health, autoimmune disorders and women's health.

Women's Cardiovascular Screening during ED Visits in the Fourth Trimester: A Survey Study

Abstract

Background: Heart disease is the leading cause of death in the United States. 1 in 3 women visit the ER with cardiovascular related health events, and they often experience longer wait times, less emergent care and worse cardiovascular outcomes due to atypical symptoms such as neck pain and dizziness upon presentation to the ED. Understanding risk factors, such as cardiovascular health during pregnancy and in the fourth trimester (post-partum period), can help identify at-risk patients earlier, and help develop comprehensive guidelines for screening women before cardiovascular morbidity occurs.

Methods: A cross-sectional survey was administered to 106 women at an outpatient cardiology clinic. Participants completed a questionnaire that recorded details about their pregnancy and cardiovascular history, in addition to age at first pregnancy, parity, pregnancy complications/loss, and pre-pregnancy and postpartum cardiovascular diagnoses. Rates of hypertension were then stratified by race and educational status of patients. Educational status was stratified as some high school, high school diploma/GED, associate's degree, some college but no degree, bachelor's degree, and graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.). Race was categorized as White or Caucasian, Black or African, Asian, Other, or Prefer Not to Say.

Results: 100% of study participants who reported hypertension during pregnancy developed hypertension later in life, regardless of demographic factors. There was no significant increase in post-pregnancy hypertension rates in women with lower educational attainment ($\chi^2=1.83$, DF=5, $p=0.87$). There was also no significant increase in post-pregnancy hypertension rates between patients of different races ($\chi^2=4.39$, DF=4, $p=0.36$).

Conclusion: This pilot study highlights the need to aggressively screen all women who have been pregnant for hypertension and cardiovascular risk, regardless of demographic factors. Despite previous studies demonstrating that race and lower educational attainment can increase risk of cardiovascular disease, our data did not show a significant impact on risk. By developing and implementing aggressive screening guidelines, cardiovascular related mortality and morbidity in women due to delayed diagnosis and treatment can be significantly decreased.

The background of the entire page is a photograph of a Gothic cathedral. The most prominent feature is a tall, slender bell tower with multiple levels of arched windows and a cross on top. To the right, the main facade of the cathedral is visible, featuring a large rose window and a series of smaller windows. The sky is blue with some light clouds.

DAY- 2

**ORAL
PRESENTATIONS**

**AUGUST
13-14, 2026**

BARCELONA, SPAIN



Ovoke Egagifo

Somerset NHS Foundation
Trust, United Kingdom

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Narcolepsy Type 1 With Cataplexy In Pregnancy: A Case Complicated By Fetal Growth Restriction And Preterm Delivery

Abstract

Background: Narcolepsy type 1 is a chronic neurological disorder characterised by excessive daytime sleepiness and cataplexy. Pregnancy in women with narcolepsy is uncommon, and evidence guiding antenatal management remains limited. Published data on obstetric outcomes in women with narcolepsy are also limited.

Case Presentation: A multiparous woman with narcolepsy type 1 and cataplexy was managed during pregnancy within a multidisciplinary framework. Historical records demonstrated longstanding excessive daytime somnolence and emotion-triggered episodes of muscle weakness consistent with cataplexy. Prior treatment had included stimulant therapy and fluoxetine. The pregnancy was complicated by persistent hyperemesis, inconsistent engagement with maternity services, and a lower respiratory tract infection requiring hospital assessment and treatment. Ongoing management involved obstetric, anaesthetic, neonatal, and specialist medical teams. Serial antenatal assessments subsequently raised concerns regarding fetal growth restriction. During the third trimester, the patient experienced recurrent presentations with worsening symptoms, abdominal pain, and progressive deterioration in wellbeing requiring repeated clinical reviews. Fetal surveillance later demonstrated concerning features prompting expedited delivery by category 2 caesarean section. A male infant weighing 1400 g was delivered and admitted for neonatal care.

Conclusion: This case highlights the challenges of managing narcolepsy with cataplexy during pregnancy and demonstrates the importance of early multidisciplinary planning, individualized risk assessment, and enhanced fetal surveillance. Given the limited evidence base, management often requires careful balancing of maternal neurological stability, medication considerations, and potential obstetric and neonatal risks. Increased awareness of narcolepsy in pregnancy may facilitate improved coordination of care and optimize maternal and neonatal outcomes.

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August 13–14, 2026 | Barcelona, Spain



Ianna Alberto

St George's, University of
London, UK

Biography

Ianna is a Specialised Foundation Doctor, with a BSc in Clinical Bioscience, training in London. In final year of medical school, she was awarded the Healthcare Leadership Academy Scholarship. Through this, Ianna designed and delivered "Bridging the Gap" - a peer-led teaching initiative to support students transitioning into clinical training.

Bridging The Gap: Evaluating The Effects Of Near Peer Teaching On Students' Confidence

Abstract:

The transition from pre-clinical education to first clinical placement is a vulnerable period for medical students and may contribute to stress and reduced confidence, particularly in paediatrics where communication with children and families requires additional skill and sensitivity. Baseline data demonstrated that 59.9% of students rated their confidence for clinical placement between 1–3 on a 7-point Likert scale (1 = least confident). Additionally, 53.5% rated university preparation between 1–3, highlighting a perceived gap in readiness. To address this, a structured four-session near-peer communication skills programme was developed focusing on respiratory, cardiovascular, gastrointestinal, and neurological history-taking. Sessions incorporated structured frameworks, common paediatric differentials, appropriate investigations, and case presentation guidance. Senior medical students facilitated interactive role-play scenarios to create a psychologically safe learning environment. Post-intervention results demonstrated marked improvement: 100% of participants rated their confidence above 4, with 56.5% rating 6–7. A Wilcoxon signed-rank test confirmed a statistically significant increase in confidence scores ($W = 0$, $p < 0.001$). Furthermore, 78.2% reported that senior medical student teaching improved their confidence for placement (rating 6–7) compared with university preparation. Qualitative feedback described a "warm, engaging environment" where students "felt comfortable to participate," and teaching was perceived as "focused" and "well-explained in easy-to-understand language." This sustainable, low-cost intervention demonstrates that near-peer communication skills teaching can significantly enhance student confidence before first clinical placements, translating into more prepared and confident future paediatricians.

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August 13–14, 2026 | Barcelona, Spain



Ovoke Egagifo

Somerset NHS Foundation
Trust, United Kingdom

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Acute appendicitis in early pregnancy: diagnostic challenges and multidisciplinary management

Abstract

Acute appendicitis is the most common non-obstetric surgical emergency in pregnancy and remains a diagnostic challenge because physiological and anatomical changes may obscure classical clinical features. Delayed diagnosis increases the risk of perforation, maternal morbidity and adverse pregnancy outcomes. We report the case of a 36-year-old primigravida at approximately 5–6 weeks' gestation who presented with severe abdominal pain, vomiting and a positive pregnancy test. Initial assessment demonstrated suprapubic and periumbilical tenderness without guarding or peritonism. Early investigations showed a β -hCG of 16,000 IU/L, white cell count of $12.28 \times 10^9/L$ and C-reactive protein (CRP) of 31 mg/L. Ultrasound assessment was inconclusive. Despite repeated multidisciplinary reviews by obstetric and surgical teams, the diagnosis remained uncertain because classical right iliac fossa tenderness was absent. Over the following days, inflammatory markers continued to rise, with CRP increasing to 436 mg/L. The patient developed persistent abdominal pain, pyrexia and evolving peritoneal signs. MRI subsequently demonstrated a perforated appendix with associated abscess formation. Laparoscopic appendicectomy confirmed a perforated appendix and pelvic abscess. Postoperative recovery was satisfactory; however, the pregnancy subsequently resulted in early miscarriage. This case highlights the diagnostic difficulties of appendicitis in early pregnancy and the limitations of clinical assessment and ultrasound imaging. It emphasises the importance of maintaining a high index of suspicion in patients with persistent abdominal pain and rising inflammatory markers. Early multidisciplinary collaboration and timely use of advanced imaging are essential to optimize maternal and fetal outcomes.



**Igochukwu Williams
Amechi**

Kettering General Hospital
Nhs Trustsm, UK

Biography

Amechi Williams Igochukwu is a trained Obstetrics and Gynaecology Specialist and Specialty Doctor at Kettering General Hospital, NHS. United Kingdom, with over 10 years of experience, he qualified as a doctor in 2010 and had his formal O&G residency in Nigeria. He has extensive international NGO experience as a gynaecology expatriate with Medicines Sans Frontiers (MSF) and CUAMM/Doctors with Africa, serving in Sierra Leone, South Sudan, and Northern Nigeria. A dedicated husband and father to three lovely children. His passion is delivering excellent, compassionate women's healthcare globally.

