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Pasteurized donor human milk for preterm infants

Cynthia Pang Pui Chan KK Women's and Children Hospital, Singapore

Breast milk is the ideal nutrition for babies in the first six months of life, as it contains enzymes to help with digestion, nutrients, growth factors, hormones and protective antibodies. Mothers of preterm babies can experience difficulty in providing breast milk, especially in the initial days, due to a variety of reasons including complicated deliveries, or pre-existing medical conditions. Premature and sick babies are prone to feeding intolerance and are at risk of developing Necrotising Enterocolitis (NEC) and infections. Breast milk can be life-saving for these vulnerable preterm babies. The provision of safe, pasteurized donor breast milk is aimed at reducing the risk of these conditions, while optimizing their immunity, development and overall health. KK Human Milk Bank is set up in accordance with the international guidelines and protocols by the United Kingdom National Institute of Health and Care (NICE) and Human Milk Banking Association of North America (HMBANA). The Milk Bank only recruits mothers who are healthy and do not engage in high-risk behaviors. Donors are required to undergo a stringent donor screening process as well as education on the handling and storage of the breast milk prior to donation. The donor human milk is screened, processed and dispensed by prescription to preterm babies whose mothers are unable to provide sufficient breast milk.

These babies must also meet the following criteria for eligibility: born prematurely at less than 32 weeks of gestation, weighing 1,800 grams or less at birth and at a high risk of or diagnosed with NEC.

Biography

Cynthia Pang Pui Chan is a registered nurse, midwife with a Master Degree in Public Health and an International Board Certified Lactation Consultant. As the Assistant Director of Nursing she oversees the Lactation Services and KK Human Milk Bank at KK Women's and Children's Hospital. She is a member of the Sales of Infant Food and Ethics Committee (Singapore), Country Coordinator for the International Board Lactation Consultant Examiners (IBLCE) and Lead Associate in Education with the Duke-NUS Graduate Medical School, Singapore. She is also the Honorary Secretary of the Association for Breastfeeding Advocacy (Singapore) and member of the Baby Friendly Hospital Initiative (BFHI) Committee, Singapore.She played a key role in the setting up of the KK Human Milk Bank and the development of the guidelines and workflows from donors to recipients.

cynthia.pang.pc@kkh.com.sg

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Maternal experiences in caring for Maternal experiences in caring for their neonates in two communities around kupang, west timor: A Qualitative study

Maria Margaretha Ulemadja Wedho Health Polytechnic, Indonesia

Background: The Health development targets are to accelerate the decrease in Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).

Aim: The purpose of this study was to explore women's experiences of taking care of their infant/neonates (age 0-28 days) in two communities around Kupang, West Timor Desa Bipolo Kecamatan Sulamu and Kelurahan Sikumana Kota Kupang East Nusa Tenggara, Indonesia.

Method: Qualitative research with case study approach was used to assess women's experience in taking care of neonates. Five women with neonates were chosen as population and purposive sampling was conducted to select the respondents. Data were collected by the way of structured interview with the mother. Moreover, there were three stages of data analysis consisting of data reduction, display data and conclusion drawing/verification.

Result: Three themes related to women's experiences in taking care of neonates were identified. Those are neonatal check-up or visitation, nutrition for five post neonate women and the level of mother's knowledge. The result of this study showed that not only respondents have never been visited by health worker based on the government standard in NTT Province, but also they have never been educated on how to take care of and to feed their neonates well.

Conclusion: Further study should be conducted by health care worker or government in this case the Provincial and District Health Office to motivate the mother and family to compliance to government regulation standard to take care of neonatal. Health workers are expected to design the guidelines and counseling to decrease infant mortality rate in the community through education during the prenatal period. Heads of the village are expected to insist that the community especially pregnant women to visit health facilities at least 3 times during the neonatal period. The health workers are expected to visit families with neonates at least three times in the first week of neonatal life.

Biography

Maria Margaretha Ulemadja Wedho has completed her Masters and working as a Lecturer in the Department of Health, at Health Polytechnic, Indonesia.

