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GYNECOLOGY AND OBSTETRICS

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VIRTUAL EVENT

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Thank You All

Oral Presentations

November 27, 2025

Ayisha Bhutta

Kettering General Hospital
UK

Conversation: Turning the Tide: An Audit of External Cephalic Version and Breech Management at Term

Abstract:

Breech presentation at term complicates 3–4% of pregnancies and is associated with increased cesarean delivery rates. National guidance recommends offering external cephalic version (ECV) to all eligible women, with an expected success rate of approximately 50%. This audit was conducted to evaluate ECV practice at Kettering General Hospital (KGH) and its cost-effectiveness. We retrospectively reviewed cases of term breech presentation between April 2023 and September 2024. Data were collected on eligibility, documentation of counselling, acceptance or decline of ECV, outcomes of attempted ECV, and subsequent mode of delivery. National guidance and previous audit data were used for benchmarking. Of patients identified with term breech presentation, 77% were offered ECV, while 23% were not, primarily due to contraindications. Counselling documentation and provision of ECV information leaflets were variable. Among those offered ECV (n=73), 58% declined and 42% accepted. A total of 30 ECVs were performed, with a success rate of 43.3% (13/30). All women with successful ECV delivered cephalically. Unsuccessful ECVs (56.6%) frequently occurred in cases of extended breech or undocumented breech type. Cost analysis demonstrated significant savings: with ECV costing £512 per attempt, each successful ECV avoided a cesarean delivery, saving £3288 per patient, equating to £21,372 across 13 successful cases. This audit demonstrates ECV uptake and success rates at KGH comparable to national figures. Improving counselling, consistent documentation, and provision of patient information leaflets may enhance acceptance rates. ECV remains a clinically effective and cost-saving intervention in reducing cesarean births associated with term breech presentation.

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.

Chameli Subbaraj

Mid and South Essex NHS foundation
UK

A Tough Call with a Successful Outcome: MCMA Twins with One Twin Discordant for Anencephaly

Abstract:

Monochorionic-monoamniotic (MCMA) twin pregnancy discordant for anencephaly is a rare occurrence. Management of such cases using Selective reduction versus expectant management is itself a questionable topic. We report such a case managed expectantly with successful outcome. A 26 year old primigravida woman was referred to us with MCMA twin pregnancy discordant for anencephaly at 21+2 weeks of gestation. She opted for expectant management till 34 weeks and elective cesarean section was performed. Healthy neonate without any congenital malformation was 2.1Kg and required 4 days of NICU care. Neonate with anencephaly weighing 1.4Kg succumbed after 22 hours of life. This report emphasizes the option of expectant management for such a rare condition.

Biography

Chameli Subbaraj is a dedicated Obstetrician and Gynaecologist currently serving at the Mid and South Essex NHS Foundation Trust, United Kingdom. With years of clinical experience in women's health, she has been actively involved in providing comprehensive care in obstetrics and gynaecology, focusing on patient safety, evidence-based practice, and compassionate service delivery. She has a special interest in improving maternal health outcomes, advancing minimally invasive gynaecological procedures, and promoting multidisciplinary approaches in clinical management. Dr. Subbaraj is also engaged in academic and training activities within the NHS framework, mentoring junior doctors and contributing to the development of best practices in obstetric care.

Tatiana Astapovich

Israeli Medical Center for Reproduction and Family Health, Uzbekistan

Gynecological morbidity and the organization of effective prevention and early diagnosis measures among the female population of Central Asia

Abstract:

Reproductive system diseases are one of the most important healthcare issues affecting women's health globally. These diseases have a complex etiology involving biological, gender, and social determinants. In Central Asia, limited access to healthcare services often leads to late-stage diagnoses, worsening treatment outcomes. This study analyzes gynecological morbidity among women in the region and explores preventive measures and early diagnostic techniques. The research was based on a retrospective analysis of 91 patient histories at the Israeli Medical Center for Reproduction and Family Health in Tashkent, Uzbekistan, conducted in 2024. The results highlight the high prevalence of cervical pathology, including chronic cervicitis, cervical dysplasia, and HPV-related conditions. This emphasizes the need for regular screenings, including HPV testing and cytological examinations. The study concludes with recommendations for increasing awareness, promoting annual gynecological check-ups, and utilizing new technologies like telemedicine to improve access to quality care.

Biography

Tatiana Astapovich is an obstetrician-gynecologist-reproductive specialist at the Israeli Medical Center for Reproduction and Family Health in Tashkent, Uzbekistan. She has over 10 years of experience in women's health, with a particular focus on reproductive health and gynecological diseases. Her clinical expertise is complemented by her interest in advancing preventive and diagnostic measures in the region. She has authored multiple papers on gynecological health and contributes to various international research forums.

Ayisha Bhutta

Kettering General Hospital
UK

Unmasking the Unexpected: Uterine Rupture after Second-Trimester Induction in MCDA Twin Pregnancy: A Case Report

Abstract:

Uterine rupture is a rare but potentially fatal complication, usually linked to previous cesarean delivery or obstructed labor. Its occurrence following a second-trimester miscarriage and medical induction in a primigravida without prior uterine surgery is exceedingly uncommon. A 29-year-old primigravida (G1P0) with a monochorionic diamniotic (MCDA) twin pregnancy and low PAPP-A presented with growth discordance and abnormal Doppler findings. At 21+5 weeks, intrauterine demise of both fetuses was diagnosed, and labor was induced with mifepristone and misoprostol. Delivery occurred at 21+6 weeks. Postpartum, the patient developed pyrexia and persistent vaginal bleeding, managed with antibiotics and surgical evacuation (SEVAC). On day 32 post-delivery, she collapsed with massive hemorrhage and hemodynamic instability. Resuscitation, blood transfusion, and Bakri balloon tamponade were required. Imaging later revealed complete anterior uterine wall dehiscence with hematoma, consistent with rupture. She underwent laparotomy and uterine repair, recovered well, and was advised regarding future pregnancy risks. This case illustrates the diagnostic difficulty of uterine rupture in the second trimester, particularly when symptoms are subtle or delayed. Contributing factors may include misoprostol exposure, intrauterine infection, retained placental tissue, and twin gestation. Clinical vigilance is essential when women present with delayed secondary postpartum hemorrhage or unexplained collapse. Even in the absence of classic risk factors, uterine rupture can occur after second-trimester induction. Maintaining a high index of suspicion and prompt surgical intervention are critical to ensure maternal survival and preserve fertility.

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.

Hasanin Mohamed

National Research Centre,
Egypt

Micronutrient supplementation as an interventional therapy for growth faltering in children with environmental enteric dysfunction

Abstract:

Background: Environmental enteric dysfunction (EED) is a subclinical disorder which affects the small bowel of children, mainly living in developing countries. Zinc acts a major function in intestinal cells proliferation and crypt-villus structure preservation. Omega-3fatty acids modulate some enzymes implicated in intestinal inflammation.

Objective: This researchwasperformedtoassesstheeffectofreceivingbothzincandomega 3 supplements on anthropometric parameters and serum markers levels of EED [high sensitive C-reactive protein (hsCRP), Alpha-1-acid glycoprotein (AGP), tumor necrosis factor alpha (TNF-α), zonulin, and antibody of endotoxin core (EndoCAb)]. In those stunted kids with EED, this evaluation may lead to enhancing the nutritional composition of complementary food introduced to stunted and malnourished children having EED.

Materials and methods: This interventional study included 105 stunted and/or underweight children who were diagnosed as EED patients. They were subdivided into two groups; group I:55 children receiving zinc sulphate and group II: 50 children receiving omega-3. Quantification of serum markers of EED (hsCRP, AGP, TNF-α, zonulin, antibody of endotoxin core) in addition to serum vitamin D, along with assessment of anthropometric parameters were performed to those children 6 months after zinc and omega-3 supplementation.