Re-audit of Venous Thromboembolism Risk Assessment Following Mid-Cavity and Rotational Assisted Vaginal Births at a UK District General Hospital

Abstract

Background: Venous thromboembolism (VTE) remains a leading cause of maternal mortality and morbidity in the United Kingdom. Mid-cavity and rotational assisted vaginal births (AVBs) are recognized risk factors for postpartum VTE and require accurate risk assessment and appropriate thromboprophylaxis in accordance with Royal College of Obstetricians and Gynecologists (RCOG) guidance. This re-audit evaluated compliance with VTE risk assessment and management following mid-cavity and rotational AVBs at Kettering General Hospital and assessed improvement since a previous audit.

Methods: A retrospective and prospective re-audit was conducted using data obtained from BadgerNet and Careflow electronic patient records. Women who underwent mid-cavity and/or rotational assisted vaginal births were included, while low-cavity non-rotational and outlet deliveries were excluded. Compliance with RCOG Green-top Guideline No. 37a was assessed against predefined standards, including correct VTE risk scoring, risk assessment within 24 hours of delivery, and appropriate thromboprophylaxis prescribing.

Results: Fifty-two women who underwent mid-cavity and/or rotational AVBs were identified, representing 63.4% of all assisted vaginal births during the study period. Of these, 41 had mid-cavity deliveries with or without rotation and 11 had low rotational deliveries. Correct VTE risk scoring was achieved in 76.9% (40/52) of cases, compared with 0% in the previous audit. Timely VTE assessment within 24 hours of delivery was documented in 96.1% (50/52) of cases. All women requiring pharmacological thromboprophylaxis received the correct dose and duration (100%), representing an improvement from 50% previously. Documentation and prescription of anti-embolism stockings also improved from 40% to 69%.

Conclusions: Significant improvements were demonstrated in compliance with VTE risk assessment and thromboprophylaxis following targeted interventions after the initial audit. However,

gaps remain in accurate risk scoring and documentation of assisted vaginal birth classification. Continued education, improved documentation practices, and re-audit are required to achieve full compliance with national standards and further reduce preventable maternal VTE risk.



Ayisha Bhutta

Kettering General Hospital,
UK

Biography

Ayisha Bhutta is an experienced Obstetrician and Gynecologist with over 10 years of clinical experience. She holds an MBBS, MRCPi (ObGyn), and MRCOG Part 1, and continues to enhance her expertise through continuous professional development and workshops. She has extensive experience in antenatal, gynecology, labor ward, emergency, and operative care, and currently works at Latifa Women and Children Hospital. Dr. Bhutta is actively involved in teaching medical students and mentoring junior doctors, reflecting her strong passion for education, mentorship, and advancing women's health. Her clinical strengths include managing high-risk pregnancies, making swift and accurate clinical decisions under pressure, and delivering compassionate, patient-centered care. Dedicated to continuous learning and professional growth, Dr. Ayisha Bhutta remains committed to achieving excellence in Obstetrics and Gynecology within the NHS.

Improving Compliance with Haemoglobin Surveillance in Multiple Pregnancy: A Quality Improvement Initiative

About

Background: Outpatient hysteroscopy is the recommended first-line investigation for women with suspected intrauterine pathology. Unsuccessful procedures increase patient anxiety, delay diagnosis, and increase demand for theatre-based hysteroscopy. Following an initial service evaluation, a quality improvement project was undertaken to identify barriers to successful outpatient hysteroscopy and implement service improvements.

Methods: Two retrospective audit cycles were performed within a district general hospital. Cycle 1 reviewed 1,072 women attending the outpatient hysteroscopy service (April 2022–March 2023). Cycle 2 evaluated 365 women (August–December 2025). Data collected included patient demographics, referral indications, pain scores, procedural outcomes, use of methoxyflurane (Pentrox), histopathology, and reasons for incomplete procedures. Findings from Cycle 1 informed targeted quality improvement initiatives, including referral screening against NICE NG88, improved patient selection, enhanced documentation, optimisation of analgesia recording, and updates to the outpatient hysteroscopy proforma.

Results: In Cycle 1, 52.5% of women successfully underwent outpatient hysteroscopy, 14.6% required hysteroscopy under general anaesthesia, and 30.6% did not require or were inappropriately referred for the procedure. Pain and referral quality were identified as major contributors to unsuccessful outpatient management. Cycle 2 demonstrated that 246/365 women (67.4%) successfully underwent outpatient hysteroscopy, while 119 (32.6%) procedures were not completed. Pain remained the commonest cause of failure (26.1%), followed by inappropriate referrals (20.2%), patient choice (16.0%), surgical difficulty (15.1%), and medical reasons (10.1%). Mean pain scores decreased from 6.8/10 pre-procedure to 3.2/10 post-procedure. Documentation identified ongoing opportunities to improve recording of Pentrox use and patient counselling.

Conclusions: This two-cycle quality improvement project identified referral quality, pain management, and documentation

as key determinants of successful outpatient hysteroscopy. Introducing standardised referral pathways, improved analgesia documentation, and enhanced patient information provides a pragmatic approach to improving patient experience, reducing unnecessary general anaesthetic procedures, and increasing service efficiency. Ongoing re-audit will evaluate the sustainability of these interventions.

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August 13–14, 2026 | Barcelona, Spain



Ovoke Egagifo

Somerset NHS Foundation
Trust, UK

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Acute appendicitis in early pregnancy: diagnostic challenges and multidisciplinary management

Abstract

Background: Decision-to-delivery interval (DDI) is a recognized measure of the timeliness of emergency obstetric care and an important indicator of maternity service performance. Regular audit supports identification of delays, monitoring of compliance with standards, and implementation of quality improvement initiatives.

Objective: To assess compliance with DDI standards for Category 1–3 caesarean sections, identify causes of delay, and evaluate changes following implementation of recommendations from a previous audit cycle.

Methods: A retrospective multi-site re-audit was conducted across Yeovil District Hospital and Musgrove Park Hospital using Badger Net data from 1 April to 30 June 2025. A total of 243 caesarean sections were analyzed. Standards included Category 1 DDI less than 30 minutes, Category 2 DDI less than 75 minutes, Category 3 delivery as clinically appropriate, and documentation of indication, delay, and consultant involvement.

Results: Category 2 caesarean sections represented the majority of workload (153/243; 63%) and accounted for most delays (34/39; 87%). Compliance improved from 73% to 86% for Category 1 procedures and from 76% to 78% for Category 2 procedures, while Category 3 performance remained at 100%. Delay documentation improved from 48% to 71%, and consultant involvement documentation improved from 50% to 53%. Overall delays occurred in 16% of cases (39/243). The commonest causes of delay were undocumented reasons (33%), theatre availability (26%), anaesthetic delays (15%), transfer delays (13%), and other operational factors (15%). All cases were appropriately categorized.

Conclusion: Improvements were observed in DDI performance and documentation following the previous audit cycle. Category 2 caesarean sections remain the principal source of delay and represent the greatest opportunity for service improvement. Targeted interventions addressing operational processes, escalation pathways, and documentation may enhance maternity care performance and patient outcomes.

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Nancy Anis Kamel
Nour ElOyoun Specialized
Center, Egypt

Biography

Nancy Anis Kamel is a dedicated Pediatric Ophthalmologist and Medical Educator with over 15 years of clinical and academic experience. She specializes in pediatric eye diseases, including ophthalmic emergencies, strabismus management, and childhood blindness prevention, with a strong commitment to early diagnosis and effective treatment. Dr. Nancy earned her MBChB from Assiut University, followed by a Diploma in Ophthalmology from Ain Shams University, and a Fellowship in Pediatric Ophthalmology from the Research Institute of Ophthalmology. She has actively contributed to national and regional outreach initiatives, including trachoma control and school vision programs, and has provided essential eye care services to refugee and underserved communities. In addition to her clinical work, she is actively involved in medical education and conferences, sharing her expertise to advance pediatric eye care. Currently, she serves as a Medical Manager at Nour El Oyoun Specialty Center, where she continues to make a meaningful impact in both patient care and community health.

The Pediatric Ocular Trauma Medicolegal Risk Score (POT-MRS): A Novel Patient Safety–Driven Predictive Framework for Objective Quantification of Medicolegal Risk and System Failure Detection in Pediatric Eye Trauma

Abstract

Background: Pediatric ocular trauma is a high-impact ophthalmic emergency associated with significant visual morbidity and medicolegal burden. Current medicolegal risk assessment remains subjective, inconsistent, and lacks standardized quantitative tools, limiting reproducibility and system-level learning.

Aim: To develop and evaluate a structured patient safety–driven framework, the Pediatric Ocular Trauma Medicolegal Risk Score (POT-MRS), for objective quantification and stratification of medicolegal risk.