Mariawedho@yahoo.com

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When the bough breaks: Preventing infant falls

Sino George

Emory University Hospital Midtown, USA

Newborns experience in-hospital falls at rate of approximately 1.6/10,000 live births, resulting in 600-1600 falls per year in the United States before the last decade, the topic of in-hospital newborn fall/drop was virtually nonexistent in the literature. Although in-hospital adult falls have long been a focus of research and intervention, there has been no tracking of data on the prevalence of falls among newborns and no published protocols specifically to prevent falls among newborns until recently. The birth of a baby can be one of the most joyous experiences for families. Dropping a baby after falling asleep or caring for an infant when an accidental injury occurs can be an emotional and life-changing experience for families, especially if serious injury occurs. Literature now shows that healthcare facilities can make a difference in newborn events by incorporating prevention methods such as family awareness, staff monitoring and education for both staff and families. Upon completion of this presentation, participants should be able to identify inherent factors during hospitalization that increase the risk of a newborn fall/drop and potential interventions to prevent newborn falls.

Biography

Sino George is a board-certified Women's Health Nurse Practitioner. She began her career in health care by working as Nurse Midwife. She has presented at local, national and international levels on quality improvements and research. Her research work has been published in a peer reviewed nursing journal.

sino.george@emoryhealthcare.org

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The normal physiological process of birth and optimal positioning of baby

Irene Chain Kalinowski and Meng Xue The Modern Maternity Service System MMSS, China

Do you understand birth? Are you confident with supporting a woman through the most important day of her life? Do you encourage family support? A woman's body talks to her and it talks to the midwife. Do you know how to be the observant caring midwife that doesn't need to rely upon technology?

In this workshop you will learn:

- About normal birth. Is it Labor or not labor?
- How to support the normal physiological process of labor and birth.
- To be confident with the process.
- To understand the birthing hormones
- Develop observation and communication skills
- Support free movement and Position
- Positions women use in labor and birth
- The use of Doula Tools
- What to do if baby is in an awkward position

Biography

Irene Chain Kalinowski has practiced midwifery for 20 years on the continuity of care model. She has provided holistic care more than 1000 women from the beginning of pregnancy, from the first labor contraction through the entire labor and birth process. Meng Xue's has experience of over 30 years with laboring women and brings her natural and traditional approaches to care.

chainirene@gmail.com cnzcs66@163.com

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Case report of exclusively breast-fed neonate with Cow Milk Protein Allergy (CMPA)

Sandhya Ghai, Praveen Kumar and Geetanjli Kalyan

Postgraduate Institute of Medical Education & Research, India

The occurrence of Cow Milk Protein Allergy (CMPA) has been recognized in India. Overall the incidence of CMPA in the infants fed with formula milk is 5-7% and in breastfed infants it is 0.5-1%. Though the incidence is less in breastfed infants and early presentation is rare here in this case report we present a case of CMPA associated with exclusive breastfeeding. A three months old female baby presented with complaints of streaks of blood in stool. The infant had one episode of blood streak in stool at two months of age. At three months of age baby was brought for neonatal consultation when episode of blood streak in stool increased to 4 times in a week. The baby was otherwise well. Stool examination revealed reddish yellow ill formed alkaline reaction with traces of mucus and blood, pus cells 12-15, RBC 10-12/HPF, no cyst/ova and eosinophil count was 3 cells/cmm and occult blood positive. Colonoscopy revealed loss of vascular pattern and nodularity + throughout. Biopsy finding revealed intact colonic lining epithelium. Lamina propria shows focal congestion, moderate lymphoplasmacytic cells infiltrate with occasional eosinophils, bits of colonic mucosa with surface inflammatory cell exudate. No significant increase in eosinophils was noted. The mother reported an increased intake of milk and almonds in the days prior to the episode. As the episodes of blood streaks in stool increased, she was initially advised to stop almonds and eggs. But the symptoms did not subside and she was then advised total exclusion of CMP in her diet. The symptoms however, still persisted. Dietary evaluation revealed intake of CMP from sources having hidden content of milk e.g. bread. Mother was again counseled for CMP free diet and breast feed was continued. The episodes of blood streaks in baby's stools settled. Gradually complementary feed was started at five months of age with semolina (suji) halva and mashed banana. In conclusion, we share our experience of managing a case of allergic proctocolitis due to CMPA in an exclusively breast fed neonate. It is important to remember hidden sources of CMP intake while modifying maternal diet.

