



30th Global Experts Meeting on

Neonatal Nursing & Maternal Healthcare

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Posters

30th Global Experts Meeting on

NEONATAL NURSING & MATERNAL HEALTHCARE

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Comparison of lifestyle, concern for the environmental pollution and health behavior of mother with atopic dermatitis infants

SoMi Park

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Background & Purpose: Industrial development has brought about the convenience of our lives, but it is causing various environmental problems. The incidence of atopic dermatitis, one of the environmental diseases, is increasing in Korea. In particular, since infants are fully dependent on their mothers, their lifestyle and health behaviors are directly linked to their children's health. Therefore, this study aimed to compare of lifestyle, concern for the environmental pollution and health behaviors between mothers with a child with atopic dermatitis and mothers with no atopic dermatitis.

Method: With a descriptive design, a cross-sectional survey was done with a convenience sample of 200 mothers at infants' mother clubs in an urban area. Data were collected by a self-reported questionnaire.

Result: The mothers with a child with atopic dermatitis were 40 (20.5%). There was a significant positive correlation among pro-environmental lifestyle ($r=0.42$, $p<0.0010$), health-centered lifestyle ($r=0.56$, $p<0.001$), concern for the environmental pollution ($r=0.58$, $p<0.001$) with health behavior. Also, there was a significant difference in pro-environmental lifestyle between mothers with a child with atopic dermatitis and mothers with no atopic dermatitis ($t=-6.00$, $p<0.001$).

Conclusion: It is known that atopic dermatitis is associated with environmental pollution. The results of our study showed that mothers with children diagnosed with atopic dermatitis were less eco-friendly. Therefore, it is necessary to provide specific information that related to atopic dermatitis in parenting education with atopic dermatitis children.

Biography

SoMi Park is a Professor in the Department of Nursing, Yonsei University, Republic of Korea and also a Lecturer on Women's Health in the university, expertise is in the development of interventions for prevention and early detection of cancer in women in the community and moreover concerned about environmental health and how it relates to women's health.

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Newborn care practices at home among mothers of neonates admitted with late onset neonatal sepsis in pediatric unit of BPKIHS

Bima Thapa

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Background & Objectives: Child rearing practices and family environment determine the health of the newborn. Harmful newborn care practices are the risk factors for LONS. Objective of study was to identify newborn practices related to breast feeding, cord care, hygiene of newborn and thermal care of admitted neonates with diagnosis LONS in pediatric unit of BPKIHS.

Materials & Method: A descriptive cross sectional study was carried out from 21st December to 17th January using consecutive sampling. Semi structured, pretested questionnaire was used to interview 40 mothers. Data were analyzed using SPSS 20, descriptive and inferential statistics were used.

Results: More than half (60%) of the mother had not practiced breastfeeding within one hour of delivery. Among neonates, 65% were given colostrum, 25% were given pre lacteal feed, and 45% were given milk other than breast milk. Majority (72.5%) of mother used mustard oil to care umbilical cord. Mustard oil was used by 40% of the mother to care cord stump. More than half, (62.5%) of the mother used to wash hand before touching the baby. Kajal was applied for 52.5% of the newborn, 95% newborns were massaged in house by mustard oil. Majority (75%) of the mother had practiced of burning charcoal to keep newborn warm. None of the socio-demographic variables (age, sex, education, income, parity of mother, type of family) were associated with breast feeding, cord care, newborn hygiene and thermal care of newborn. But, the study revealed association between newborn care and mother education, per capita income of family and family type ($p=0.012$, $p=0.012$, $p=0.039$), respectively.

Conclusion: In this study among the components of newborn care practices cord care was found to be poor.

Biography

Bima Thapa is a Pediatrician, currently working in B and C Teaching Hospital, Birtamode Jhapa, Nepal.

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A study to assess the problems faced by mothers of neonates with congenital defects admitted in neonatal surgical ICU

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Introduction: Congenital defects result in long term disability, which may have significant impact on individuals, families, health care systems and societies. Congenital defects and preterm birth are important causes of childhood death, chronic illness and disability. Having a child with birth defect impacts the whole family. But the subject who suffers most is mother of neonate.

Objective: To identify the problems faced by the mothers of neonates with congenital defects admitted in NSICU, PGIMER, Chandigarh (India) in 2014-15.