Results and Conclusion: In all subjects postintervention group, anthropometric parameters [height for age z score (HAZ) score, weight for age z-score (WAZ) score and arm circumference] increased significantly 6 months after supplementation, however serum markers of EED (AGP, hsCRP, TNF-α and zonulin) decreased significantly 6 months after supplementation. Vitamin D level correlated positively with weight for age z-score and height for age z-scores.

Conclusion: Oral zinc sulphate and omega-3 may be added to EED management protocol to improve anthropometric parameters and decrease serum markers of EED.

Biography

Hasanin M. Hasanin (MD) is a researcher in the Department of Pediatrics at the National Research Centre, Institute of Medical Research and Clinical Studies, Cairo, Egypt. His work focuses on pediatric health and clinical research aimed at improving child health outcomes through evidence-based medical studies.

Zhu Yu

Children's Hospital of Fudan University
China

Corticosteroid exposure with postoperative bloodstream infections after pediatric cardiac surgery

Abstract:

Objective: To summarize the prognosis of children who develop bloodstream infections (BSIs) after congenital heart disease (CHD) surgery, and to investigate whether there is an association between cumulative corticosteroid exposure and the BSIs in pediatric CHD.

Methods: A retrospective analysis was conducted on the clinical data patients who underwent CHD surgery at the Department of Cardiovascular Surgery, Children's Hospital of Fudan University, from November 1, 2015, to December 31, 2024. Among these, 59 patients who developed BSIs after admission to the cardiac care unit (CCU) were included in the infection group. Using gender, age at surgery, weight, and RACHS-1 surgical risk category as baseline factors, 59 matched controls were selected. The prognosis of children with BSIs was summarized, and paired logistic regression analysis was performed to assess the relationship between corticosteroid exposure and BSIs.

Results: Among the 59 children with postoperative bloodstream infections, there were 33 males and 26 females, with a mean age of 1.67 ± 3.30 years and a mean weight of 8.40 ± 9.65 kg. Pathogens identified included 15 cases of Gram-negative bacteria, 32 cases of Gram-positive bacteria, and 12 cases of fungi. The median time from surgery to BSI diagnosis was 8 days (IQR: 5–16.5 days). Among these, 17 patients (28.8%) developed acute kidney injury (AKI), 7 (11.9%) developed acute liver injury (ALI), 1 required blood purification, and 19 died. In the control group of 59 patients, 3 (5.1%) developed AKI, and none had ALI. Compared with the control group, the infection group had a significantly higher median cardiopulmonary bypass (CPB) time (96 [66.8, 135.8] vs. 82 [52, 108], $p < 0.001$), higher median peak direct bilirubin (10 [6, 16.9] vs. 8 [4.9, 9.85], $p = 0.048$), significantly more cases of AKI and ALI ($p < 0.001$), longer median duration of postoperative mechanical ventilation (192 [94, 420] vs. 48 [24, 120], $p < 0.01$), longer median CCU stay (18 [8.5, 39] vs. 6 [3, 12], $p < 0.001$), and longer median hospitalization duration (43 [22.5, 66.75] vs. 24 [16, 34], $p < 0.001$). Regarding corticosteroid exposure, 91.5% of the infection group underwent CPB, during which methylprednisolone was used in all cases. Postoperatively, 39.0% received methylprednisolone for 1–17 days, and 52.5% received dexamethasone. In the control group, 91.5% also underwent CPB with methylprednisolone

use, 37.29% received postoperative methylprednisolone, and 42.4% received dexamethasone. There were no significant differences between the two groups in terms of cumulative doses of methylprednisolone or dexamethasone, or in the number of days of corticosteroid exposure. Logistic regression analysis showed no statistically significant differences in methylprednisolone cumulative dose (odds ratio [OR] 1.01 [95% CI 0.99–1.02], p = 0.60), dexamethasone cumulative dose (OR 2.41 [95% CI 0.01–525], p = 0.75), or days of corticosteroid exposure (OR 1.11 [95% CI 0.96–1.28], p = 0.15).

Conclusion: Children who develop bloodstream infections after congenital heart surgery are at higher risk of liver and kidney injury, and experience longer durations of mechanical ventilation, CCU stay, and overall hospitalization. However, routine use of corticosteroids does not appear to increase the risk of postoperative bloodstream infections.

Biography

Zhu Yu born in 1993 in China, completed her residency at Children's Hospital of Fudan University and now works there as a pediatrician. Her clinical work focuses on intensive care, pediatric cardiology, and infectious diseases. Her research interests include children's genetic disorders, immunology, and microbiology, with the goal of advancing critical care for pediatric cardiac patients. She leads a multidisciplinary team that developed an intelligent critical-care case repository, which has reduced severe postoperative infections after congenital heart surgery and improved postoperative monitoring. She has authored over 10 peer-reviewed papers, is active in science communication and public education, and has won multiple awards in science-popularization contests. She also works closely with local communities to promote healthy routines and mental well-being.

Nathalia Fragoso

Brazil

Wilms' Tumor as a Differential Diagnosis in Acute Abdominal Pain in Childhood: A Case Report

Abstract:

Wilms' tumor, or nephroblastoma, is the most common malignant renal neoplasm in childhood, usually diagnosed before the age of five. It most often presents as asymptomatic abdominal enlargement, but may manifest with pain, hematuria, or compressive symptoms. We report the case of a previously healthy 4-year-old male patient who presented to the pediatric emergency room complaining of abdominal pain and an episode of vomiting on the same day. The mother reported a progressive increase in abdominal volume for several days, associated with oliguria and reduced bowel movements, without fever. Physical examination revealed abdominal distension and a palpable mass in the left flank and iliac fossa, with well-defined borders and painless on palpation. A computed tomography (CT) scan of the abdomen and pelvis revealed a large oval mass involving the left kidney and extending to the ipsilateral iliac fossa, consistent with a renal expansion process. Based on these findings, the patient was admitted for diagnostic follow-up, and a biopsy of the lesion was indicated, with a suspected diagnosis of Wilms' tumor. This case reinforces the importance of considering neoplastic causes, such as nephroblastoma, in the differential diagnosis of abdominal pain or enlargement in children, even in the absence of systemic signs or fever, highlighting the fundamental role of clinical suspicion and early imaging for appropriate diagnosis and management.

Biography

Nathalia Fragoso is a medical professional from Brazil with a clinical interest in pediatric oncology and emergency care. Her recent work includes a case study highlighting Wilms' tumor as an important differential diagnosis in children presenting with acute abdominal pain. She is dedicated to improving early recognition and management of pediatric malignancies through clinical reporting and research.

Ryan Kanungo

Rutgers Robert Wood Johnson Medical School,
USA

Dance: A Recommended Exercise for Menopausal Women

Abstract:

Background: Menopause is defined as a phase in a woman's life where she has cessation of menses. Declining levels of hormones may cause adverse psychological and social changes. There are alterations in several hormones, with one of the primary ones affected being the neurohormone oxytocin. Decreased oxytocin levels may have significant effects on social, emotional, and physiological wellness. Behavior has been implicated to be reduced in this menopausal phase. However, it is known that Although oxytocin decline is related to the decrease in estrogen level, it can be stimulated to be released with specific activities like hugging or cuddling and, in addition there are reports that dance also promotes oxytocin release.

Hypothesis: Data suggests that dance as an exercise indirectly helps in release of oxytocin which thereby promotes social and mental wellbeing especially after menopause, along with cardiovascular benefits. These data promote the concept that dance should be a part of most postmenopausal women's daily activities.

Methods: A Pub med and Google search was done with keyword's "menopause," "oxytocin," "dance."