Biography

Sandhya Ghai is working as a Principal at National Institute of Nursing Education, Post Graduate Institute of Medical Education and Research, Chandigarh, India. She has received Doctorate degree from Panjab University, Chandigarh. She published more than 100 papers in national and international journals. She was awarded with Best Educationist Award and is life member of many organizations.

sandhya.ghai@yahoo.com

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Integrating homeopathy into maternity care

Irene Chain Kalinowski

Qingdao Huikang Nursing Training School, New Zealand

Prior to 1929 many obstetricians were homeopaths. Books date back over 150 years ago show how obstetricians worked with a holistic and integrated mind. Homeopathy is both a science and an art and it complements the medical model of care. 60% of midwives across the globe prescribe homeopathic medicines and practice acupressure. Irene is a homeopath has used homeopathy for more than 20 years in her midwifery practice. Here you will learn how homeopathy can contribute to celebrated birth outcomes and experiences.

Biography

Irene Chain Kalinowski has practiced midwifery for 20 years on the continuity of care model. She has provided holistic care more than 1000 women from the beginning of pregnancy, from the first labor contraction through the entire labor and birth process.

chainirene@gmail.com

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Relationship between pregnancy weight gain, gestational age and newborn weight among postnatal mothers

Sabitha Nayak

Nitte Usha Institute of Nursing Sciences, India

Background: Pre-pregnancy weight gain and Gestational Weight Gain (GWG) are important factors in both maternal and infant outcomes. Several other factors like genetic characteristics, socio-cultural, demographic, pre-pregnancy Body Mass Index (BMI) contribute to birth weight of the newborn. The Institute of Medicine (IOM) 2009, has recommended that total weight gain of the mothers should be based on pre-pregnancy body mass index, i.e. BMI<18.5 kg/m2, weight gain between 12-18.5 kg, BMI 18.5-24.5 kg/m2, weight gain between 11.5-16 kg, BMI 25-29 kg/m2, weight gain between 7-11.5 kg and BMI>30 kg/m2, weight gain between 5-9 kg. Newborn weight is positively affected by both maternal pre BMI and gestational weight gain.

Objectives: To assess the pregnancy weight gain, gestational age and newborn weight, to find the relation between gestational age and newborn weight and to find the relation between pregnancy weight gain and newborn weight.

Method: To accomplish the objective of the study quantitative research approach was adopted. A non-experimental typical descriptive design was found to be appropriate to assess the relationship between pregnancy weight gain, gestational age and newborn weight. Non probability purposive sampling was used for the selection of 100 samples. Sociodemographic proforma was prepared for both mother and newborn for data collection.

Results: Analysis of baseline characteristics revealed that, highest percentage of samples (98%) belonged to the age group 20-35 years, majority of the samples (58%) have completed their secondary level of education and highest percentage (97%) of mothers were non vegetarian. Most of the mothers (79%) had normal BMI and highest percentage (99%) of mothers had gestational age between 38-40 weeks. Distribution of labor outcome revealed that highest percentage (60%) of mothers had normal delivery. In the sample characteristics of babies, highest percentage of newborn (56%) were female and highest percentage (85%) were having 2.5-3.5 kg birth weight.

Conclusion: The study findings revealed that majority of the samples shows weight gain between 10-12 kg, gestational age between 38-40 weeks and birth weight of 2.5-3.5 kg. There is a significant relation between gestational age and newborn weight. There is also a significant relation between pregnancy weight gain and newborn weight.