Methodology: Mothers of neonate having congenital defects have to face many problems in the starting of their child's life, especially during hospitalization. To assess those problems a total enumeration sampling technique was used and 50 mothers of neonates with congenital defects in NSICU, APC, PGIMER were enrolled for study and subjects were interviewed with the help of semi structured interview schedule.

Findings: The study revealed that 74% of neonates were male and 26% were female affected with congenital defects. In the present study gastrointestinal problems leading all other, it accounted 38%, followed by respiratory defects which were 5% and musculoskeletal is least involved this was only 2%. In this 10% cases were diagnosed during antenatal period and rest of 90% of cases was diagnosed after the birth. Most of the mothers were worried about baby, 28% were feeling sad, 26% were having palpitation, 18% mothers having headache, 6% mothers were tense because of financial burden, 18% had no interest in doing anything, some subjects had stress about children, family and have grief, hopelessness and anxiety,

Conclusion: Maximum of the mothers have physical discomfort due to lack of bed, inadequate space and lack of physical care facilities which is leading the mothers toward physical health problems like infection, backache, body ache, etc.

Biography

Anupama Choudhary works as an Instructor at Postgraduate Institute of Medical Education and Research, India.

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Development, validity and reliability of a Likert scale AFI in NICU: A tool for Assessment of Family Integration (AFI) in NICU

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In family integration parents are involved in every possible care of their neonate ranging from feeding to decision making and even participation in rounds. We intend to develop a sustainable structured model of family integration for Indian setup. To assess the current status of family involvement in NICU care a Likert scale was developed. The objective of this study is to develop a valid and reliable tool to assess the level of family integration in NICU. Methodological research design was used. The data was collected in a NICU of a tertiary care hospital, India from 2016-2017. The preliminary draft was prepared by discussion with experienced clinical nurses, nurse educators, focus group discussion with parents and extensive review literature. This initial draft was given to five experts and suggested modifications were made. To establish validity the tool was given to 9 delphi members and two delphi rounds were conducted. The CVI (content validity index) was above 0.7 for all four aspects (clarity, relevance, simplicity and ambiguity). The vernacular version was prepared and retranslated to English by language expert. First tool try was done on 10 parents and the items were modified as per the feedback of parents. Final draft was again tried out on 60 parents and internal consistency was calculated by using SPSS-17. Cronbach's alpha was used and reliability of 0.895 was established. A feasible, valid, reliable and tested tool to assess family integration in NICUs was developed. A Likert scale AFI in NICU showed good content validity and internal consistency. The tool can be used to assess family integration in NICUs. Construct validity and inter-rater reliability can be established.

Biography

Geetanjali Kalyan has completed her Masters and currently working as a Lecturer in the National Institute of Nursing Education, India.

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Accepted Abstracts

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Provision of taped conversations with neonatologists to mothers of babies in intensive care: Randomized controlled trial

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Objective: To determine whether providing mothers of babies in neonatal intensive care units with audiotapes of their conversations with a neonatologist improves recall of information and psychological wellbeing.

Design: Randomized, single blinded trial.

Setting: Neonatal intensive care unit, North Queensland, Australia.

Participants: 200 mothers of babies in a neonatal intensive care unit.

Interventions: Mothers given (n=102) or not given (n=98) audiotapes of their conversations with a neonatologist.

Main Outcome Measures: Recall of information, attitudes to and use of the tape, satisfaction with conversations, postnatal depression, anxiety, general health, and stress about parenting, at 10 days and 4 and 12 months.

Results: 91% (n=93) of mothers in the tape group listened to the tape (once by day 10, twice by four months, and three times by 12 months; range 1-10). At 10 days and four months, mothers in the tape group recalled significantly more information about diagnosis, treatment, and outcome than mothers in the control group. At four months mothers in the tape group were 75% more likely to recall all of the information about treatment than mothers in the control group (59% vs. 34%; risk ratio 1.75, 95% confidence interval 1.27 to 2.4). Six mothers, all in the control group, could not recall their conversations. No statistically significant differences were found between the groups in satisfaction with conversations (10 days), postnatal depression and anxiety scores (10 days, four and 12 months), and stress about parenting (12 months).

