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30th Global Experts Meeting on

NEONATAL NURSING & MATERNAL HEALTHCARE

May 14-15, 2018 Singapore

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30th Global Experts Meeting on

Neonatal Nursing & Maternal Healthcare

May 14-15, 2018 Singapore

Keynote Forum (Day 1)

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Luana Pesco Koplowitz

Duck Flats Pharma LLC, USA

Drug-induced cardiac abnormalities in premature infants and neonates

The Cardiac Safety Research Consortium (CSRC) is a transparent, public-private partnership that was established in 2005 as a Critical Path Program and formalized in 2006 under a Memorandum of Understanding between the United States Food and Drug Administration and Duke University. Our continuing goal is to advance paradigms for more efficient regulatory science related to the cardiovascular safety of new therapeutics, both in the United States and globally, particularly where such safety questions add burden to innovative research and development. This presentation is a summary of a White Paper that provided a summary of discussions by a cardiovascular committee cosponsored by the CSRC and the US Food and Drug Administration (FDA) that initially met in December 2014 and periodically convened at FDA's White Oak headquarters from March 2015 to September 2016. The committee focused on the lack of information concerning the cardiac effects of medications in the premature infant and neonate population compared with that of the older pediatric and adult populations. Key objectives of this presentation are as follows: Provide an overview of human developmental cardiac electrophysiology, as well as the electrophysiology of premature infants and neonates; summarize all published juvenile animal models relevant to drug-induced cardiac toxicity; provide a consolidated source for all reported drug-induced cardiac toxicities by therapeutic area as a resource for neonatologists; present drugs that have a known cardiac effect in an adult population, but no reported toxicity in the premature infant and neonate populations and summarize what is not currently known about drug-induced cardiac toxicity in premature infants and neonates and what could be done to address this lack of knowledge. This presentation presents the views of the authors and should not be construed to represent the views or policies of the FDA or Health Canada.

Biography

Luana Pesco Koplowitz is a Chief Medical and Scientific Officer, received her MD from Rutgers Medical School and her PhD from Rutgers College of Pharmacy and Columbia Pacific University. She has completed her training in Clinical Pharmacology at the University of Miami, School of Medicine. She is an Adjunct Professor of Medicine, Department of Internal Medicine at the Medical Center of Delaware and is also Adjunct Faculty at the University of Miami, USA. She is a Fellow of the American College of Clinical Pharmacology and the Faculty of Pharmaceutical Medicine in UK. She is the President and Chief Medical and Scientific Officer of Duck Flats Pharma, LLC, USA. Previously, she was Chief Medical and Scientific Officer of Research Assist, Inc. She also held the position of Global Group Director of Clinical Pharmacology and US Nonclinical Development for the Janssen Research Foundation of Johnson & Johnson. She has been responsible for numerous successful INDs and NDAs during her 22-year career and holds several use patents in the treatment of various diseases. She has personal interests in the areas of overall drug development, PK/PD modeling and drug-drug interactions, receptor-binding modeling and special population clinical trials, especially pediatric, elderly and critical-care patients.

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Notes:

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Dulanie Gunasekera

University of Sri Jayawardenepura, Sri Lanka

Process of Quality Improvement (POQI) method: Improving quality of care in resource poor settings

In any health care setting, as health services improve, together with survival figures, emphasis should essentially shift to improving quality of care. Contrary to popular belief, Quality Improvement (QI) does not need excessive financial inputs, expensive infrastructure or outsourced expertise. The Process of Quality Improvement (POQI) method shows how QI could be done at an institutional level utilizing the available resources and manpower. POQI is based on 4 simple rules, identifying the problem (making an AIM statement), finding the root cause of the problem (by using Fish Bone (root cause) analysis, 5-whys or Pareto charts), identifying the current processes and point of care issues which are causing/leading to the problem with possible interventions to overcome the problem (Process Flow chart) and devising a mechanism to overcome the problem; Plan-Do-Study-Act cycle (PDSA cycle). Two simple examples will be taken (e.g. preventing post-partum hemorrhage in the mother and preventing hypothermia in the newborn) to demonstrate how this methodology could be used to improving quality of care using locally available expertise and resources.