Methods: The POT-MRS is a five-domain scoring system including visual acuity documentation, injury description completeness, diagnostic/therapeutic delay, imaging appropriateness, and informed consent completeness. Each domain is scored 0–2, yielding a total score (0–10). Patients are classified into low (0–3), moderate (4–6), and high (7–10) risk groups. A structured simulated cohort of 120 pediatric ocular trauma cases was used for pilot validation.

Results: The model demonstrated strong discriminatory performance (AUC = 0.87). Each 1-point increase in POT-MRS was associated with a 1.92-fold increase in risk of adverse outcomes (OR 1.92, 95% CI 1.55–2.35), with a clear dose–response relationship between score and clinical deterioration.

Conclusion: The POT-MRS provides a structured and reproducible framework for medicolegal risk stratification in pediatric ocular trauma. Preliminary simulation-based findings support its potential as a patient safety–driven predictive tool; however, external clinical validation remains essential.

Introduction: Pediatric ocular trauma represents one of the most critical ophthalmic emergencies, frequently resulting in irreversible visual impairment and significant medicolegal consequences. Beyond clinical severity, outcomes are strongly influenced by documentation quality, diagnostic delays, and

system-level deficiencies.

Current medicolegal risk assessment is largely subjective and retrospective, lacking standardized quantitative frameworks. This variability limits early identification of preventable system failures.

The need for structured, reproducible, and clinically interpretable risk models has become increasingly emphasized within modern patient safety science. The POT-MRS was developed to address this gap by integrating clinical and system-level parameters into a unified quantitative risk index.

Results:

The simulated cohort demonstrated:

- * AUC = 0.87, indicating strong discriminatory performance
- * OR = 1.92 per 1-point increase in POT-MRS (95% CI 1.55–2.35)
- * A consistent dose–response relationship between increasing score and worsening outcomes
- * Clear stratification between low, moderate, and high-risk groups
- * Progressive deterioration in visual outcomes with increasing score

Discussion (Refined + Strong Version): The Pediatric Ocular Trauma Medicolegal Risk Score (POT-MRS) represents a structured paradigm shift in the assessment of medicolegal risk in ophthalmic trauma care. Rather than relying on retrospective, subjective judgment, the proposed framework operationalizes risk into a reproducible, multidimensional, and clinically interpretable metric that integrates both patient-level clinical severity and system-level performance indicators.

By embedding documentation quality, diagnostic timeliness, imaging appropriateness, and informed consent integrity into a unified scoring system, the POT-MRS extends beyond traditional trauma scoring models to capture latent healthcare process failures that are often invisible in conventional clinical evaluation.

Although validated in a structured simulated cohort, the model demonstrates strong internal consistency, a clear dose–response relationship, and robust discriminatory behavior, supporting its conceptual validity as a patient safety–driven predictive framework.

Conclusion (Refined): The POT-MRS provides a novel, structured, and reproducible framework for the quantification of medicolegal risk in pediatric ocular trauma. Its multidimensional design enables standardized risk stratification while simultaneously identifying underlying system-level vulnerabilities contributing to adverse outcomes.

Preliminary simulation-based evaluation demonstrates strong discriminatory performance and coherent predictive behavior, supporting its potential utility as a patient safety tool. However, external validation using real-world clinical datasets remains essential prior to clinical implementation.

Impact Statement: The POT-MRS transforms medicolegal risk in pediatric ocular trauma from subjective clinical interpretation into a structured, predictive, and system-oriented patient safety metric.

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Ayisha Bhutta

Kettering General Hospital,
UK

Biography

Ayisha Bhutta is an experienced Obstetrician and Gynecologist with over 10 years of clinical experience. She holds an MBBS, MRCPi (ObGyn), and MRCOG Part 1, and continues to enhance her expertise through continuous professional development and workshops. She has extensive experience in antenatal, gynecology, labor ward, emergency, and operative care, and currently works at Latifa Women and Children Hospital. Dr. Bhutta is actively involved in teaching medical students and mentoring junior doctors, reflecting her strong passion for education, mentorship, and advancing women's health. Her clinical strengths include managing high-risk pregnancies, making swift and accurate clinical decisions under pressure, and delivering compassionate, patient-centered care. Dedicated to continuous learning and professional growth, Dr. Ayisha Bhutta remains committed to achieving excellence in Obstetrics and Gynecology within the NHS.

Improving Outpatient Hysteroscopy Through Targeted Service Improvements: A Two-Cycle Quality Improvement Project

About

Background: Women with multiple pregnancies have increased physiological iron requirements and are at greater risk of iron-deficiency anaemia, which is associated with adverse maternal and perinatal outcomes. NICE recommends haemoglobin surveillance at booking, 20–24 weeks, and 28 weeks' gestation. This quality improvement project aimed to identify gaps in compliance with local practice and develop interventions to improve surveillance.

Methods: A retrospective audit was undertaken within a specialist multiple pregnancy service using electronic maternity records, pathology systems, and antenatal documentation over a six-month period. Compliance with NICE-recommended haemoglobin surveillance was assessed. Findings informed a multidisciplinary quality improvement programme incorporating process mapping, systems analysis, and stakeholder engagement to identify barriers and develop sustainable interventions

Results: Compliance with haemoglobin testing at booking and 28 weeks was satisfactory; however, only 33% of women received the recommended haemoglobin assessment between 20 and 24 weeks, meaning approximately two-thirds missed the recommended surveillance. Systems analysis suggested that variation resulted from fragmented documentation, multiple care transitions, lack of electronic prompts, competing clinical priorities, and unclear ownership of surveillance rather than deficiencies in clinical knowledge. Planned quality improvement interventions included standardised documentation, electronic reminders, community midwife prompts, staff education, and multidisciplinary engagement.

Conclusions: This project demonstrated a significant gap between national guidance and local clinical practice. A systems-based quality improvement approach identified organisational factors contributing to missed surveillance and informed practical interventions to improve compliance. Re-audit is planned to evaluate the impact of these changes on adherence to NICE recommendations and patient safety.



Ovoke Egagifo

Somerset NHS Foundation
Trust, UK

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Management of interstitial ectopic pregnancy: diagnostic challenges and surgical management following pregnancy of unknown location

Abstract

Background: Interstitial ectopic pregnancy is a rare but potentially life-threatening form of ectopic pregnancy associated with delayed diagnosis and a high risk of haemorrhage if rupture occurs. Diagnosis may be challenging when initial ultrasound findings are inconclusive and the pregnancy is managed as a pregnancy of unknown location (PUL).

Case: A 30-year-old woman, G3P1+1, presented at approximately 5 weeks' gestation with light vaginal bleeding and mild abdominal pain. Initial examination was unremarkable and serum β -hCG was 96 IU/L. Serial β -hCG measurements demonstrated an appropriate rise, increasing to 207 IU/L after 48 hours, 1048 IU/L one week later, and 2782 IU/L after a further 48 hours. Transvaginal ultrasound at approximately 6 weeks demonstrated no intrauterine pregnancy, adnexal mass or free fluid, and a diagnosis of PUL was made. Ongoing surveillance was undertaken as the patient remained clinically stable. At approximately 8 weeks' gestation, repeat transvaginal ultrasound demonstrated a gestational sac measuring 19 × 13 mm within the left interstitial region of the uterus. Serum β -hCG had risen to 46,165 IU/L. Laparoscopic wedge resection with left salpingectomy was performed. Operative findings confirmed an interstitial ectopic pregnancy without significant haemoperitoneum. Estimated blood loss was 100 mL. Recovery was uncomplicated and the patient was discharged the following day. Subsequent follow-up demonstrated return of normal menstrual cycles and a later successful intrauterine pregnancy.

Conclusion: This case highlights the diagnostic challenges associated with interstitial ectopic pregnancy and the limitations of relying on β -hCG trends alone to predict pregnancy location. Careful surveillance, timely repeat imaging and clinical judgement remain essential in the management of pregnancies of unknown location. Early diagnosis may broaden management options and reduce the risk of severe maternal morbidity.

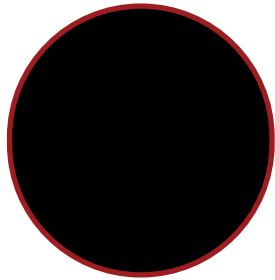
The background of the poster is a photograph of a tall, ornate Gothic cathedral tower, likely the spire of the Sagrada Família in Barcelona. The tower is made of light-colored stone and features intricate carvings and multiple levels of arched windows. It rises against a clear blue sky with a few wispy white clouds. The overall image has a slightly faded, ethereal quality.