Conclusion: Providing the mothers of babies in neonatal intensive care units with audiotapes of conversations with a neonatologist enhanced their recall of information (up to four months). The taped conversations did not affect the mothers' wellbeing or satisfaction with the neonatologist.

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Determine of frequency and reasons of vaccine rejection of parents of 0-24 months children

Gülzade Uysal

Okan University, Turkey

The aim of the research was to prospectively evaluate the frequency and reasons of vaccine rejection 0-24 months old children's parents. The data of the study were determined by simple randomization and were obtained from two family health centers in Istanbul between March 1st and October 31th 2017. The study's universe consists of 3942 parents who applied for two health centers within that period, and the sample was 470 parents who were willing to participate in the study. In the research, the questionnaire was applied face to face with the parents. Data were transferred to SPSS 21.0 program and analyzed with appropriate statistical tests. When investigating parents' infant/child immunization status; 80.4% of them had their babies/children vaccinated and 11.9% didn't have some vaccinations. It was determined that 7.7% (n=36) of the parents refused to have the vaccine. It was found that 79.1% of the parents have the vaccine because they believed that the vaccines were necessary and 46.7% of the rejected group refused because they thought that the substances were harmful. The difference between the vaccination status of parents and the descriptive characteristics of the baby/child was statistically insignificant ($p>0.05$). When the vaccinated cases were compared with the whole interviewed parents, the difference between the groups was found to be significant ($p<0.05$). The difference between the parents' perception of the side effects of vaccinations and the descriptive characteristics of the baby/child was statistically insignificant ($p>0.05$). When the parents, education status and parents' perception about the side effects of vaccinations were compared, it was determined that the difference between the groups was meaningful ($p<0.05$). The difference between the parents' intentions to obtain information about the vaccination and the descriptive characteristics of baby/child was statistically insignificant ($p>0.05$). When the age of the baby/child, the parents and the socioeconomic status and the parent's desire of getting information about the vaccination were compared, it was determined that the difference between the groups was significant ($p<0.05$). As a result, it has been determined that the majority of parents have their children completed their vaccinations and those who completed their vaccination have concerns about the content of vaccinations and also have concerns about whether or not to vaccinate.

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Aberdeen family integrated care (FiCare): Building families

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Traditionally neonatal units have been seen as a place of care where the nurses do most of the task orientated care that a premature or sick baby requires i.e. changing the nappy, measuring temperature, bathing, feeding and handling/positioning the baby. This often not only leave parents, especially new mothers feeling isolated, awkward, in the way or even a visitor to her own baby but the parents often did not feel empowered or strong enough to question this practice. It has very much been a culture of nurses knows best within neonatal units and this finding is across the world. In Aberdeen, after visiting Dr. Shoo Lee at Mount Sinai Hospital in Toronto, are now focusing on supporting the parents to care for their baby. Our nursing care model has expanded to now concentrate on teaching, caring and supporting the parents to do many of the tasks that the nurses would have done in the past. Parents are now encouraged to be present on the ward rounds and some even present their baby to the team on the ward round. Parents are encouraged to spend as much time on the unit as they possibly can so they can spend as much time doing skin2skin/kangaroo care as possible. This encourages bonding, breast feeding and parental confidence. This approach is still in progress but is gaining momentum every day. Medical staffs have adopted our approach and are seeking parental involvement in decision making about their baby and parents are being seen as partners in care. A new neonatal unit is being built in Aberdeen and this model of care has been pivotal in the design process, the aim of keeping mum and baby together as much as humanely possible is at the center of the hospital because after survival, relationships are the most important thing to a baby.

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Impact of pulsed xenon ultraviolet disinfection on surface contamination in a hospital facilities expressed human milk feed preparation area: A quality improvement study and the lessons learnt

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Background: Expressed Human Milk (EHM) feed preparation areas represent a potential source of unintentional nosocomial infection. Daily disinfection of environmental surfaces remains an essential intervention to mitigate nosocomial infections but the inefficiency of conventional cleaning and disinfection practices remains concerning. “Non-touch” technologies such as the Pulsed Xenon Ultraviolet (PX-UVD) light device has documented sustained reduction in surface bacterial colonization and reduced cross contamination.

Aim: A quality improvement study evaluating efficiency of conventional cleaning and its impact on the surface bio-burden of feed preparation areas and subsequently following the introduction of a PX-UVD as standard of care.