Results: During the reproductive years, estrogen produced by the ovaries increases oxytocin and oxytocin receptor expression in the brain and other tissues. Social interactions with loved one's cause oxytocin release in the hypothalamus. A decrease in estrogen after menopause may lead to compromised oxytocin signaling thereby having negative implications on social and emotional wellness. However, studies have shown that dance and the social interaction associated with it promotes release of oxytocin which may have a positive impact in postmenopausal women, including cardiovascular health and mental wellbeing.

Conclusion: Limited data suggest that oxytocin release is associated with dance. Given its beneficial effect, especially in terms of cardiovascular and mental wellbeing with the menopause transition, dance may have a future role as guideline directed therapy in postmenopausal women.

Biography

Ryan Kanungo is an intern at the Women's Health Institute at Rutgers Robert Wood Johnson Medical School since 2023. He is completing his Bachelors in Neuroscience in 2026 at NSU, Florida. He plans to pursue a career path in neuropsychiatry and public health.

Juri Altaouil

Women's Health Institute
USA

Heat Exposure, Climate Change, and Birth Defects: Population-Based Approach on Female Reproductive Health

Abstract:

Climate change has unfolded as a serious global health concern and threat, with growing evidence linking environmental heat exposure to adverse reproductive outcomes. Maternal exposure to elevated temperatures has been associated with increased risks of stillbirth, low birth weight, preterm birth, and congenital anomalies. A meta-analysis by Lakhoo et al. (2024) found that each 1°C rise above average regional temperatures elevated risks for multiple maternal and neonatal outcomes. Additional data reports heightened vulnerability in underserved populations due to limited access to healthcare, cooling resources, and adaptive infrastructure. For example, structural birth defects, including spina bifida, hypospadias, and congenital heart abnormalities, have been associated with high environmental temperatures, particularly during critical windows of fetal development (Haghighi et al., 2021). The effects are worsened by related climate stressors, including air pollution, vector-borne diseases, and flooding, again, disproportionately affecting low-income and rural communities (Segal & Giudice, 2022; Kaur & Pandey, 2021). Despite this growing evidence, most public health policies and heatwave protocols do not fully address the specific needs of pregnant women. There is an urgent need for climate-informed reproductive healthcare templates, targeted policy interventions, and surveillance systems to reduce preventable birth defects and improve outcomes, especially for at-risk populations. A population-based approach is important to advance reproductive justice in the face of accelerating climate change.

Methods: Expert reviews, systematic reviews, and meta-analyses were examined for the overall qualitative synthesis from peer-reviewed literature. The relationship between climate change-related exposures to women and their adverse reproductive outcomes was investigated. In the search strategy, high-quality reviews from a plethora of education sources like PubMed, Scopus, Web of Science, and Google Scholar were used. All reviews were conducted from 2021-2024 data. Terms like "maternal heat exposure", "climate change", "pregnancy outcomes", "stillbirth", "congenital anomalies", "air pollution", "wildfire smoke", and "fetal development" narrowed the search.

Limitations: This study was restricted to English language publications only. Also, although

the study excluded single-cohort or observational studies, this approach excluded systemic environmental impacts for women.

Discussion: Across numerous systematic reviews, meta-analyses, and expert reviews, evidence has been found that links maternal heat exposure to various reproductive outcomes. It was found that maternal heat exposure increases the risk of stillbirth by 24%, low birth weight by 11%, and preterm birth by 16% (Lakhoo et al., 2024). Each increase in temperature by 1°C increases the risk of those reproductive outcomes as well. These studies span 66 countries and six continents, emphasizing the prominence of the issue. For example, in a systematic review by Haghighi, it was found that exposure to greater than 30°C heat for over 15 days causes more prevalent birth defects. Additional research found that 19 out of 20 studies showed the correlation between heat and stillbirth risk with exposures from 12.64°C to 46.4°C (Bonell et al., 2023). There is a range of congenital anomalies that are observed to be linked with regions experiencing heat waves. Specifically, hypospadias, congenital cataracts, spina bifida, neural tube defects, and craniofacial defects are all linked to heat exposure (Haghighi et al., 2021; Lakhoo et al., 2024). Heat exposure poses the highest risk during the third trimester of pregnancy, causing particularly stillbirth (Bonell et al., 2023). There were still associations with the fifth to tenth weeks of gestation, showing that they are sensitive periods as well, especially for cardiac developmental problems. (Haghighi et al., 2021). Differences in populations were also noticed with an increased risk of craniofacial defects in Hispanic groups exposed to heat versus non-Hispanic groups (Haghighi et al., 2021). Heat exposure triggers mechanisms like reduced placental blood flow, dehydration, congenital malformation, and maternal heat strain (Bonell et al., 2023). This can contribute to birth defects and the development of the fetus. Additionally, in a systematic review by Segal and Giudice, research showed that sperm and oocyte quality were reduced by the elevated temperatures, resulting in a decline in ovarian reserve and birth rates. Whether the heat exposure is short-term or chronic, it still poses a deep risk. Environmental exposures like air pollution consistently show poor outcomes in female reproductive health. Air pollution exposure during pregnancy has correlated with conditions such as asthma, decreased attention and visual memory, and lowered intelligence for children in utero. Even if there is moderate exposure to air pollution, it can still cause changes in the placenta, resulting in nitrosative stress and altered deoxyribonucleic acid (DNA) methylation (Segal and Giudice, 2022). Padula et al., from the systematic review by Papadiochou, found that exposure to airborne polycyclic aromatic hydrocarbons (PAHs), which is commonly found air pollution, during the last six weeks of pregnancy increased the risk of early preterm birth. Children can also have less developed lungs at birth, which are not properly functional until about 6–8 years of age if exposed to air pollution (Kaur and Pandey, 2021). Smoke from wildfires also causes birth defects. Exposure as early as 3 weeks can result in an increased risk of low birth weight. A study done in Colorado found that exposure to particle PM2.5, the principal pollutant of concern from wildfire smoke, was associated with preterm birth during the second trimester (Segal and Giudice, 2022). Due to the heat from climate change, icecaps are melting, which causes flooding in regions. The stress from these events affects pregnant women. For example, women during the 2008 Iowa flood and 2011 Queensland flood had

toddlers with higher stress and delayed motor development at 6 months old (Segal and Giudice, 2022).

Conclusion: The evidence from the literature review supports a link between climate change and adverse reproductive outcomes, such as stillbirth, preterm birth, low birth weight, and congenital anomalies. By addressing reproductive health impacts from climate change, future public health systems and prenatal care guidelines will target women from vulnerable populations. In such communities, women are faced with adversity and have limited access to disproportionate healthcare compared to healthy populations. To effectively mitigate these inequities, a multidisciplinary call to action is needed, specifically one that unites medicine, public health, and climate policy. There remain critical gaps in both social policy and clinical practices that contribute to persistent disparities in maternal health outcomes. Environmental exposures must be addressed not only as scientific and medical concerns but as urgent public health threats requiring systemic intervention. The development of pregnancy-specific heat wave action plans, with clearly defined thresholds for heat-related danger, is one example of a necessary policy response. Moving forward, protecting maternal and neonatal health will require greater investment in climate-informed prenatal care and research that prioritizes environmental justice and fertility equity across all populations. Future work should explore scalable digital health solutions and real-time heat monitoring tools to support pregnant individuals during extreme weather events.

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.