DAY- 2

**POSTER
PRESENTATIONS**

**AUGUST
13-14, 2026**

BARCELONA, SPAIN



TangYuanXia

Women and Children's
Hospital of Chongqing
Medical University, China

Biography

Tang Yuan xia is an active medical scholar and clinician based at the Women's and Children's Hospital Affiliated to Chongqing Medical University, a leading tertiary pediatric and maternal medical facility in Western China. Specializing in the intersection of neonatal critical care and pediatric anesthesia, Tang's research aims to improve survival and recovery rates for high-risk neonates facing complex surgical interventions.

Association of Perioperative Anesthesia Monitoring Parameters With Adverse Postoperative Outcomes in Neonates Undergoing Surgery for Necrotizing Enterocolitis

Abstract

Objective: This study aimed to identify perioperative anaesthesia monitoring parameters associated with adverse postoperative outcomes in neonates with NEC.

Methods: A cross-sectional study was conducted among neonatal patients with NEC who were admitted to the Women's and Children's Hospital Affiliated to Chongqing Medical University/Chongqing Health Center for Children and Women between January 2023 and March 2025. Patients who experienced adverse outcomes within 28 days after surgery were included in the study group (n=27), and those with favorable outcomes were assigned to the control group (n=69).

Results: A total of 96 patients were included in the study, of whom 59(61.5%) were male and 37(38.5%) were female. The preoperative SNAP-II was 21(IQR, 15-28). The study group had significantly longer cumulative hypotension time [46(IQR, 31-70) min vs 22(IQR, 11-36) min], higher peak lactate levels [4.0 (IQR, 3.1-5.4) mmol/L vs 2.6 (IQR, 2.0-3.4) mmol/L] and VIS [22 (IQR, 12-34) vs 12 (IQR, 6-20)] than the control group ($P<0.05$). Multivariable logistic regression analysis showed that cumulative hypotension time [OR=1.19 (95% CI, 1.06-1.36), $P=0.01$], peak lactate level [OR=1.28 (95% CI, 1.05-1.59), $P=0.02$] and VIS [OR=1.21 (95% CI, 1.09-1.52), $P=0.04$] were independent risk factors for adverse postoperative outcomes in NEC. The combined predictive model demonstrated good performance [AUC=0.80(95% CI, 0.71-0.88)].

Conclusion: Cumulative hypotension time, peak lactate level, and VIS were independent perioperative anesthesia monitoring parameters that predicted adverse postoperative outcomes in NEC.



Hina Bajwa

Somerset Foundation NHS
Trust, UK

Biography

Hina Bajwa is a Specialty Registrar in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, England. She holds MBBS and FCPS qualifications in Obstetrics and Gynaecology, with MRCOG Part 1, reflecting her commitment to achieving the highest standards of clinical excellence. Prior to her current role, she gained broad NHS experience at Yeovil District Hospital and Lancashire Teaching Hospitals. Before moving to the UK, Dr Bajwa practised extensively across government and private hospitals in Pakistan following her fellowship training.

Atypical Endometrial Hyperplasia: A Two-Year Audit of Compliance with RCOG 2016 Guidelines and Hysterectomy Waiting Times

Abstract

Background: Atypical Hyperplasia (AH) is a pre-malignant condition of the endometrium, classified under the revised 2014 WHO system which separates endometrial hyperplasia into two groups based on cytological atypia. AH carries a 25–40% risk of concurrent or subsequent endometrial cancer, necessitating prompt diagnosis, risk stratification, and definitive management in line with RCOG Green-top Guideline 67 (2016). Ensuring compliance with national standards is essential to optimize patient safety and oncological outcomes.

Aim: To assess compliance with RCOG 2016 guidelines for the management of atypical endometrial hyperplasia at Somerset NHS Foundation Trust over a two-year period (January 2022 – December 2023). To analyze hysterectomy waiting times in women with AH and identify gaps requiring targeted quality improvement.

Method: Retrospective case review of all patients diagnosed with AH on endometrial biopsy during the study period (n=64 total; n=39 audited after exclusions for concurrent cancer, incidental AH on hysterectomy specimen, and atypical endometriosis). Patient records were examined for compliance with RCOG standards. Risk factors, menopausal status, management pathways, hysterectomy type and waiting times were documented. Interdisciplinary input was sought to generate actionable recommendations.

Results: Of 64 patients diagnosed with AH on biopsy between January 2022 and December 2023, 39 were eligible for audit after excluding 12 with AH on hysterectomy specimen only, 6 with concurrent endometrial cancer, 6 with suspicion of cancer at time of biopsy, and 1 with atypical endometriosis.

Conclusion: This two-year retrospective audit confirms that AH management at Somerset NHS Foundation Trust broadly follows RCOG 2016 guidelines. However, significant delays in hysterectomy waiting times (up to 18 months) and inconsistent follow-up for patients on medical management represent important quality improvement priorities. A 27% endometrial cancer co-incidence rate on surgical specimens underscores the oncological urgency of timely intervention. Targeted action is required to reduce waiting times, improve biopsy surveillance compliance, and standardize the AH management pathway across the department.

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Juri Altaouil

Women's Health Institute,
USA

Biography

Juri Altaouil is a Rutgers University graduate with dual Bachelor's degrees in Psychology and Health Administration and a Minor in Biological Sciences. She is a Research Intern at the Women's Health Institute at Rutgers Robert Wood Johnson Medical School, where her work focuses on women's reproductive health, environmental health equity, and the effects of climate change on maternal and neonatal outcomes. Juri is passionate about advancing reproductive justice through interdisciplinary research and public health advocacy.

GLP-1 Receptor Agonists as a Novel Therapeutic Pathway for Improving Reproductive Function in Women With PCOS

Abstract

Polycystic ovary syndrome (PCOS) is a common endocrine disorder affecting reproductive-aged women worldwide and is typically characterized by insulin resistance, hyperandrogenism, and ovulatory dysfunction, all of which contribute to impaired fertility leading to difficulty in conception. Current treatments for PCOS-related infertility, including lifestyle modification, metformin, and ovulation-inducing agents, are limited in their ability to address both metabolic and reproductive dysfunction simultaneously. This paper aims to conduct a literature review on the effects of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) on fertility-related outcomes in women with PCOS. This study reviews the emerging role of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) in improving fertility-related outcomes in women with PCOS. Evidence from narrative reviews, systematic reviews, meta-analyses, and clinical studies suggests that GLP-1 RAs improve weight loss, insulin sensitivity, and androgen levels while also enhancing reproductive outcomes such as menstrual regularity, ovulation, and spontaneous pregnancy rates in women with PCOS. Overall, GLP-1 RAs represent a promising preconception therapeutic strategy for women with PCOS, particularly those with obesity and insulin resistance. However, larger, well-designed clinical trials are needed to establish long-term safety and efficacy in reproductive outcomes.

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August 13–14, 2026 | Barcelona, Spain



Maryam Fatima

Basildon University Hospital,
UK

Biography

Maryam Fatima completed her postgraduate qualification (MRCOG) in Obstetrics and Gynaecology in the United Kingdom and is currently working as a Registrar at Basildon Hospital. With extensive clinical experience, she has managed a wide range of obstetric and gynaecological cases while consistently delivering high-quality, patient-centered care. She has worked collaboratively within multidisciplinary teams to ensure the best possible outcomes for patients and is committed to maintaining excellence in clinical practice. Her dedication to women's health, continuous professional development, and evidence-based medicine reflects her passion for advancing the field of Obstetrics and Gynaecology.

Referral for Sending the Placenta for Histopathology in Cases of Severe Fetal Distress Requiring NICU Admission (A Quality Improvement Project)

Abstract

This audit was started as an audit for sending the placenta for histopathology in cases of severe fetal distress requiring NICU admission. The aim was to verify the adherence to the RCPATH guidelines for sending placental histology. It was a retrospective audit conducted over a period of six months. The audit was registered with clinical effective unit and data was analysed. It was found that out of 200 babies admitted to NICU, 31 of them were severe fetal distress fulfilling the criteria of the definition as per RCPATH guidelines. The conclusion was that placental histology was sent only in 30% of cases. The recommendations were to improve staff awareness and training. The re-audit was done which showed the compliance has improved to 60%. Following this, a QIP was initiated in which the trust guidelines and referral form for placental histology were revised.



Hina Bajwa

Somerset Foundation NHS
Trust, UK

Biography

Hina Bajwa, is a Specialty Registrar in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, England. She holds MBBS and FCPS qualifications in Obstetrics and Gynaecology, with MRCOG Part 1, reflecting her commitment to achieving the highest standards of clinical excellence. Prior to her current role, she gained broad NHS experience at Yeovil District Hospital and Lancashire Teaching Hospitals. Before moving to the UK, Dr Bajwa practiced extensively across government and private hospitals in Pakistan following her fellowship training.