Methods: A prospective interventional study documenting surface colony forming units per square centimeter (cfu/cm²) from 6 high risk feed preparation areas in a community care hospital in South Africa. Pre and post conventional cleaning neutralizing rinse swabs were collected over a 16 week control period prior to the introduction of the PX-UVD and compared to a matching set of samples for the PX-UVD period.

Results: Total Surface Bio-Burden (TSB) of 544 cfu/cm² during the control period showed a 90% reduction compared to the 50 cfu/cm² for the corresponding PX-UVD period. A consistent improvement in the pre:post cleaning ratios during the PX-UVD period approached statistical significance (p-value=0.08). The introduction of the PX-UVD had a cumulative suppressive effect on the pre clean bio-burden counts (p-value=0.018).

Conclusion: The study demonstrated the inefficiency of conventional cleaning. Persistence of pathological species in both periods highlights current health sector challenges. We discuss the multi-prong interventional strategy adopted to critically review current policy and re-evaluate potential weaknesses as well as the adoption of new technologies such as the PX-UVD which temporally resulting in a significant decrease in surface bio-burden.

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Institutional delivery and its associated factors: A cross sectional community based study in Kavre district, Nepal

Sushila Shrestha

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Health facility delivery is considered a critical strategy to improve maternal health. The objective of this study was to identify utilization of institutional delivery and its associated factors. A descriptive cross-sectional study was carried out among the mothers of fewer than five children in Dhungharka, Kavre District, Nepal. Pre-tested questionnaire was administered to 170 mothers between 15-45 years of age group. Household survey was done by using purposive sampling technique and face to face interview technique was used to collect the data from 1st July to 30th December 2014. Data was analyzed using simple descriptive statistic with SPSS version 16. Association with institutional delivery was assessed by using chi-square test. Among the total participants, 90.0% of them had institutional delivery. The higher proportions of institutional delivery were found in both literate mothers ($p=0.001$) and literate husband ($p=0.023$). The proportion of institutional delivery among the mothers decided by their relatives (husband, father/mother-in-laws and other family members) for institutional delivery had higher portion ($p=0.048$) of institutional delivery than participants who decide themselves. But the study was not able to find out the significant association between institutional delivery and age of mothers, husband's occupation and number of children, number of ANC visits and distance to nearest health facility for delivery. Utilization of institutional delivery was much higher than national figure. Institutional delivery was associated with both educational status of mothers and their husband. Decision made by husband, mother in-law, father in-law and other family members were also associated with institutional delivery. So, to increase institutional delivery, family members need to be encouraged for safe motherhood program.

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Effect of kangaroo care on physiological measurements and weight in low birth weight infants

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Low birth weight infants are highly vulnerable as they have to make several adjustments to achieve equilibrium in metabolic processes, circulation and breathing. Therefore, the aim of this study was to examine the effect of kangaroo care on physiological measurements and weight in low birth weight infants. The study was conducted at the neonatal Intensive Care Units in Menoufia University hospital (Shebin El-Kom) and Mansheat Sultan village (Menoufia). The study sample was composed of 60 low birth weight infants. A simple random sample was done to assign them into study and control groups (n=30). A quasi experimental design was used. The results of this study showed that low birth weight infants who attended kangaroo care sessions had better weight gain (2.06 ± 0.21 Vs. 1.90 ± 0.26), fewer duration of hospitalization (11.33 ± 1.81 Vs. 15.57 ± 2.81) and better physiological adjustments than low birth weight infants in the control group. Therefore, it was concluded that low birth weight infants who attended kangaroo care sessions had better physiological measurements, weight gain and shorter duration of hospitalization than low birth weight infants in the control group. It was recommended that kangaroo care sessions should be conducted at neonatal intensive care units.

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Urinary tract infection among obstetric fistula patients at Gondar University Referral Hospital, Northwest Ethiopia

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Background & Aim: Many women die from complications related to pregnancy and childbirth. In developing countries particularly in sub-Saharan Africa and Asia, where access to emergency obstetrical care is often limited, obstetric fistula usually occurs as a result of prolonged obstructed labor. Obstetric fistula patients have many social and health related problems like Urinary Tract Infections (UTIs). Despite this reality there was limited data on prevalence UTIs on those patients in Ethiopia. Therefore, the aim of this study was to determine the prevalence, drug susceptibility pattern and associated risk factors of UTI among obstetric fistula patients at Gondar University Hospital, Northwest Ethiopia.