Keynote Presentations

November 27, 2025

Ting Fan Leung

The Chinese University of Hong Kong
Hong Kong

Advances in Biotherapy for Eczema

Abstract:

Eczema is the most common chronic skin disease in children, which often marks the start of an atopic march when infants develop features of airway allergies in the next few years of life. Epidemiological studies suggested wide variation in prevalence of eczema globally, and it affects up to one-third of schoolchildren in many Asian populations. Birth cohorts from my group reported that two-fifths of Chinese infants developed eczema at some point during the first year, but nearly half of them resolved beyond infancy. The pathogenesis of eczema involves epidermal barrier defects, dysregulated cutaneous and systemic immunity and microbial dysbiosis on the skin. Specific to the last feature, it has been known for many years that different staphylococci play contrasting roles on healthy versus diseased skin. For example, Staphylococcus epidermidis and S. hominis are prevalent skin commensals in subjects without eczema. On the other hand, eczema flare is classically triggered by expanding growth of S. aureus. Recent in vitro studies suggested that some coagulase-negative staphylococci (CoNS) released lantibiotics that could suppress the growth of S. aureus. A proof-of-concept phase 1 clinical trial revealed possible benefits through topical application of S. hominis A9 strain on S. aureus growth and severity of eczema in the treated patients. In summary, different staphylococci appear to possess diverse regulatory and pathogenic roles in relation to eczema depending on different host factors. There are dynamic interactions among different staphylococci which may be employed to modulate S. aureus abundance and cutaneous inflammation. Further clinical trials are needed to delineate possible clinical benefits of such biotherapeutic strategy for eczema. (funded by Health and Medical Research Fund [reference 06170466] and Health and Medical Research Fund Commissioned Paediatric Research at Hong Kong Children's Hospital [reference PR-CUHK-3] of Health Bureau, Hong Kong SAR Government).

Biography

Leung, a graduate of The Chinese University of Hong Kong (CUHK) in 1992, received subspecialty training in Immunology and Allergy at the Hospital for Sick Children in Toronto (1997–1998) and earned his Doctor of Medicine from CUHK in 2004 for research on the immunogenetics of childhood asthma. A First Fellow in Paediatric Immunology, Allergy, and Infectious Diseases (2012), he has been a professor in CUHK's Department of Paediatrics since 2009 and served as Department Chair from 2014–2020. He is also a visiting professor at Central South University in China. With over 400 publications, Professor Leung has supervised numerous postgraduate and medical students and was nominated for the Research Excellence in Allergic Diseases Award by the Hong Kong Institute of Allergy in 2021.

Harris Phillip

National Health Service
UK

Reimagining pelvic Support: The HPPOSS and HPVSD solutions for pelvic organ prolapse

Abstract:

Pelvic floor Dysfunction (PFD) is a highly prevalent condition affecting nearly half of parous women by the age of 80. Despite the widespread use of vaginal pessaries as a conservative treatment, limitations in current designs — including poor anatomical fit, discomfort, hygiene challenges, and material safety — lead to high discontinuation rates and suboptimal patient adherence. Addressing these concerns, the Harris Phillip Pelvic Organ Support System (HPPOSS) represents a novel intravaginal support device engineered to offer a more anatomical, user-friendly, and biocompatible alternative. The HPPOSS is a tulip-shaped, expandable pessary designed to support the anterior, posterior, and uterovaginal prolapse by cradling the cervix and reinforcing the vaginal walls. Key innovations include an internal inflatable bladder that allows user-controlled deployment; four flared, petal-like lobes embedded with microbubble surface texture to enhance upward lift; and drainage apertures to prevent fluid retention. The device also includes a retrieval loop to enable self-removal, promoting autonomy and reducing reliance on clinical intervention. Constructed from medical grade fluorosilicone or Class VI silicone, the HPPOSS addresses concerns related to microplastic exposure and long-term biocompatibility. Initial prototyping and anatomical simulations have demonstrated strong promise for clinical tolerability, ease of use, and effective pelvic support. Development is currently at the advanced prototype stage, with ongoing IP protection and plans for simulated biomechanical testing, safety validation, and early-phase clinical trials. This presentation will explore the clinical rationale, technical design, and development roadmap of the HPPOSS, inviting collaboration from clinicians and researchers in the field of pelvic floor health.

Biography

Phillip studied Chemistry and Biochemistry at the Prairie View A& M university as well as the Texas A&M university. He holds both a BSc (summa cum laude) and an MSc degree and spent a year in the Ph.D. program at Texas A&M university before going into medical school. He studied medicine at the University of the West Indies, Jamaica where he obtained both his MBBS and his Doctor of Medicine degrees (DM). In the U.K, he has been a consultant Obstetrician and Gynecologist for almost two decades. He has authored more than 10 books and is widely published in medical journals.

Sri Valli Chekuri

Revive relive Llc
USA

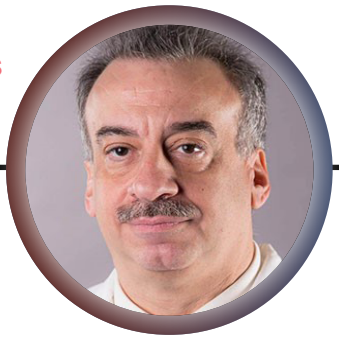
Connecting Care: Telerehabilitation as a Lifeline for New Mothers Balancing Baby Care and Recovery

Abstract:

The postpartum period is a critical phase in a woman's life, marked by significant physical, emotional, and psychological changes. It is common for new mothers to have difficulty balancing their own recovery with the demanding responsibilities of caring for their children, which can compromise their health and delay rehabilitation. Traditional in-person rehabilitation programs, though effective, are often inaccessible due to time constraints, mobility challenges, and lack of social or familial support. Telerehabilitation, which makes use of digital technology to deliver individualized therapeutic interventions remotely, emerges as a revolutionary strategy in this setting. This study explores the role of telerehabilitation as a lifeline for new mothers, examining its effectiveness, accessibility, and impact on postnatal recovery outcomes. A sample of postpartum women who attended structured online rehabilitation sessions were the subject of the descriptive and analytical research design. Data were collected through digital surveys and feedback forms, and analyzed using descriptive and inferential statistics. The findings reveal that telerehabilitation significantly improves physical recovery, enhances emotional well-being, and offers greater convenience compared to traditional rehabilitation methods. Moreover, participants reported increased motivation and satisfaction due to flexible scheduling and continuous virtual support. However, issues like a lack of digital literacy, a lack of network connectivity, and a reluctance to start using technology were also identified. Telerehabilitation has great potential as a long-term, all-inclusive model for maternal healthcare, according to the study. Integrating such digital rehabilitation systems into mainstream postnatal care can bridge accessibility gaps, promote holistic recovery, and empower mothers to maintain both self-care and infant care effectively in a digitally connected world.

Biography

Sri Valli Chekuri is a licensed Physical Therapist in the U.S. (Texas) and a Registered Physiotherapist in Canada. She holds a Doctor of Physical Therapy degree from Northeastern University and a Master's in Exercise Physiology from Wichita State University. Her extensive experience spans home health, skilled nursing, and outpatient settings, with a specialization in rehabilitation for geriatric patients and individuals with complex medical conditions such as stroke, Parkinson's disease, dementia, and joint replacements. She has also gained valuable experience working in a sports clinic in Canada, where she treated athletes and active individuals. Deeply passionate about patient-centered care, Dr. Chekuri combines clinical expertise with empathy and currently serves as a Study Buddy Mentor, supporting future Physical Therapists in their preparation for the NPTE.



Peter Averkiou

Florida Atlantic University
USA

Early Clinical Exposure in Medical Education: The Newborn Nursery Clinical Experience

Abstract:

The Newborn Nursery Clinical Experience is an innovative, early exposure for medical students to the hospital setting and family medicine. Early in their second year, our medical students are immersed into the Newborn Nursery, while also experiencing the neonatal intensive care unit (NICU) and attending obstetrical deliveries. They witness, first hand, the interprofessional and interdisciplinary workings of pediatricians, obstetricians, neonatologists, anesthesiologists, nurses and other professionals. The medical students are also instructed on how to read a medical chart and on proper medical documentation and its importance. They also interact with the mother of the patient, as well as other family members that are in attendance, and long-term continuity of integrated care and the focus on the personal patient/patient's guardian(s) - physician relationship is stressed. This experience is always well-received and highly evaluated by our medical students. It also helps to prepare them for their third-year clinical rotations in family medicine, pediatrics and Ob/Gyn.