Severe Pre-Eclampsia at the Extremes of Prematurity: Two Case Reports Highlighting Atypical Presentations and Clinical Decision-Making

Abstract

Background: Pre-eclampsia (PET) affects 2–8% of pregnancies worldwide and remains a leading cause of maternal and perinatal morbidity and mortality. Early recognition is challenging when presentations deviate from classical patterns. Ensuring compliance with national guidelines is essential to reduce complications. This case series was presented at a departmental teaching session to highlight atypical presentations of severe PET at extreme preterm gestations, promote learning from practice, and reinforce key management principles in line with RCOG guidance.

Aim: To present two cases of severe pre-eclampsia with atypical features managed at extreme preterm gestation, focusing on: (1) biomarker utility (PIGF / sFlt-1: PIGF ratio), (2) multidisciplinary escalation, (3) individualized antihypertensive choices, and (4) timing of delivery decisions. Are-audit and ongoing staff education are planned to monitor improvements in care standards.

Case 1 Summary: A 33-year-old primigravida with a background of possible essential hypertension (previously on two Antihypertensives, self-discontinued three years prior) and mild asthma. Booking BMI 33. At 29+2 weeks she presented with BP 180/112 mmHg, epigastric pain, and headache. Initial PET bloods were normal; PIGF 309 pg/mL. Management included labetalol (later stopped due to asthma), nifedipine, methyldopa, IV hydralazine, MgSO₄ (stopped at 17 hours; restarted due to ongoing headache and blurred vision), corticosteroids, and continuous CTG. Echo showed concentric left ventricular hypertrophy. CT venogram and MRI pituitary demonstrated likely physiological pituitary enlargement only. Due to uncontrolled BP and neurological symptoms, emergency Category 1 Caesarean section was performed at 30 weeks. A live male infant was born weighing 1340g (7.9th centile), APGARs 3/9/10.

Case 2 Summary: A 26-year-old primigravida (G0P1) with learning difficulties, depression, PTSD, asthma, and current smoking. Booking at 10+6 weeks, BMI 32.8, BP 120/65 mmHg. Low-risk PET

screening. Anomaly scan at 23+4 weeks (delayed due to DNA): all long bones and EFW <3rd centile; umbilical artery Dopplers normal. Patient declined tertiary referral. At 26+4 weeks: EFW 616g (0.1st centile), absent end-diastolic flow, reversed ductus venosus a-wave, reduced liquor, PlGF <12 pg/mL. Patient reported several days of vomiting, upper abdominal pain, swollen ankles and shortness of breath. On admission: BP 194/130 mmHg, HR 127. Clonus positive. Falling platelets raised concern for developing HELLP syndrome; rising creatinine noted. Labetalol avoided (asthma); IV hydralazine commenced then stopped due to hypotension; nifedipine and MgSO₄ given; benzyl penicillin and corticosteroids administered. Fluid restricted to 85 mL/hr. Emergency Category 2 Caesarean section at 26+5 weeks: live male infant 600g (0.0 centile), transferred to Newport Hospital NICU. Post-operative BP 129/73 mmHg, platelets 315, coagulation normal.

Conclusion: Both cases highlight that severe pre-eclampsia may present atypically at extreme preterm gestations, with epigastric pain, edema and rising BP even without significant proteinuria. A low threshold for investigation is essential.



Ianna Alberto

St. George's, University of
London, UK

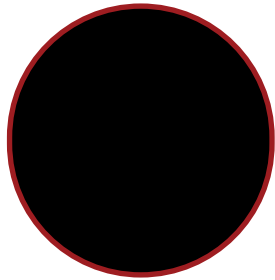
Biography

Ianna is a Specialised Foundation Doctor, with a BSc in Clinical Bioscience, training in London. In final year of medical school, she was awarded the Healthcare Leadership Academy Scholarship. Through this, Ianna designed and delivered "Bridging the Gap" - a peer-led teaching initiative to support students transitioning into clinical training.

A Two-Cycle Audit of the Management of Cow's Milk Protein Allergy in General Practice

Abstract:

Cow's milk protein allergy (CMPA) is one of the most common food allergies in infancy and often presents with non-specific symptoms, making diagnosis and management challenging in primary care. This two-cycle retrospective audit aimed to evaluate the accuracy of CMPA documentation and coding within general practice, assess adherence to NICE and BSACI guidelines, and determine whether targeted interventions improved practice (1,2). Thirteen patients (n = 13) with suspected or confirmed CMPA were identified using electronic health record data (EPIC). Data collected included diagnostic coding, prescribing patterns, type of formula used, documentation of dietetic input, and evidence of review between 9–12 months. This was compared across two audit cycles following implementation of interventions such as improved coding practice and inclusion of prescription stop dates. Overall, management was largely consistent with guideline recommendations, with appropriate use of extensively hydrolysed formula as first-line treatment and escalation to amino acid formula where indicated. Following interventions, correct CMPA coding improved from 31% to 62%, alongside improved documentation of prescribing plans and stop dates. However, some patients remained coded under non-specific terms such as "infant feeding problem," and prescriptions remained active despite not being issued after patients reached the appropriate age in some cases. Documentation of planned or completed review at 9–12 months remained variable. In conclusion, this audit demonstrates generally good adherence to national guidance in the management of CMPA in primary care, with measurable improvements in coding and documentation following targeted interventions. Further improvements in structured review processes, diagnostic coding consistency, and formal prescription review and discontinuation would enhance continuity of care and alignment with best practice guidelines.



Ramy Ahmed

Doncaster and Bassetlaw
NHS Foundation Trust,
UK

Biography

Ramy Ahmed is a dedicated medical professional specializing in Obstetrics and Gynaecology within the United Kingdom's National Health Service (NHS). He is currently affiliated with the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, a major acute healthcare provider in South Yorkshire and North Nottinghamshire. Mr. Ahmed combines active clinical practice with a strong commitment to advancing surgical techniques and medical education in women's reproductive health.

Laparoscopic Left Salpingectomy for a Disturbed Suspected Heterotopic Pregnancy

Abstract

Heterotopic pregnancy – the simultaneous occurrence of an intrauterine pregnancy (IUP) and an extrauterine (most commonly tubal) pregnancy – is a rare but increasingly recognised diagnosis that poses a significant diagnostic and management challenge. We present the case of a primigravida woman at approximately seven weeks' gestation who presented with abdominal pain and vaginal bleeding. Transvaginal ultrasound demonstrated a viable intrauterine pregnancy with peri-gestational bleeding alongside a separate left adnexal mass suspicious of a coexisting tubal ectopic pregnancy. Following appropriate counselling and consent, the patient underwent diagnostic laparoscopy, which confirmed a ruptured left tubal pregnancy with approximately 250 ml of haemoperitoneum. A left salpingectomy was performed, with careful operative technique employed throughout to safeguard the ongoing intrauterine pregnancy. This case illustrates the importance of maintaining a high index of suspicion for heterotopic pregnancy, the principles of safe laparoscopic surgery in early pregnancy, and the value of thorough pre-operative counselling when diagnostic certainty cannot be guaranteed.



Nathalia Fragoso de Almeida

Afya Medical School,
Brazil

Biography

Nathália Fragoso de Almeida, MD, is a Brazilian pediatrician, born in Itaperuna, in the state of Rio de Janeiro. She earned her medical degree from Universidade Iguazu in 2019 and completed her residency training in Pediatrics at Hospital Plantadores de Cana (2021–2023), in Campos dos Goytacazes/RJ. She currently serves as a Pediatrics preceptor at Afya Medical School, where she is actively involved in undergraduate medical education. Concurrently, she practices as an on-call pediatrician and attending physician in an urgent care setting and holds a public position as a pediatrician. Her clinical work is grounded in a commitment to excellence, comprehensive child-centered care, and a humanistic approach. She believes that the practice of medicine extends beyond science, guided by purpose, empathy, and faith—core values that shape her professional and personal trajectory.