Methods: A cross sectional study was conducted from January to May, 2013 at Gondar University Hospital. From each post repair obstetric fistula patients, socio-demographic and UTIs associated risk factors were collected by using a structured questionnaire. After the removal of their catheters, the mid-stream urine was collected and cultured on CLED. After overnight incubation, significant bacteriuria was sub-cultured on Blood Agar Plate (BAP) and MacConkey (MAC). The bacterial species were identified by series of biochemical tests. Antibiotic susceptibility test was done by disc diffusion method. Data was entered and analyzed by using SPSS version 20.

Results: A total of 53 post repair obstetric fistula patients were included for the determination of bacterial isolate and 28 (52.8%) of them had significant bacteriuria. Majority of the bacterial isolates, 26 (92.9%), were Gram negative bacteria and the predominant ones were Citrobacter 13 (24.5%) and Escherichia coli 6 (11.3%). Enterobacter, Escherichia coli and Proteus mirabilis were 100% resistant to tetracycline. Enterobacter, Proteus mirabilis, Klebsiella pneumoniae, Klebsiella ozaenae and Staphylococcus aureus were also 100% resistant to Ceftriaxone.

Conclusion: The prevalence of bacterial isolates in obstetric fistula patients was high and majority of the isolates were gram negative bacteria. Even though the predominant bacterial isolates were Citrobacter and E. coli, all of the bacterial isolates had multiple antibiotic resistance patterns which alert health profession to look better treatment for these patients.

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Determinants of still birth in Bonga General and Mizan Tepi University teaching Hospitals, Southwestern Ethiopia, 2016: case control study

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Background & Aim: Still birth is the death of a baby before or during birth after 28 weeks of gestation. It is responsible for 7% of total global burden of disease. Its prevalence in developing world is 20 to 32/1000 births. This study aimed to identify determinants of still birth in selected hospitals of Southwestern Ethiopia.

Methods: All charts of mothers who visited Mizan-Tepi University Teaching and Bonga General Hospital for maternal health service utilization were the sources. Missed charts and charts that did not include the status of outcome were replaced. A total of 547 charts (137 cases and 410 controls) were included in the study. Taking: 95% CI, 80% power, 2.5 OR, case to control ratio of 1:3 and the prevalence of exposure among controls 57%. Finally, two cases and five controls were discarded due to inconsistency. Data were entered using Epi Data version 3.1 and analyzed by STATA version 13.1. Multivariate analysis was used to determine the association between different factors and the outcome variable. Confidence interval of 95% was used to see the precision of the study and the level of significance was taken at p value= <0.05 .

Result: A total 540 charts were included in the analysis. Women who attended ANC were 40% less risk for stillbirth (AOR=0.6, 95% CI 0.39, 0.94). And those who had labor length ≥ 24 hours were 2.4 times at risk to have still birth than ≤ 24 hours (AOR=2.44, 95% CI. 1.4, 4.26). Those who developed uterine rupture were about 5 times more likely to have still birth than their counterparts (AOR=4.9, 95% CI. 1.67, 14.35). Women who have different antenatal risks were 4.5 times more likely to have still birth (AOR=4.58, 95% CI. 1.45, 14.48). Weight of baby ≥ 2.5 kg were 73% less likely to still birth when compared to counterparts (AOR=0.27, 95% CI. 0.14, 0.53).

Conclusion: Attending ANC, length of labor, uterine rupture, antenatal risks and weight of fetus were found to be significantly associated with still birth.

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Does infrared temperature reflect core body temperature? A comparative study on infrared temperature from different parts of the body with axillary temperature

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Objective: To determine the limit of agreement between Non-Contact Infrared Temperature (NCIT) from forehead, chest and abdomen with Digital Axillary Temperature (DAT).

Design: Prospective study.

Setting: Neonatal unit of Christian Hospital Chhatarpur, Madhya Pradesh, India (A mission hospital under Emmanuel Hospital Association, New Delhi).

Methods: In this study Non-Contact Infrared Temperature (NCIT) from the forehead, chest and abdomen was compared with Digital Axillary Temperature (DAT) by Bland Altman Plot.

