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Antepartum and intrapartum risk factors for neonatal hypoxic-hischemic encephalopathy: a systematic review and meta-analysis

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Objective. To review literature about risk factors of neonatal hypoxic-ischemic encephalopathy (HIE).

Materials. Search in PubMed, MEDLINE, Embase, Clinicaltrials.gov and reference lists from 1999 to 2018. Study population was composed of neonates with diagnosed HIE within 28 days from delivery, data reported as proportional rate. Studies were excluded if they included preterm pregnancies, postnatal conditions leading to HIE and/or fetal malformations, focused on a single risk factor. PRISMA guidelines were followed. Interstudies heterogeneity was assessed and a random/fixed models were generated as appropriate. Comparison between neonates with HIE vs. controls was performed by calculating odds ratio-95% confidence interval (OR-95% CI). Differences were significant if 95% CI did not encompass 1.

Results.Twelve articles were included. Fetuses with growth restriction (OR: 2.87; 95% CI: 1.77-4.67), nonreassuring cardiotocography (OR: 6.38; 95% CI: 2.56-15.93), emergency cesarean section (OR: 3.69; 95% CI: 2.75-4.96), meconium (OR: 3.76; 95% CI: 2.58-5.46) and chorioamnionitis (OR: 3.46: 95% CI: 2.07-5.79) were at higher risk of developing HIE. Nulliparity, gestational diabetes, hypertension, oligohydramnios, polyhydramnios, male sex, induction of labor, labor augmentation, premature rupture of membrane, and vacuum delivery were not significantly different.

Conclusion. Neonatal HIE has multifactorial origin and its cause is often undetermined and not preventable. (PROSPERO Registration number: CRD42018106563).

Biography

I received both my degree in Medicine and Surgery, and my Residency in Obstetrics and Gynecology at University of Bari, Bari, Italy. I work as Obstetrician at Clinic of Obstetrics and Gynecology, "San Paolo" Hospital, Bari, Italy. I have special interests in Prenatal diagnosis, Maternal and fetal medicine, and Obstetrics.

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Dysgraphy and functional rehabilitation clinical and cognitive rehabilitation

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Learning to write requires a good functional, motor, intellectual and level affective and presupposes the knowledge and appropriate use of language.A complex of skills that the subject does not always possess and which makes him vulnerable to school failure.The state of failure can provoke inattention, demotivation, behavioral disorders with possible manifestations of aggression or apathy.A problem, as we can see, which is not indifferent that worries teachers and parents, who must be directed to find suitable programs to face difficulties, to formulate and define helpful answers. The activity of writing is a learning, but before being a means of intellectual evolution, this learning is in close relationship with neuropercective behaviors- motor.We know that language is prior to graphism and although we do not dwell on this work on language, let's not forget that learning to read and write are based on an expressive language where sound succession and sound quality are important issued.In other words, before learning to read and write, the child must be helped to use as rich a language as possible. In fact, writing and reading are before everything, the means of communication and personal expression. It is a way of expression that they are based on a graphic code, from which it is necessary to find the sounds that bring meaning. They they therefore require the intervention of two symbolic systems in agreement with each other, one sound, the other graphic.The establishment of the graphic code and its deciphering require, however, on the other hand,the intervention of psychomotor functions. It is currently acquired, outside the development of the language and good pronunciation, that the pre-requisites belong to the psychomotor field. There writing is primarily a motor learning and the acquisition of this specific praxis, particularly complex.

Biography

Dario Furnari is Ph.d. in Applied Biomedical Sciences in the neuroscience and traumatology and neuropharmacology sector

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Fever is not a symptom in covid-19 None of the diseases require fever as its symptom

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We have been hearing for centuries that 'fever is not a disease but a symptom'. Physicians say that fever is a symptom of diseases like flu to cancer.

The conservative fever definition, diagnosis, and treatments are based on fever as a symptom.

All the studies related to fever as a symptom of a disease have been done without knowing the Purpose of the temperature of fever is.

Without knowing the Purpose of the temperature of fever, how can fever included in the symptom definition?

Temperature between 38o to 41o centigrade can be symptom of a disease?

Most of the diseases may not have a fever. Sometimes it disappears. Then, is fever a symptom of which disease?

Symptom Definition is the only parameter necessary for a Symptom. As with any or all other definitions, symptom definition should describe the symptom scientifically. If it cannot describe clearly, there is no use of a symptom definition. A symptom is a departure from normal function or feeling which is noticed only by a patient, indicating the presence of disease or abnormality

Keywords. Symptom Definition, Signals Definition, Symptoms of fever, symptoms of rising temperature.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 32 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published nine books on these subjects. I wrote hundreds of articles in various magazines.

After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever

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Effectiveness of Christian Medical College Pediatric Acute Care Score (CMC PACS) based protocol on the clinical outcomes of children, quality of nursing care and satisfaction of health care workers with its implementation

Era Deepika
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Background:

PEWS reduce deterioration among children, quality of nursing care improves with defined protocols.