Biography

Peter Averkiou is a pediatrician and an Associate Professor of Pediatrics at the Charles E. Schmidt College of Medicine at Florida Atlantic University. He is the Co-Director of the four Foundations of Medicine Courses, the Director of the Service Learning Projects, the Director of the Newborn Nursery Clinical Rotation and the Director of the Synthesis and Transition Course at the medical school.

Sri Valli Chekuri

Revive relive Llc
USA

A Systematic Review on AI-Enhanced Play Therapy: Personalizing Pediatric Rehabilitation through Smart Games in Children with Cerebral Palsy

Abstract:

Background: Cerebral palsy (CP) is a non-progressive neurological disorder that impairs motor function, posture, and coordination in children, often leading to long-term physical and psychosocial limitations. Traditional rehabilitation programs, though effective, are frequently repetitive, resource-intensive, and fail to sustain children's motivation. The integration of Artificial Intelligence (AI)-enhanced play therapy through smart and adaptive gaming platforms has emerged as a promising approach to address these limitations by personalizing interventions and increasing therapeutic engagement.

Objective: This systematic review aimed to synthesize evidence from the past decade (2015–2025) regarding the effectiveness of AI-driven and game-based rehabilitation interventions in improving motor function, engagement, and functional independence among children with cerebral palsy.

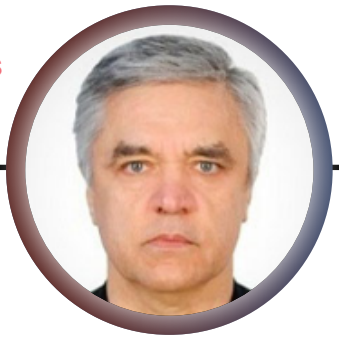
Methods: Electronic databases (PubMed, Scopus, PEDro, IEEE Xplore, and Google Scholar) were searched for peer-reviewed studies published between 2015 and 2025 using keywords Cerebral Palsy, AI, PlayTherapy, Serious Games, Virtual Reality,"and Rehabilitation. Randomized controlled trials, quasi-experimental, and systematic reviews evaluating AI-enhanced or game-based rehabilitation were included. Data were extracted on intervention type, duration, outcome measures, and clinical efficacy.

Results: Thirty eligible studies were included. The majority reported significant improvements in motor coordination, upper-limb function, balance, and therapy adherence. Adaptive difficulty algorithms and real-time biofeedback, powered by AI, enhanced task personalization and engagement. Across studies, participants demonstrated statistically significant improvements in gross and fine motor functions, balance control, and hand eye coordination compared to conventional therapy ($p < 0.05$). However, evidence on long-term outcomes and standardized protocols remains limited.

Conclusion: AI-enhanced play therapy represents an innovative, child-centered adjunct to conventional physiotherapy in CP rehabilitation. While short-term functional and motivational benefits are evident, future multi-center RCTs integrating machine-learning-based personalization and longitudinal follow-up are recommended to establish standardized clinical guidelines.

Biography

Sri Valli Chekuri was a licensed Physical Therapist in the U.S. (Texas) and a Registered Physiotherapist in Canada, with a Doctor of Physical Therapy from Northeastern University and a Master's in Exercise Physiology from Wichita State University. Her experience spans home health, skilled nursing, and outpatient settings, specializing in rehabilitation for geriatric patients and individuals with complex medical conditions such as stroke, Parkinson's disease, dementia, and joint replacements. She also have sports clinic experience in Canada, treating athletes and active individuals. Passionate about patient-centered care, she combine clinical expertise with empathy and currently serve as a Study Buddy Mentor, helping future Physical Therapists prepare for the NPTE.



Sergey Suchkov

Moscow State University
Russia

Personalized and Precision Medicine (PPM) thought The View of Reproductive Healthcare and Natural Family Planning: An Option for clinicians and caregivers realize the potential of genomics-informed care to secure the Individualized Human Biosafety

Abstract:

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). Metabolomics (along with the other OMICS technologies) and nutritional research proved to be valuable tools for the measurement of biochemical changes associated health changes related to diet. It is also, highly, promising in identification of nutritional biomarkers to monitor nutritional intervention studies. This will enhance our knowledge of diet-health relationships. The latter requires collaboration among translational and clinical researchers with overlapping expertise areas including nutritionists, clinicians, nurses, bioinformaticians, statisticians and chemists, and many other stakeholders. This expertise integration is vital to develop the knowledge to establish the evidence-based PPM-based nutrition. Those strategies should include nutriogenomics information, other factors such as dietary and physical activity patterns, metabolome, and microbiota. Various genes and polymorphisms have been defined as relevant factors to explain diet-specific metabolic responses. PPM-based nutrition should be part of the normal daily diet to prevent and reduce the besides diseases we see typically in metabolic diseases. We will see a full new PPM – PPM-based nutrition – PPM-based health value-chain which will also include new food logistics as food delivery services of PPM-based nutrition directly to the patient at home by surrounding restaurants as well as cooking classes for PPM-based nutrition integrating an individualized world map of food. An individual's personal integrative nutritional biomarker profile can be combined with the identification of food ingredients to determine that individual's PPM-based nutrition. Those advances are paving the way for the design of innovative strategies for the control of chronic diseases. PPM-based nutrition has the huge potential to maintain health, as a result of a rigorous nutrigenomic analysis whilst considering the genetic makeup of an individual. There is thus a need for the identification of

novel nutritional biomarkers or patterns of biomarkers that link nutrition with health and will lead to further understanding the role of food in health and disease. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM to elicit the content of the new branch.

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University with MD. From 1980 through 1983 has been working as Res Associate, and from 1983 through 1985 as Senior Res Associate at the Inst of Medicical Enzymology, USSR Academy of Medical Sciences. In 1985, maintained his PhD at the Sechenov University. From 1986 through 1989, has been working as Senior Res Associate at the Koltzov Institute of Dev Biology, USSR Academy of Sciences. From 1989 through 1994, was a Director of the Division of Clinical Immunology, Helmholtz Eye Res Institute in Moscow.

Poster Presentations

November 27, 2025

Anupreet Tiwana

Dayanand Medical College and Hospital, India

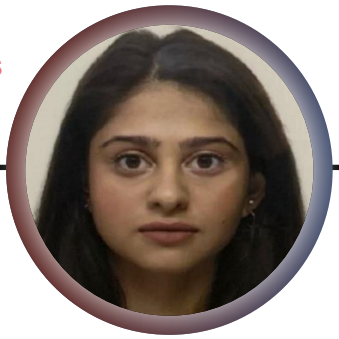
To find the incidence and outcomes of acute kidney injury in sick neonates admitted in level 3 neonatal unit

Abstract:

This prospective cohort study was done in level 3 neonatal ICU over a period of 1 year which included neonates who received intravenous fluids for atleast 48 hours. Neonates who survived less than 48 h, chromosomal/renal anomalies or had insufficient data were excluded. AKI was defined according to the modified KDIGO criteria. Both AKI and non-AKI neonates were followed till discharge. Incidence of AKI, mortality and morbidity outcomes were studied. Institutional ethical clearance was taken. Out of 750 neonates, 680 neonates were included and 66 (9.7 %) had AKI. Incidence of AKI varied occurring in 9.1% of neonates born at 22-29 weeks, 5% at 30-36 weeks and 15.6% > 37 weeks. 593 (87.2 %) neonates were discharged and 87 (12.8%) had adverse outcome including DAMA and deaths. Out of 87, 37.8 % had AKI and 10.09 % had no AKI. Neonates with AKI had longer hospital stay (16 days versus 10.15 days). Out of 66 AKI cases, 66.7% had stage 1, 18.2% had stage 2, 15.2% had stage 3. Median day of onset of AKI was 4 with interquartile range of (3-6). Total 56(84.8%) neonates had Early onset AKI i.e within <7 days .AKI got resolved in 70.8% cases till discharge and 29.2% cases had persistence of AKI till discharge .Only 3% (2/66) AKI patients received RRT, which was delivered in the form of acute peritoneal dialysis.