Results: A total of 211 sets of temperature were recorded from neonates admitted in the Division of Neonatology, Christian Hospital Chhatarpur, Madhya Pradesh, India. The DAT agrees well with NCIT chest [mean difference=0.1346, 95% limit of agreement: (0.08455, 0.1846)] as compared to NCIT forehead and abdomen.

Conclusion: As compared to the tradition of using NCIT on the forehead, the author suggests the use of NCIT on the chest as it has more agreement to the core body temperature.

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Evaluation of surgical techniques for treating gastroschisis

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Introduction & Aim: The significant risk of morbidity and mortality in association with gastroschisis requires a critical assessment of treatment methods. The aim of this study was to evaluate the efficiency of surgical treatment of gastroschisis.

Materials & Methods: We conducted a retrospective cohort study at the Institute for Maternal and Child Healthcare “Dr Vukan Cupic” in Serbia, from 2002-2016, where-in we compared the outcomes of two techniques for managing gastroschisis: Primary fascial closure and the use of a silastic silo.

Results: This study included 54 patients: 21 in the Silastic Cohort (GSiC) and 33 in the Surgical Cohort (GSC). There was no statistically significant difference regarding the demographic characteristics, the use of Total Parenteral Nutrition (TPN), the incidence of sepsis, the number of re-interventions and the duration of hospitalization. Furthermore, there was no difference in the rate of complications of the ileus, compartment syndrome, or death. A statistically significant difference was observed in the silastic cohort for a shorter duration of use of mechanical ventilation ($p=0.004$). Necrotizing Enterocolitis (NEC) was observed more frequently in the silastic cohort (relative risk: 1.31; 95% Confidence Interval (CI): 1.03-1.52; $p=0.006$). The absolute risk of incidence of complications and lethal outcomes did not exceed 20% of cases (within a 95% CI) in surgically treated children.

Conclusion: The two techniques used in gastroschisis management are equally efficient, but differ in their incidence of complications. NEC is the leading cause of morbidity and mortality in the silastic cohort.

Discussion: Evaluation of the necessity of the initial incision of the fascial ring and specific technical complications using a silastic silo, result in bowel vascular insufficiency and the development of NEC. This indicates the importance of carefully identifying patients for certain types of operational techniques, depending on the pathological substrate.

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Optimizing the umbilical cord: Identifying cord blood neutropenia to help predict early onset sepsis

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Statement of the Problem: Early Onset Sepsis (EOS) in newborns can be hard to identify due to multiple contributing factors and a lack of early reliable markers that allow for definite identification. Clinicians depend on determining whether risk factors such as prematurity, Prolonged Rupture Of Membranes (PROM), under treatment for GBS positive or unknown mothers and chorioamnionitis are present to help determine if there is a need to evaluate and treat sepsis prospectively. The identification of cord blood neutropenia has been introduced as an independent and adjunct marker to help identify EOS. The purpose of this study was to establish reference values for cord blood neutrophil counts per gestational age and to look at the sensitivity, specificity and favorable likelihood ratio of cord neutropenia as an independent marker and as an adjunct marker to detect EOS in newborns >34 weeks' gestational age.

Methodology & Theoretical Orientation: This study was done in a retrospect. A cohort was identified and included mother-infant pairs that experienced singleton deliveries between 2009 and 2014 at Centre Hospitalier Universitaire de Sherbrooke (Quebec, Canada). Each mother-infant pair that was included had cord blood neutrophil counts recorded. A standard criterion was used by the clinicians to identify EOS cases from the sample by examining medical records. Diagnostic values were fixed for neutropenia per gestational age. Finally, a nested case-control design was utilized to quantify the worth of neutropenia in the detection of EOS independently and along-side other known risk factors.

Findings: The cohort identified included 8,590 mother-infant pairs. There were 84 sepsis cases identified. Neutrophil counts were closely related to gestational age and when neutropenia was adjusted for gestational age, there was good specificity but poor sensitivity. Cord blood neutropenia as an adjunct to other EOS risk factors revealed an increase in sensitivity without decreasing specificity.

Conclusion & Significance: Cord blood neutropenia adjusted for gestational age is remarkably associated with EOS and the addition of neutropenia to established risk factors for sepsis does increase the rate of detection of EOS.

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