Lower Limb Pain as an Initial Manifestation of Peripheral Neuropathy in Pediatrics: The Importance of Early Clinical Suspicion

Abstract:

Early recognition of potentially severe neurological conditions in pediatric patients remains a clinical challenge, particularly when initial manifestations are nonspecific. We report the case of an 11-year-old previously healthy patient admitted with complaints of myalgia affecting both upper and lower limbs, predominantly in the lower limbs, progressing to impaired ambulation. Symptoms began following a self-limited upper respiratory tract infection approximately one week prior. Initial outpatient evaluation, including laboratory tests and imaging, revealed no abnormalities, and symptomatic treatment with oral corticosteroids was prescribed. Despite this, the patient experienced progressive worsening of pain and walking ability, leading to hospital admission for further investigation. During hospitalization, serial laboratory tests remained unremarkable, except for urinary findings suggestive of a urinary tract infection, for which intravenous antibiotic therapy was initiated, without clinical improvement of the musculoskeletal symptoms. On the fourth day of hospitalization, a detailed clinical reassessment revealed neurological abnormalities, including decreased sensitivity in the lower limbs and diminished bilateral plantar reflexes. Based on these findings, acute peripheral neuropathy was suspected, particularly Guillain-Barré Syndrome, prompting urgent neurological evaluation and transfer to a referral center. The patient is currently undergoing diagnostic investigation, including lumbar puncture and electroneuromyography. This case highlights the importance of systematic clinical reassessment and thorough neurological examination in pediatric patients presenting with persistent musculoskeletal complaints. It also emphasizes how early recognition of subtle neurological signs can significantly impact clinical management and prognosis, aligning with the principles of innovation, prevention, and early intervention in pediatric care.



Etil Tom

Otuke District Local
Government,
Uganda

Biography

Etil Tom, is a statistician and development planner with extensive experience in data analysis, strategic planning, and public administration. As District Planner at Otuke District Local Government, he leads the preparation of development plans, budgets, and work plans while overseeing project monitoring, evaluation, and data-driven decision-making. He holds a Master of Statistics and a Bachelor of Science in Statistics and Economics from Makerere University, along with a Postgraduate Diploma in Project Planning and Management from the Uganda Management Institute. Committed to sustainable development, Etil applies analytical expertise and strategic insight to improve governance, resource utilization, and community development outcomes.

Risk factors associated with preterm birth among mothers delivered at Lira Regional Referral Hospital

Abstract

Introduction: The World Health Organization defines Preterm Birth (PTB) as “a live birth taking place before the expected 37 weeks of gestation”. Annually, approximately 15 million infants are born prematurely, constituting significantly to infant mortality during the initial four weeks of life, responsible for 40% of deaths among children under the age of five. Evidently, preterm deliveries have contributed to 46% of admissions to the neonatal intensive care unit at Lira Regional Referral Hospital (LRRH) over the past three years. Paradoxically, while the prevalence of preterm births remains high, there is a lack of documented information regarding the underlying risk factors. Consequently, the primary objective of this study was to assess the potential risk factors associated with preterm birth at LRRH.

Methods: An analytical cross-sectional research was undertaken at LRRH, employing a quantitative methodology. The study utilized secondary data obtained from maternal medical records of deliveries that occurred at the facility between April 2020 and July 2021. The collected data underwent analysis using STATA version 17 software. A Logistic regression model was applied to identify predictors of PTB, yielding adjusted odds ratios (AOR) alongside 95% confidence intervals (CI). The significance level was set at $p < 0.05$ to establish statistical significance. Assessments for multicollinearity and model fitness were conducted using the Variance Inflation Factor and linktest respectively.

Results: The prevalence of preterm delivery among mothers who gave birth at LRRH stood at 35.8%. The outcomes of logistic regression analysis revealed that maternal employment status had a significant association with preterm birth (AOR = 0.657, $p = 0.037$, 95%CI: 0.443–0.975); having a baby with low birth weight (AOR = 0.228, $p < 0.001$, 95% CI: 0.099–0.527) and experiencing preeclampsia (AOR = 0.142, $p < 0.001$, 95% CI: 0.088–0.229) were also identified as significant predictors of preterm birth in the study.

Conclusions: The occurrence of preterm delivery is significantly higher (35.8%) among mothers delivered at LRRH when compared to the national average (13.6%). The prevalence of preterm birth was linked to factors such as employment status, delivery of low birth weight infants, and the presence of preeclampsia. Consequently, the research recommended that the Ministry of Health should evaluate the present state of readiness within the healthcare system to effectively handle

cases of preterm birth both within medical facilities and the community. Also the Ministry of Gender, Labour, and Social Development should leverage Labor Officers to implement and uphold the regulations stipulated in the Employment Act and Labor Laws.

The background of the entire page is a photograph of a tall, ornate Gothic cathedral tower, likely the spire of the Sagrada Família in Barcelona. The tower is made of light-colored stone and features intricate carvings and multiple levels of arched windows. It rises against a clear blue sky with a few wispy white clouds. The image is slightly faded to allow the text to be legible.

DAY- 2

ORAL
PRESENTATIONS

AUGUST
13-14, 2026

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Quinn Cashion

Quinn & Associates,
Canada

Biography

Quinn Cashion, RTC, MEDL, is a Registered Therapeutic Counsellor, author, and speaker with over two decades of experience in resilience and human development. She also holds a Master's in Educational Leadership, working at the intersection of spirituality, psychology, and education, including supporting women survivors of violence and abuse in reclaiming stability and self-worth. Her work draws on the Three Principles understanding of mind, consciousness, and thought, grounded in the individual's innate capacity for clarity under pressure. Quinn has spoken internationally on resilience, including at the Mental Health Commission of Canada Conference.

Health of the Helper: Sustaining Those Who Care for Mothers, and Families

Abstract

Mental health is no longer a private struggle carried quietly behind the exam room door; it is a \$6 trillion global economic issue, projected by the World Economic Forum and The Lancet, and no sector feels its weight more directly than the caregiving professions. Physicians, midwives, and obstetric teams are trained to hold their patients through the most vulnerable moments of their lives, yet are rarely given the tools to hold their own capacity through the accumulated weight of that work. This talk reframes burnout and compassion fatigue not as a personal failing to be corrected with better coping strategies, but as a predictable response to sustained exposure to others' pain. Quinn Cashion draws on the Three Principles understanding of mind, consciousness, and thought, along with years of private practice supporting women, including survivors of violence and abuse, in rebuilding safety and stability after trauma. From this foundation, she offers a model of resilience for helping professionals, rooted not in willpower or another wellness protocol, but in the clinician's own innate capacity for clarity and calm beneath stress. For an industry bearing the compounding cost of an under-supported workforce, this is a return to the one resource that was never actually depleted, the mind's own steadiness, and the foundation from which sustainable, compassionate, long-term care becomes possible.

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Saumya Pandey
Indira-IVF Hospital,
India

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), James Buchanan Brady Foundation-Lefrak Center of 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 Faculty-Research Cell, Amity University Uttar Pradesh, Lucknow, India, and Head-Clinical Research, IndiraIVF-Hospital, Udaipur-Lucknow, India with 62 senior-lead authorship publications in international journals.

Breast cancer management in reproductive-aged women of North Indian ethnicity: Evidence-based cost-effective treatment modalities with innovation, compassion and public health impact

Abstract

Objectives: Breast cancer is a leading cause of morbidity and mortality in women worldwide. Breast screening in normal and/or asymptomatic women is essential to reduce the burden of breast malignancies. My study aimed to identify possible risk- and/or co-factors associated with breast screening in North Indian women for cost-effective innovative treatment modalities with emphasis on innovation, compassion and public health.

Methods: A public health preventive breast oncology nursing epidemiology study was conducted among 100 women of North Indian ethnicity residing in Lucknow, Uttar Pradesh, India. Demographic and clinical data, including mammography screening, were recorded in the questionnaire-based proforma after conducting a 10 minute interview. Written informed consent was taken from all the participants with assistance of registered nurse practitioners.

Results and Conclusions: The mean age of the participants was 32.2 ± 9.9 years. Out of 100 women, 6% had family history of breast disease. Breast-related complaints/malignancy, including galactorrhoea, mastitis, axillary lump, fibrocystic disease, fibroadenosis and adenocarcinoma were observed in 41% participants; age stratification revealed that 82.9% of this group ($n=41$) were <30 years, while 9.7% and 7.3% were >30 years and 30 years of age, respectively. 32% participants underwent mammography screening and 8% had breast ultrasound imaging. Age stratification in mammography screening group demonstrated that 24 women were <40 years, while 7 women were >40 years. My pilot study identified possible co-factors affecting breast screening in North Indian women. These findings may be beneficial in early detection of breast abnormalities, including malignancies in women susceptible to breast cancer, and aid in future design of cost-effective screening strategies and predictive biomarkers to reduce the increasing burden of breast carcinoma in women worldwide. There is an urgent need of tailor-made

personalized fertility preservation treatment modalities in breast cancer management amongst reproductive-aged women of ethnically disparate cohorts; public health research collaborations amongst radiation oncologists, infertility/reproductive medicine experts and nursing caregivers are warranted to promote breast cancer awareness, cancer-risk assessments, regular follow-up and surveillance of adverse effects of cytotoxic agents/drugs'-based treatment-related reproductive risks in women undergoing radiation therapy/polychemotherapy.