Biography

Anupreet Tiwana has completed her MD Paediatrics at the age of 28 years from Dayanand Medical College Ludhiana under Baba Farid University of Health Sciences Faridkot, Punjab. She has done Paediatric Critical care fellowship credited by Indian Academy of Paediatrics in 2024 from Dayanand Medical College and Hospital Ludhiana. Currently she is studying as Senior Resident in the department of Paediatrics at Dayanand Medical College Ludhiana.



Dhwani Gandhi

St. Helens and Knowsley Trust
UK

A rare incidental intraoperative finding of decidualised posterior uterine wall tissue during caesarean section: A Case report and Abstract

Abstract:

Decidualisation is a progesterone-driven transformation of the endometrium that supports implantation and pregnancy. While intrauterine decidualisation is physiological, ectopic decidualisation of endometriotic lesions is rare, poorly understood and has significant clinical implications. We present the case of a 39-year-old woman with endometriosis, adenomyosis, and two previous caesarean sections. During an elective caesarean at 39+2 weeks, a highly vascular lesion was discovered on the posterior uterine wall. Histology confirmed decidualised endometriotic tissue. The intraoperative bleed was controlled (estimated blood loss: 900 mL), but severely extensive suturing increased the risk of future adhesions and surgical complications. Ectopic decidualisation may remain asymptomatic and undetectable on antenatal imaging, while potentially mimicking malignancy or placenta accreta. Proposed mechanisms of decidualisation include progesterone resistance in endometriotic tissue, chronic inflammation, and variations in progesterone receptor expression. Reported complications include unexpected haemorrhage, hemoperitoneum, bowel perforation and acute surgical presentations such as pseudo-appendicitis. Although decidualisation of ovarian endometriomas has been reported in up to 12% of cases, involvement of the uterine wall remains exceptionally rare. In our case, antenatal imaging was unremarkable, highlighting diagnostic challenges and the importance of intraoperative awareness. Existing literature is limited, with only a handful of similar cases reported. This case underscores the importance of considering ectopic decidualisation as a differential diagnosis in pregnant women with endometriosis, particularly in the context of intraoperative haemorrhage. Increased awareness, case reporting, and multidisciplinary collaboration are essential to ensure prompt recognition and management of this rare but clinically significant phenomenon.

Biography

Dhwani Gandhi is a Foundation Year 3 doctor currently working in Surgery, with a strong interest in obstetrics and gynaecological surgery, as well as peri- and post-operative care. Together with Dr. Emilie Jewitt, she completed foundation training within the St Helens and Knowsley Teaching Hospitals NHS Trust, under the supervision of consultant Ms. Angharad Bidder in Obstetrics and Gynaecology in 2025. Both Dr. Gandhi and Dr. Jewitt are passionate about medical education and quality improvement. They are currently leading an audit within the Obstetrics and Gynaecology department at Whiston Hospital, focusing on optimising antibiotic protocols during pregnancy and the post-operative period. Through their work, they aim to enhance both patient care and overall clinical practice.

Nuhu Teri James

Kettering General Hospital
UK

Post Caesarean Section Surgical Site Infections: A Comparative Analysis of Risk Factors Between Infected and Non-Infected Patients in a Teaching Hospital in Northern Nigeria

Abstract:

Background: Post-caesarean section surgical site infection is associated with significant morbidity and mortality. Risk factors vary from one centre to another. Therefore, identifying the relevant risk factors in a centre is necessary to formulate an evidence-based protocol for its prevention.Aim: To compare the risk factors responsible for post-caesarean section surgical site infection between infected and non-infected patients.

Objectives: Determining the prevalence, risk factors, bacterial isolates and antibiotic susceptibility for post-caesarean section surgical site infections.

Methodology: This was a prospective study of 140 women who had caesarean section. The incision sites were inspected for evidence of infection on post-operative days two and four. Non-infected patients were discharged and telephoned on days 10, 20 and 30. Those who reported symptom(s) of wound infection were examined at the maternity assessment unit and swabs were taken from all infected wounds for microbiological analysis. Data was analyzed using Statistical Package for Social Science version 20. The presence of associations between wound infection and known risk factors were tested using chi-square and odd ratio at 95% confidence interval and significant p-value of <0.05.

Results: The prevalence of SSI was 5%, all occurred in patients who had emergency caesarean section. Majority (85.7%) occurred among surgeries performed by registrars. Prolonged operation time and premature rupture of membranes significantly increased the likelihood of developing SSI by 14 and 10 times respectively. Staphylococcusaureus was the commonest organism isolated.

Conclusion: Post-caesarean section SSI is common, mainly associated with emergency surgeries performed by registrars, prolonged operation time and premature rupture of membranes.

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.

Muhammad Asad Shabbir

Women Health Institute
USA

Tamoxifen Associated Weight Gain-Intervention Success with GLP1: A Case Report

Abstract:

This case demonstrates that Liraglutide, a GLP-1 receptor agonist, was an effective option for reversing Tamoxifen-associated weight gain in a breast cancer survivor.

Introduction: Weight gain is a frequently reported but often underappreciated side effect of adjuvant endocrine therapy in breast cancer survivors, particularly among postmenopausal women receiving Tamoxifen. Beyond its psychological impact, excessive weight gain can exacerbate comorbidities such as type 2 diabetes, hypertension, and dyslipidemia. Tamoxifen, a selective estrogen receptor modulator (SERM), has been associated with changes in fat distribution and metabolic slowing, potentially leading to gradual but significant weight gain over time. In many cases, conventional lifestyle interventions such as diet modification and increased physical activity fail to achieve meaningful weight reduction. Liraglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, has been approved for weight management and glycemic control in patients with type 2 diabetes. Its appetite-suppressing and weight-reducing properties have shown effectiveness in obesity management, though its use in reversing weight gain related to cancer therapies is another potential benefit. This report presents a case of significant Tamoxifen-associated weight gain in a breast cancer survivor, with marked and sustained weight loss achieved after patient initiation of Liraglutide therapy. The case also underscores the importance of considering pharmacologic weight loss options when standard lifestyle interventions are insufficient.

Case description: A 60-year-old female with a history of estrogen receptor-positive breast cancer presented with significant weight gain following adjuvant endocrine therapy. After self-detecting a left breast lump, she underwent a lumpectomy, followed by a second lumpectomy one year later due to residual disease. Post-surgical management included six weeks of radiotherapy and initiation of Tamoxifen 20 mg nightly, which she continued for over five years. Prior to her cancer diagnosis, the patient weighed 219 lbs. and maintained an active lifestyle, walking approximately 2 miles daily. Despite continuing this routine, her weight progressively increased to 290 lbs. during the course of Tamoxifen therapy, with no other identifiable contributing factors. She had no changes in diet or activity level and expressed frustration at the inability to lose weight despite consistent effort. Given the suspected asso-

ciation between Tamoxifen and weight gain, and the need for metabolic risk reduction, she was prescribed Liraglutide 1.8 mg daily six months ago. Since then, she has lost 32 lbs., with her current weight at 258 lbs. She continues to lose weight with no significant adverse effects from Liraglutide reported.