Biography

Dulanie Gunasekera is a Consultant Pediatrician and Professor of Pediatrics. She is the current Chair and Academic Head of the Department of Pediatrics, University of Sri Jayawardenepura, Sri Lanka. Her interests are in neonatology, breast feeding promotion, immunization and dengue infection and has authored over 40 publications in peer reviewed national and international journals. She is also a Master Trainer for the POQI method of quality improvement. She has been Past President of the Sri Lanka College of Pediatricians and the Perinatal Society of Sri Lanka, during she was instrumental in promoting basic newborn care in the peripheral regions of Sri Lanka.

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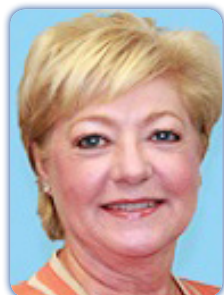
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Keynote Forum (Day 2)

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M Terese Verklan

University of Texas Medical Branch, USA

Complications of long-term Prostaglandin E1 use in newborns with Ductal-Dependent critical congenital heart disease

Prostaglandin E1 (PGE1) has been used for decades in the medical treatment of ductal dependent critical congenital heart disease in neonates. We report a retrospective evaluation of the long-term effects of PGE1 in a neonatal intensive care unit in Saudi Arabia. There were 22 subjects with a wide spectrum of cardiac defects maintained on PGE1 for a mean of 38 days (range: 6-200 days). The majority of complications included hypokalemia, hypotension and apnea/bradycardia. Pseudo-Barrett syndrome and gastric outlet obstruction were also found. While long-term administration of PGE1 in North America is rare, it is important to be aware of possible adverse effects of fluid and electrolyte imbalance, gastric outlet obstruction and feeding difficulties.

Biography

M. Terese Verklan has received her Bachelorette of Nursing in 1982 and her Bachelor of Arts (Sociology/Psychology) in 1984 from the University of Manitoba. She has completed her graduation from the University of Pennsylvania in 1987 with a master's in nursing, specializing in Perinatal and Neonatal Nursing. She then joined the University of Texas Houston Health Science Center as an Assistant Professor and was promoted to Associate Professor after two years. Currently she is a Professor at the University of Texas Medical Branch in the Graduate School of Biologic Sciences and the School of Nursing. She is recognized as a Clinical Expert and Educator in the care of high-risk neonates and consults worldwide. She is an Associate Editor for *Nursing and Health Sciences* and a Contributing Editor for *Journal of Perinatal and Neonatal Nursing*. She has received numerous awards for clinical practice, education and research, including Excellence in Education from the Association of Women's Health, Obstetric and Neonatal Nurses and is a 2010 Fellow of the American Academy of Nursing.

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Wei Siang Yu

Borderless Healthcare Group Inc., Singapore

A world's first model of seamless Hospital2home maternal and child care

Borderless Healthcare Group has developed a model of seamless care model from pregnancy planning to postnatal care using a connected hospital model where healthcare professionals in the hospital can inter-operate with the caregiver, mother and child at home using smart TV, smart phone, home robots, sensors and other internet of things. The platform also allows the convergence of local and international experts borderlessly. Multilingual case managers will manage every case of integrated care to ensure there is no language barrier during transmission. The ultimate aim of the platform is to generate maternal and child care big data where artificial intelligence can be applied. A new form of epidemiology of always on live data is expected to be derived from this platform which will herald a new era of predictive maternal and child care.

Biography

Wei Siang Yu is a globally renowned pioneer in healthcare TMT (Technology, Media and Telecommunication). He is the Founder and Executive Chairman of Borderless Healthcare Group of companies which operates borderless healthcare initiatives around the world. He graduated as one of the top students at Monash Medical School in 1995 and went against the conventional career path of an honors student to become a medical inventor in the space of digital bio-communication. He has gained worldwide recognition in his work on social application of digital bio-communication and became the youngest nominee of CNN People's Choice Award in 2003.

wei@borderlesshealthcare.com**Notes:**