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Hasanin Mohamed

Hasanin

Institute of Medical Research
and Clinical Studies,
Egypt

Biography

Hasanin Mohamed Hasanin, professor of pediatrics, Institute of Medical Research and Clinical Studies. Specialty is neonatology and nutrition. Reviewer at the American Journal of Pediatrics since 2023. About 12 papers are published in many different international Scopus indexed journals.

Diagnostic Approach of Thrombocytopenia in Infants and Children

About:

Background: Thrombocytopenia is a life threatening problem in pediatric patients. It is caused by different aetiologies. Its overall incidence is 0.7–0.9% but up to 22–35% in neonatal intensive care unit (NICU) especially preterm.

Aim: To know causes of decreased platelet count in children in different age groups.

Methods: 55 pediatric patients were involved aged from 3–10 years who attending regular follow up at hematology clinic.

Results: Immune mediated thrombocytopenia (ITP) was the commonest cause in children either primary or secondary to SLE or drug induced. In neonates, neonatal alloimmune thrombocytopenia (NAIT) was common. Other causes include hemolytic uremic syndrome, DIC, sepsis, hypersplenism, vascular anomalies (hemangioma), storage diseases and infections.

Conclusion: A etiology of thrombocytopenia should be diagnosed early because many of them are treatable and to prevent miserable complications such as intracranial hemorrhage.

Keywords: Thrombocytopenia-ITP- Kasaback Meritt syndrome- intracranial hemorrhage

The background of the entire page is a faded, high-angle photograph of a Gothic cathedral tower, likely the Girona Cathedral. The tower is made of light-colored stone and features intricate carvings and a cross on top. The sky is a pale blue with some light clouds.

DAY- 2

**KEYNOTE
PRESENTATIONS**

**AUGUST
13-14, 2026**

BARCELONA, SPAIN

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Zhenhuan LIU

Nanhai Affiliated Maternity
and Children's Hospital
of Guangzhou University
of Traditional Chinese
Medicine, China

Biography

Zhenhuan LIU, professor of pediatrics, Pediatric acupuncturist Ph.D. tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries. More than 26800 children's deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international advanced level. Vice-chairman of Rehabilitation professional committee children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Professor of Chinese University of Hong Kong in recent 10 years. He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 20 books. He has published 300 papers in international and Chinese medical journals.

Scientific evaluate quantification of social and behavioral by scalp Acupuncture on children with autism spectrum disorder

Abstract:

Autism spectrum disorders (ASD), a severe and pervasive heterogeneous neurodevelopment disorder, is characterized by impaired social interaction and communication, repetitive behavioral patterns, and restricted interests. Many aspects of ASD are still debatable, with elusive and complex etiologies, and no effective therapy exists. At present, many studies have verified the effectiveness and safety of acupuncture in the treatment of autism. However, the results should be explained cautiously due to methodological weakness. In order to obtain powerful evidence of the effectiveness and safety of acupuncture in the treatment of ASD, it is worth designing a study with higher methodological quality. We summarize the potential mechanism of acupuncture in the treatment of ASD. We found the mechanism of acupuncture treatment of ASD is still unclear. On the one hand, due to the complex etiology and biochemical changes of ASD, it is a neurodevelopmental disorder syndrome with a variety of biological factors. On the other hand, there are few basic researches on the mechanism of acupuncture in the treatment of ASD. There is still a long way to go to reveal the secret of this mechanism. Acupuncture has a short history in the treatment of autism, but the application of scalp points has achieved remarkable curative effect. There are different kinds of scalp acupuncture therapy in clinic. Thus, we put forward "Xingnao Kaiqiao scalp acupuncture therapy" and bring forth the need for well-designed, rigorous clinical and experimental studies to provide formidable scientific evidence validating the efficacy and safety of acupuncture in the treatment of ASD.

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**Santosh Kumar
Mishra**

S.N.D.T. Women's University,
India

Biography

Santosh Kumar Mishra is an Independent Researcher (Scholar) and former faculty member of the Population Education Resource Centre, Department of Lifelong Learning & Extension, S.N.D.T. Women's University, Mumbai, India. He received fellowship training in Demography (1986–1987) and earned his Ph.D. from the University of Patna in 1999. His expertise includes demography, sustainable development, public health, and related fields. Dr. Mishra has authored 4 books, 32 book chapters, over 110 journal articles, numerous research studies, and more than 120 conference papers. He has received multiple Certificates of Excellence in Reviewing and has served as a judge for the Edison Awards and Global Undergraduate Awards.

Management of Anxiety Disorders among Children

Abstract:

Anxiety disorders (defined as “mental health condition marked by excessive and uncontrollable fear/worry that interferes with daily life”) in children is one of the areas that require special attention from health care providers. Such disorders, which are common among nearly 15%–20% of youth (15–24 years of age) involve excessive and persistent fear/worry that interferes with daily life activities of children (both boys and girls). It is of utmost importance to find out the symptoms and to know how to address the anxiety disorders. Prime objective of this work is to present description on management of anxiety disorders among children. Also, it briefly looks into associated symptoms and areas of intervention. Secondary data (largely ‘*qualitative*’ in nature) have been used, and method of data analysis is ‘*descriptive*’. Data analysis indicates that there are various reasons for mental disorders symptoms include school avoidance, physical complaints (stomach aches, headaches, etc.), sleep disorders, irritability, excessive emotional dependence, and insecurity. Anxiety is considered a disorder if worries/fears interfere with life of children for more than six months. There are four types of anxiety disorders: separation anxiety disorders, specific phobias, social anxiety disorders, and panic disorders. Health care providers need to talk to children to diagnose anxiety. In terms of treatment options, there are two ways to treat anxiety: behavioral therapy, and medication therapy. It is important to note that both of these modalities work on their own. However, they work better together. This abstract concludes that timely addressing anxiety disorders during childhood is crucial.

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Bernd Blobel

University of Regensburg,
Germany

Biography

Bernd Blobel, received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habilitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and then Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center as well as Head of the globally unique International Interdisciplinary PhD and Postdoc College at the University of Regensburg. He was leadingly involved in many countries health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, and IEEE etc. Furthermore, he still engaged in international higher education and member of several international academies.

Designing and Managing Knowledge-Based Intelligent and Ethical Health and Social Care Ecosystems

Abstract

Health and social care systems around the world undergo a transformation from phenomenological through evidence-based, person-centered, and personalized medicine to systems medicine, better characterized as personalized, preventive, predictive, participative precision medicine (5PM). 5PM considers the individual health status, conditions, genetic and genomic dispositions in personal, social, occupational, environmental and behavioral context. This requires communication and cooperation between actors from multiple domains including the patient, using their methodologies and languages in a highly dynamic and highly complex ecosystem for taking the right decisions and performing the correct process. Thereby, we have to advance from data focus to knowledge focus. The challenge is the understanding and the formal as well as consistent representation of the disciplines and practices involved in the business system in question such as women's health specialties, physiology, pathology, biophysics and biochemistry, pharmacology, imaging, but also legal and ethical aspects. This requires the formalization and management of multi-domain knowledge and individual skills of all actors involved in the real-world business processes as well as the development process of appropriate solutions supported by technologies. In the first step, we have to formally and architecturally represent the ecosystem with its components, functions and relationships, including their composition/decomposition. This must be done for each of the involved domains. This system can thereafter be transformed into ICT solutions following the development process according to the ISO/IEC 10746 Reference Model Open Distributed Processing. The outcome is a system-oriented, architecture centric, ontology-based, policy-driven approach meanwhile standardized as ISO 23903, mandatory in all projects addressing more than just one domains, and meanwhile deployed in many SDOs such as ISO, CEN, IEC, OMG, IEEE, HL7, etc. A specific challenge is the representation of the different aspects and viewpoint through languages with appropriate grammar. The formal representation of any ecosystem and its development process including examples of practical deployment of the approach are presented in detail. This includes correct systems and standards integration and interoperability solutions.

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Kenneth R Pelletier

University of California
School of Medicine,
USA

Biography

Kenneth R. Pelletier, PhD, MD is a Clinical Professor of Medicine, Department of Medicine; Department of Family and Community Medicine and Department of Psychiatry at the University Of California School Of Medicine, San Francisco (UCSF). At the UCSF School of Medicine, he is Director of the Corporate Health Improvement Program (CHIP) which is a research program between CHIP and 15 of the Fortune 500 corporations including Apple, Cisco, American Airlines, IBM, Dow, Prudential, Cummins, Ford, NASA, and Pepsico. He also serves as a Vice President with American Specialty Health (ASH).