Discussion: Weight gain can be an adverse effect in breast cancer treatment and can significantly impact on a patient's quality of life and long-term prognosis. Post-treatment weight gain has been associated with a higher risk of recurrence and increased all-cause mortality among survivors. Hormone receptor-positive breast cancers, which rely on estrogen or progesterone for growth, are commonly treated with endocrine therapies such as Tamoxifen, a selective estrogen receptor modulator (SERM). Tamoxifen acts by blocking estrogen receptors in breast tissue and is FDA-approved for long-term use (typically five years) as part of adjuvant therapy following surgery and radiotherapy. Studies indicate that Tamoxifen use in some individuals is linked to an increase in clinically significant weight gain. Maintaining a healthy weight can be a considerable challenge for breast cancer survivors, as multiple barriers impede lifestyle changes. These include individual factors (e.g., mental health, motivation, or limited knowledge), social influences (e.g., family or healthcare advice), and environmental limitations (e.g., time, cost, or access to resources). Despite awareness of these barriers, research exploring survivor experiences and behavior change remains limited. A better understanding of these factors is essential to developing personalized and effective weight management strategies for this population. Glucagon-like peptide-1 (GLP-1) receptor agonists were first approved in 2005 for type 2 diabetes management and have since shown consistent benefits in promoting weight loss. Liraglutide has demonstrated the ability to reduce body weight by up to 10% annually. It is indicated for the treatment of type 2 diabetes, polycystic ovary syndrome (PCOS), and obesity (BMI ≥ 30). While the weight-reducing effects of GLP-1 agonists are well documented in metabolic disorders, there are limited data regarding their use in managing endocrine therapy-associated weight gain. This case demonstrates a real-world instance in which standard lifestyle interventions, such as regular physical activity, failed to produce weight loss in a breast cancer survivor receiving Tamoxifen. The patient achieved a significant 32-pound reduction over six months after initiating Liraglutide, highlighting the drug's potential utility in this setting. The improvement occurred without notable side effects, further supporting its tolerability and safety in this context. Limitations of this report include the lack of detailed metabolic and hormonal profiling, as well as the inability to establish definitive causality in a single patient case. Moreover, long-term outcomes and sustainability of Liraglutide-induced weight loss in cancer survivors remain unknown. Nevertheless, this case underscores the need to explore pharmacologic options like GLP-1 receptor agonists when conventional weight management strategies fail, particularly in hormonally treated breast cancer patients.

Conclusions: This case highlights the potential role of GLP-1 receptor agonist in assisting in patients who experience weight gain associated with Tamoxifen therapy for breast cancer. When lifestyle interventions alone fail to achieve weight loss, pharmacologic therapy may offer an effective and well tolerated alternative. Further studies are needed to explore the broader application, long term outcomes, and safety of GLP-1 agonists in this patient population.

Biography

Muhammad Asad Shabbir is a graduate from Pakistan. He is currently serving as a Research Volunteer at the Women's Health Institute at RWJ under the supervision of Dr. Bachmann. Alongside his research role, he also volunteers with the NJ Reentry Corporation, actively contributing to community support initiatives.

Suranjana Thakuria

Women's Health Initiative
USA

Postpartum Depression Screening Practices in U.S. Underserved Populations

Abstract:

Postpartum depression (PPD) is a common complication of childbirth, affecting approximately 10–20% of new mothers. However, data note that the prevalence of PPD is disproportionately higher among women in underserved populations, including those who are low-income, minorities, and immigrants. For instance, Black women living in socioeconomically disadvantaged neighborhoods experience significantly higher risks of PPD and tend to face multiple, overlapping barriers that delay timely screening, diagnosis, and access to care. Challenges such as lack of insurance coverage, limited access to healthcare providers, transportation difficulties, and inflexible work environments can prevent these mothers from receiving necessary assistance. Cultural stigma surrounding mental health and motherhood is another contributing factor and can discourage disclosure of these symptoms. Language barriers and a lack of culturally competent care can further limit the effectiveness of current screening practices. Common tools like the Edinburgh Postnatal Depression Scale (EPDS), while widely used, may lack cultural and linguistic appropriateness, resulting in self-report bias and variable sensitivity across diverse populations. As well, data suggest that positive screening results do not always lead to proper care follow-through among underserved women, especially when these services are not easily accessible. Improving PPD screening practices and management in underserved populations requires a comprehensive approach that includes culturally tailored interventions, community-based outreach, policy reform, and better integration of social support systems into maternal healthcare systems.

Biography

Suranjana Thakuria is a rising MS3 at St. George's University. She is currently exploring various medical specialties, as many areas of medicine interest her. Her research is centered on obstetrics, with a focus on improving the lives of women in underserved communities. She has a long-standing commitment to volunteer work, including regular service in soup kitchens, reflecting her dedication to giving back. Raised in central New Jersey, she is also an avid tennis player. Suranjana aims to build a medical career grounded in patient-centered care.

Anna Lewandowska

State Academy of Applied Sciences in Jaroslaw
Poland

Experience of violence among children in Poland

Abstract:

Background: Violence against children is a complex and multidimensional problem that negatively affects their physical, psychological, and social development. Exposure to violence is a significant source of stress and is associated with increased risks of mental health disorders, including depression, anxiety, personality disorders, and substance abuse. Understanding the prevalence, forms, and risk factors of violence is essential for effective prevention strategies

Objective: To assess the frequency and forms of violence experienced by children and adolescents and to analyze risk factors associated with experiencing abuse

Methods: A qualitative survey was conducted among 200 children and adolescents aged 10–18 years using random sampling. Participation was voluntary and anonymous, with informed consent obtained from school principals, participants, and their parents. Statistical analysis was performed using Statistica 13.3, and relationships between variables were assessed using the Pearson chi-square test with significance set at $p < 0.05$

Results: Physical violence from parents was reported by 28% of respondents, with spanking being the most common form (38%), followed by pushing (9%) and being hit with a belt or object (7%). Psychological violence included verbal abuse (15%) and blackmail (14%). No cases of sexual violence by parents were reported. Violence was more prevalent in families with average or poor financial situations and among children lacking parental support. Additionally, 14% of respondents experienced violence at least once per year.

Conclusion: Violence against children remains a significant public health and social issue. The most frequent forms are physical punishment and psychological abuse, particularly in economically disadvantaged families. These findings highlight the need for targeted preventive interventions, improved family support systems, and educational programs addressing non-violent parenting practices.

Biography

Anna Lewandowska is a healthcare academic at the Faculty of Healthcare, State Academy of Applied Sciences in Jarosław, Poland. Her research focuses on child welfare and the psychosocial impact of violence on children and adolescents, including the study "Experience of violence among children in Poland," which analyzes risk factors and forms of abuse in young populations.

Shadab Ahamad

Sri Sathya Sai University for Human Excellence
India

Periconceptional Sleep Quality and Adverse Maternal-Perinatal Outcomes: An Exploratory Study from India

Abstract:

Background: Sleep disturbances affect nearly half of all pregnant women—45.7% globally and 49.4% in India. Despite its critical role in maternal and fetal health, periconceptional poor sleep quality (PSQ) remains an underexplored risk factor, particularly in the Indian subcontinent. Objective: To investigate the association between periconceptional PSQ and adverse maternal-perinatal outcomes in an Indian cohort.

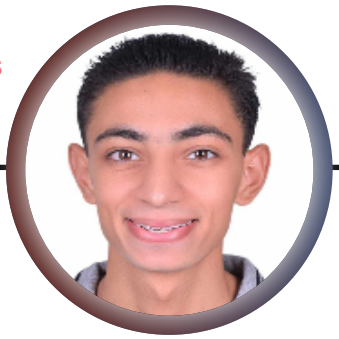
Methods: A cross-sectional study was conducted among 217 mother-infant dyads with negative echocardiographic findings at a free tertiary pediatric cardiac hospital (2024-2025). Sleep quality was assessed using the Pittsburgh Sleep Quality Index. Clinical, familial, and socio-demographic data were captured via a structured in-house questionnaire and analysed using SPSS.