Biography

Sabitha Nayak is currently working as a Professor, HOD and Vice Principal at Nitte Usha Institute of Nursing Sciences, India.

sabitha@nitte.edu.in

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The challenges and triumphs of implementing Change -(MMSS presentation)

Meng Xue

Founder and Director of The Modern Maternity System, China

The Modern Maternity Service System(MMSS) Is a unique modern system of care designed by an interprofessional team that upholds the Midwifery philosophy MMSS Philosophy is to preserve tradition and support the natural physiological processes of mother and baby. The framework is based upon providing respectful integrated maternity care. MMSS integrates the old systems of Chinese Traditional Medicine, homeopathy and other natural therapies with the modern system so that care is effective, reduces interventions and prevents many complications. Most importantly this approach to care gives women and families voice and choice in all matters. In this presentation Meng Xue will share the challenges, the hurdles, the tears and the triumphs of implementing innovative change in Tiandong.

Biography

Meng Xue's has experience of over 30 years with laboring women and brings her natural and traditional approaches to care.

cnzcs66@163.com

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Let's dance my body my baby enhanced prenatal education

Irene Chain Kalinowski Qingdao Huikang Nursing Training School, China-New Zealand

E ating the right food and going for walks is only a part of delivering the best start to life that a baby needs. Breastfeeding is the best start for a baby's immune system and intelligence, but babies need much more than that. A baby needs to get emotional physical and spiritual wellness from its mother Preparing for birth is much more than exercise and eating and there's more to it than learning about birthing positions too. If we fail to connect the mind with the care we give, we will never see birth celebrated. When women understand the amazing body that they live in and are connected to it Mind Body and Spirit. They have confidence to birth. They stay in control and birth is celebrated. "Let's dance" is a presentation that addresses all of the above and prepares women to birth. We all need oxytocin and I intend to share plenty of it with you today.

Biography

Irene Chain Kalinowski has practiced midwifery for 20 years on the continuity of care model. She has provided holistic care more than 1000 women from the beginning of pregnancy, from the first labor contraction through the entire labor and birth process.

chainirene@gmail.com

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A quality improvement study to evaluate the effectiveness of noise reduction package in reducing the level of noise and stress of health care providers in NICU, PGIMER, Chandigarh

Sandhya Ghai, Khongwar C E, Kaur S, Kalyan G, Sundaram V and Munjal S Postgraduate Institute of Medical Education and Research, India

Background: Noise affects people psychologically and physiologically. The environment affects the delicate brain of the preterm deleteriously; thus, noise in NICU is a special concern. The AAP, 2007 recommends noise in NICU \leq 45 dB.

Aims: To decrease the average noise in NICU by 25% from the pre-intervention levels over eight weeks and to decrease the level of stress of health care personal working in NICU by 25% over eight weeks.

Methods: Noise reduction program was implemented by taking baseline measurements using a digital sound level meter, Casella cell 63X at random locations. Multiple and intensive discussions was conducted with staffs of NICU and the QI group consisting of active clinicians and nurses regarding their views on noise and its effects on stress level and to formulate strategies to reduce the noise level such as sensitization program, quiet hours and so on. Interventions were grouped in Eisenhower matrix and a multiphase plan-do-study-act cycle was run. Regular feedbacks after each cycle were provided to motivate strategy adherence.

Results: Descriptive and inferential statistics using SPSS and QI Macros 2017 was employed to analyze the data. The overall decrease in the mean of the equivalent level is 7.03%, 7.72% and 7.74%, and a significant decrease in the peak level is 11%, 7.02% and 12.45% in the morning, evening and night shift, respectively. Major sources of noise reported to be from equipment's, alarms and human voice. Stress score significantly decreased with a mean difference of 6.45 and p<0.001.

Conclusion: Findings of the study have substantial inferences for neonatal care as well as the general health of the health care providers and pinpoints the significance of noise monitoring in NICU. Constant reinforcement and regular interaction between the QI team and the staffs of NICU is essential to bring change in behavior and culture and to reach the recommended goal.

Biography

Sandhya Ghai is working as a Principal at National Institute of Nursing Education, Postgraduate Institute of Medical Education and Research, Chandigarh, India. She has received Doctorate degree from Panjab University, Chandigarh. She published more than 100 papers in national and international journals. She was awarded with Best Educationist Award and is a life member of many organizations.

sandhya.ghai@yahoo.com

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