Change Your Genes – Change Your Life: Epigenetics of Longevity

Abstract

Biology is no longer destiny. Our DNA doesn't determine our health and disease prospects, as geneticists once believed. According to the new science of epigenetics, the vast majority of our genes are fluid and dynamic and their expression is shaped by what we think and what we do. Our genetic profile may signal an inherited vulnerability to a disease, but our choices and behaviors determine whether these genes will be switched on or off. Each of us can influence our genes to create optimal health and longevity. Dr. Pelletier will discuss the latest epigenetic research, including progress on the \$ 101 Million X Prize, and share timely media coverage including details of the "Blue Zone" communities around the world and its potential impact on science. He will also cite the cutting-edge technologies that will forever change the landscape of optimal aging and longevity. We encourage you to attend and to engage with Dr. Pelletier in learning how to incorporate these new findings into your own lives.

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David J R Hutchon

Memorial Hospital,
UK

Biography

Dr David Hutchon, a fellow of the Royal College of Obstetricians and Gynaecologists, has 30 years experience as a consultant obstetrician in the UK. For the past 15 years he has been researching and teaching about the harm of early cord clamping, organizing conferences on the subject, publishing over 40 papers, speaking at neonatology meetings and ran an international workshop in Edinburgh on motherside neonatal resuscitation with an intact cord. He recently co-authored the chapter on cord clamping in the second edition of *Golden Hours, Care of the Very Low Birth Weight Neonate*.

How to Provide a Physiological Transition at Birth

Abstract:

The importance of providing a physiological transition at birth is increasingly recognised. Heart rate is the essential sign of life. Fetal heart rate monitoring throughout labour monitors the health of the fetus, and this parameter continues to provide evidence of health immediately after birth. Monitoring by doppler ultrasound has been established over the last 60 years and patterns such as heart rate can be used to determine the health of the fetus. At birth it is recommended that the neonatal heart rate is measured using a stethoscope. This is notoriously inaccurate and undocumented in real time. The contrast to fetal heart rate monitoring is clear, however we demonstrate the fetal doppler ultrasound device can be used very effectively on the neonatal chest immediately after birth, providing an almost continuous record. We have modified a standard fetal doppler device to provide an even simpler hands free transducer which can be transferred from the maternal abdomen for fetal monitoring to the neonatal chest for neonatal heart rate monitoring.

SUPPORTING JOURNALS

Journal of Gynecology and Maternal Health

<https://scitechjournals.com/journal-of-gynecology-and-maternal-health>

ISSN: 3068-3696



Journal of Neonatology and Pediatric Care

<https://scitechjournals.com/journal-of-neonatology-and-pediatric-care>



LIST OF JOURNALS

Cardiovascular Diseases and Therapeutics

Journal of Aesthetic Surgery and Medicine

Journal of Global Entrepreneurial Management

Immunology Research and Immunotherapy

Journal of Healthcare and Advanced Nursing

Journal of Gynecology and Maternal Health

Journal of Chemistry and Analytical Biochemistry

Journal of Environmental Toxicology Research

Journal of Nutrition and Diet Management

Journal of Alternative Medicine and Therapies

Journal of Nanotechnology and Nanobiotechnology

Journal of Oral Diseases and Treatment

Journal of Skin Health and Cosmetics

Journal of Pharmacology and Drug Delivery

Journal of Mental Health and Behavioural Science

Journal of Neonatology and Pediatric Care

Journal of Pulmonary and Respiratory Diseases

Journal of Neuroimaging and Neuromedicine

Journal of Diabetes and Clinical Endocrinology

Journal of Anesthesia and Pain Management

Journal of Physics Optics and Photonics Sciences

Journal of Family Medicine and Clinical Research

MEDIA PARTNERS



UPCOMING CONFERENCES

SEPTEMBER - CONFERENCES

4TH INTERNATIONAL CONFERENCE ON
INFECTIOUS DISEASES
SEPTEMBER 09-10, 2026 | VIRTUAL EVENT

OCTOBER - CONFERENCES

4TH INTERNATIONAL CONFERENCE ON
**INNOVATIONS AND ADVANCES IN CANCER
RESEARCH AND TREATMENT**
OCTOBER 08-09, 2026 | VIRTUAL EVENT

WORLD CONGRESS ON
AUTISM RESEARCH & INNOVATION
OCTOBER 15-16, 2026 | PARIS, FRANCE

WORLD CONGRESS ON
**TRAUMA, CRITICAL CARE AND EMERGENCY
MEDICINE**
OCTOBER 15-16, 2026 | PARIS, FRANCE

3RD WORLD CONGRESS ON
NANOTECHNOLOGY
OCTOBER 29-30, 2026 | BERLIN, GERMANY

4TH INTERNATIONAL CONFERENCE ON
**NEUROLOGY & NEUROLOGICAL
DISORDERS**
OCTOBER 15-16, 2026 | PARIS, FRANCE

4TH GLOBAL CONGRESS ON
**ADDICTION MEDICINE, BEHAVIORAL
HEALTH & PSYCHIATRIC RESEARCH**
OCTOBER 15-16, 2026 | PARIS, FRANCE

3RD GLOBAL EVENT ON
MATERIALS SCIENCE AND ENGINEERING
OCTOBER 29-30, 2026 | BERLIN, GERMANY

3RD INTERNATIONAL CONFERENCE ON
OPTICS AND LASER TECHNOLOGY
OCTOBER 29-30, 2026 | BERLIN, GERMANY

NOVEMBER - CONFERENCES

WORLD CONGRESS ON
**CLINICAL AND EXPERIMENTAL
DERMATOLOGY**
NOVEMBER 23 - 24, 2026 | BARCELONA, SPAIN

4TH INTERNATIONAL CONFERENCE ON
SURGERY AND ANESTHESIA
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

5TH INTERNATIONAL CONFERENCE ON
PRIMARY HEALTH CARE
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

5TH INTERNATIONAL CONFERENCE ON
OTOLARYNGOLOGY-ENT SURGERY
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

MARCH - CONFERENCES

4TH WORLD CONGRESS ON

PHYSICAL MEDICINE AND REHABILITATION

MARCH 18–19, 2027 | BARCELONA, SPAIN

4TH INTERNATIONAL CONGRESS ON

PSYCHOLOGY & BEHAVIORAL SCIENCES

MARCH 18–19, 2027 | BARCELONA, SPAIN

4TH INTERNATIONAL CONFERENCE ON

DERMATOLOGY & SKINCARE

MARCH 18–19, 2027 | BARCELONA, SPAIN

APRIL - CONFERENCES

INTERNATIONAL CONFERENCE ON

ARTIFICIAL INTELLIGENCE IN HEALTHCARE, BUSINESS AND STARTUP

APRIL 15 - 16, 2027 | BARCELONA, SPAIN

2ND INTERNATIONAL CONGRESS ON

DIGITAL HEALTH INNOVATIONS AND ADVANCED NURSING PRACTICE

APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

WORLD SUMMIT ON

CLINICAL TRIALS, AI AND HEALTHCARE TECHNOLOGIES

APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

4TH GLOBAL SUMMIT ON

NURSING AND MIDWIFERY

APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

MAY - CONFERENCES

4TH GLOBAL CONGRESS ON

NEPHROLOGY AND KIDNEY HEALTH

MAY 20 - 21, 2027 | PARIS, FRANCE

JUNE - CONFERENCES

4TH EUROPEAN CONFERENCE ON

DENTISTRY AND ORAL HEALTH

JUNE 17 - 18, 2027 | BERLIN, GERMANY

4TH INTERNATIONAL CONFERENCE ON

OPHTHALMOLOGY & VISION SCIENCE

JUNE 17 - 18, 2027 | BERLIN, GERMANY

OCTOBER - CONFERENCES

6TH INTERNATIONAL CONFERENCE ON

GLOBAL ENTREPRENEURSHIP SUMMIT 2027

OCTOBER 18-20, 2027 | TORONTO, CANADA

4TH INTERNATIONAL CONFERENCE ON

ARTIFICIAL INTELLIGENCE IN HEALTHCARE AND INDUSTRY 2027

OCTOBER 18-20, 2027 | TORONTO, CANADA

NOVEMBER - CONFERENCES

INTERNATIONAL CONFERENCE ON

AUTISM RESEARCH AND

NEURODEVELOPMENTAL DISORDERS

NOVEMBER 11 - 12, 2027 | AMSTERDAM, NETHERLANDS

2027

We wish to engage with you again in 2027...

Upcoming Conferences

5TH INTERNATIONAL CONFERENCE ON PEDIATRICS & NEONATOLOGY

MAY 20-21, 2027 | PARIS, FRANCE

<https://www.scitechseries.com/pediatrics>

&

6TH INTERNATIONAL CONFERENCE ON GYNECOLOGY AND OBSTETRICS

MAY 20-21, 2027 | PARIS, FRANCE

<https://www.scitechseries.com/gynaecology-obstetrics>



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