Results: Of 217 mothers, 120 (55.2%) reported PSQ. Pre-sleep screen time >4 days/week (OR=2.48, p=0.004) and right-lateral sleep position (OR=1.87, p=0.027) were significantly associated with PSQ, while folic-acid supplementation reduced the risk by 49% (p=0.016). PSQ prevalence was higher among mothers from central India (OR=2.19, p=0.006) and urban areas (OR=2.16, p=0.023). PSQ correlated with preterm birth (p=0.051), caesarean delivery (OR=1.92, p=0.028), and NICU admission (OR=3.04, p=0.001). No significant associations were found with maternal anaemia, gestational diabetes, hypotension, or respiratory distress, though trends were noted for pregnancy-induced hypertension and thyroid disorders (p=0.098 each).

Conclusion: PSQ was significantly associated with modifiable risk factors and adverse perinatal outcomes, underscoring the need to integrate sleep assessment into routine maternal care. Future research should explore causal mechanisms and evaluate targeted interventions.

Biography

Shadab Ahamad is a PhD scholar in Life Sciences at Sri Sathya Sai University for Human Excellence, India. He has published 14+ peer-reviewed papers in reputed international journals and delivered presentations at 20+ global and national conferences, earning several best presentation awards. He has successfully supervised 11 dissertations and trained rural students in biomedical sciences. His research expertise spans genomics, bioinformatics, and clinical epidemiology, with a strong focus on congenital heart disease, maternal exposures, and birth outcomes.



Ziad W Elmezayen

Kafr Elsheikh University
Egypt

Omission of Bladder Flap Formation in Cesarean Section: A Systematic Review and Meta-analysis of Randomized Controlled Trials

Abstract:

Background: Simplifying cesarean section (CS) by omitting non-essential steps, such as bladder flap (BF) formation, is increasingly explored to optimize outcomes. Historically, BF was used to prevent bladder injury and infection, but recent evidence questions its necessity, linking it to prolonged operative time, adhesions, and complications. This updated review evaluates whether omitting BF improves CS outcomes.

Objective: to evaluate whether omitting bladder flap formation during cesarean sections improves clinical outcomes compared to standard cesarean sections with bladder flap creation. Methods: We searched PubMed, Scopus, Web of Science, and Cochrane without filters, including RCTs comparing BF versus no BF (NBF) in pregnant women undergoing CS. Outcomes included operative time, blood loss, bladder injury, postoperative pain, urinary symptoms, and hospital stay. Statistical analysis used RevMan 5.4.1, employing a random-effects model to calculate mean differences (MD) and risk ratios (RR) with 95% confidence intervals (CI). Heterogeneity was assessed using I^2 and Chi^2 tests, with sensitivity analyses to ensure robustness.

Results: BF was associated with significantly longer operation time (WMD 4.96 minutes, 95% CI 1.17–8.76, p=0.01) and incision-to-delivery time (WMD 83.78 seconds, 95% CI 38.15–129.41, p=0.0003). No significant differences were found in blood loss (p=0.26), hospital stay (p=0.26), hemoglobin change (p=0.39), pain scores (p=0.47), or UTI incidence (p=0.95). Heterogeneity was high for most outcomes (I^2 > 50%), except for hospital stay and UTI (I^2 = 0%).

Conclusion: Omitting BF during CS significantly reduces operative and incision-to-delivery times without increasing complications, making it a safe option for routine, uncomplicated CS. However, further research is needed to evaluate high-risk scenarios and long-term complications to generalize these findings to broader obstetric populations.

Biography

Ziad Walid Elmezayen is an intern doctor at Kafr Elsheikh University Hospitals. He graduated from the Faculty of Medicine at Kafr Elsheikh University, where he developed a strong interest in cardiology. Dr. Elmezayen is dedicated to advancing his knowledge in GYNA and OBS health and is committed to providing quality care to patients. His passion for obstetrics drives his pursuit of excellence in both clinical practice and ongoing medical education.

Supporting Journal

Journal of Neonatology and Pediatric Care

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Journal of Gynecology and Maternal Health

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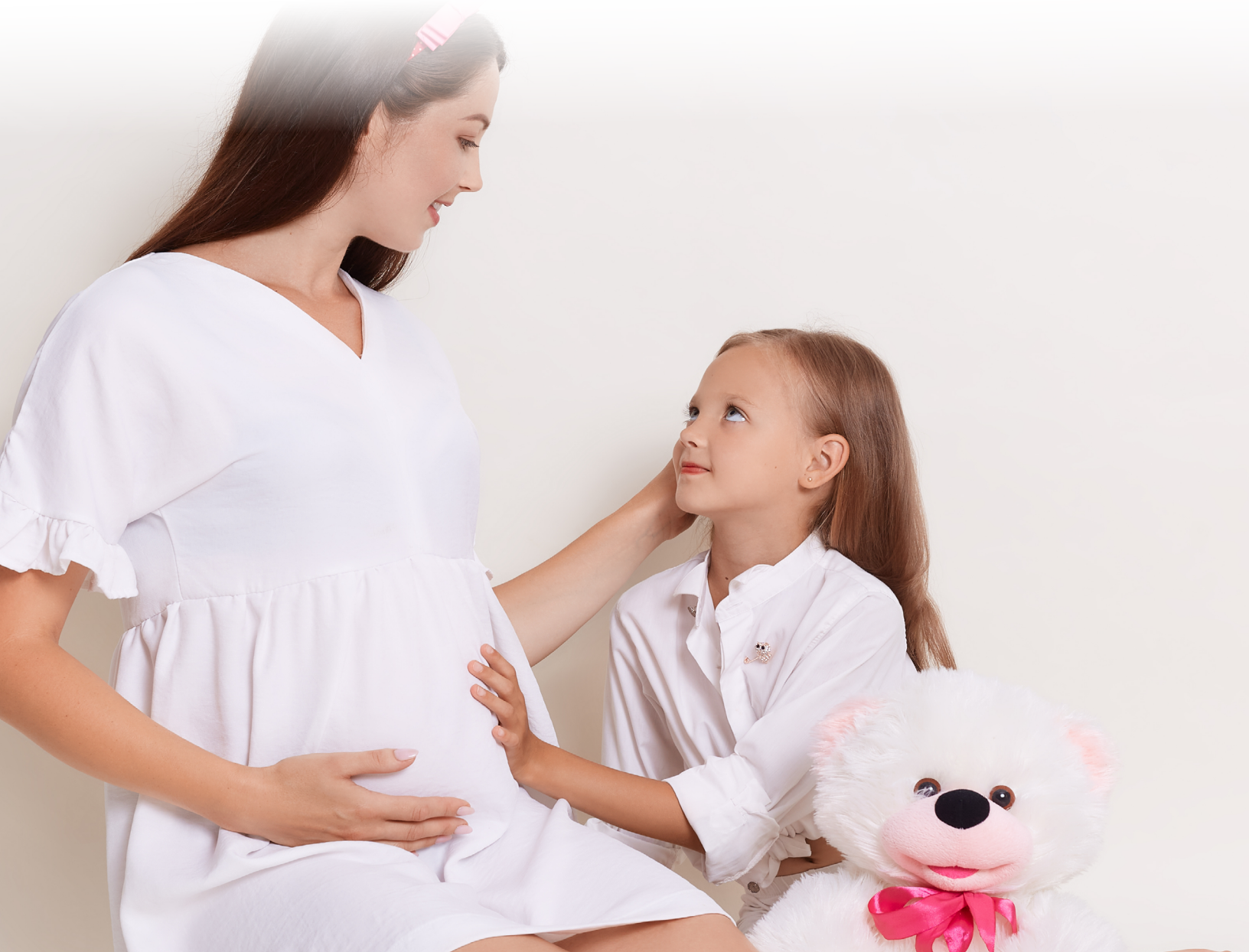

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