Objectives: To compare the clinical outcomes and quality of nursing care of children with use of CMC PACS based protocol and satisfaction of health care workers with its implementation.

Methodology: Using quasi-experimental before and after design, this study was done over 6 weeks. Using consecutive sampling technique, children who were on palliative care, transferred-in from or admitted in Pediatric Intensive Care Unit and children for whom Do Not Intubate (DNI) and Do Not Resuscitate (DNR) consents had been signed were excluded from the study. CMC PAC score was marked for the children being admitted to the selected areas (nurses were blinded to the score in the control group). The patients in the control group received standard care, whereas patients in the experimental group received care based on CMC PACS. Clinical Outcome Indicator was used to assess the clinical outcomes at 48 hours of hospitalization. Quality of Nursing Care Observation Checklist was used to assess the quality of nursing care every 12th hourly. One week between control and experimental groups was used to educate nurses and doctors regarding the CMC PACS based protocol. Satisfaction Questionnaire was used to determine their satisfaction.

Results: Majority of the population were infants (31.6%), male (64.6%), well-nourished (70.0%) and had medical diagnosis' (80.2%). Majority of children in both groups had low risk of deterioration (CMC PACS < 4) at admission (80.6%) and also at 48 hours of hospitalization (90.3%). No significant difference occurred in the clinical outcomes ('p' value = 0.435). Significant improvement was seen in the quality of nursing care (QNC) across both groups ($p<0.001$). A weak negative correlation existed between the QNC and the risk of deterioration at 48 hours ($r = -.080$). QNC and clinical outcomes had no significant association ($p= .116$). Majority of the registered nurses were GNM (72.5%), <30 years old (82.4%) with < 3 years of experience (70.6%). Similarly, majority of the registered doctors were > 30 years of age, were Diploma and MD in equal numbers (33.3%) and had experience of 3-6 years (77.8%). Majority of them were moderately satisfied (52.9%- nurses, 77.8%- doctors).

Conclusion: Efforts are needed to develop the protocol to be more effective. Nursing care will improve in quality if regular in-service education is conducted on the protocol

Biography

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The clinical link of preschoolers' picky eating behavior with their Growth, Development, Nutritional Status, and Physical Activity in Iraq/Kurdistan region

Khajik Sirob Yaqob Qazaryan
Member of Oxford University Hospitals, USA

Background: This study aimed to evaluate the prevalence of picky eating among preschoolers and to estimate the clinical association between eating behavior and growth, physical activity, development, and health status.

Methods: In this study, a structured questionnaire was used to perform a cross-sectional descriptive study of 800 parents of preschoolers aged 2–4 years in Kurdistan/Iraq. Data collected included: demographics, food preferences, eating behavior, body weight, BMI, height, development, physical activity, and records of medical illness. Data from children defined as picky or non-picky eaters responses were analyzed and compared using standard statistical tests according to parental' questionnaire.

Results: The mean age of the children was 2.85 years; among 800 participants, 620 (77%) were picky eaters. Compared with non-picky eaters 180 (23%), z-score of weight-for-age, height-for-age, and body mass index (BMI)-for-age in picky eaters was 0.91, 0.73, and 0.44 SD lower, respectively. There were significant variations of rates in the weight-for-age, height-for-age, and BMI-for-age percentiles <15, between picky and non-picky eaters (P = 0.04, 0.023, and 0.005, respectively). Certain findings were higher in picky as compared to non picky preschoolers including negative social communication such as afraid of unfamiliar places 65% vs 13.3%, afraid of being lonely 14.6% vs 12.1%, poor physical activity 36.8% vs 17.7%, learning disability 16.2% vs 7%, attention deficit 11.8% vs 4.3%, speech delay 4.6% vs 3.3%, respectively).

Conclusion: The prevalence of picky eaters in preschool children was high, resulting in significant detrimental impacts on growth, nutritional status, development, physical activity, and health status.

Keywords Picky eating, preschoolers, growth and development, physical activity, health status

Biography

Khajik Sirob Yaqob, MA is a specialist in childs nutrition with interest in pediatric neurology. He has Associate Membership of the RCPCH; Membership of Oxford University Hospitals and he is a Member of American Academy of Nutrition and Dietetics; Member of Kurdistan Pediatric Society, Iraq.

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Children Who Experience Unintentional Injuries: Their Functional Profiles

Sara Rosenblum
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Unintentional injuries are accidents that pose a major health problem among school children. This study compared functional behavior and executive function characteristics of school-aged children who experienced unintentional injuries to those of controls who had not been injured. We looked into background characteristics of injured children, injury characteristics, and parents' perceptions related the children's functional behaviors and executive function abilities. The study included 53 children, aged 6 years to 18 years. Of them, 32 had experienced unintentional injuries; 21 children who had not experienced unintentional injuries served as a control group matched for age and living environment. Parents of both groups answered a demographic questionnaire on their children's background, daily functional behavior characteristics, and (as applicable) injury characteristics.

Parents also completed the Behavior Rating Inventory of Executive Function (BRIEF). Results showed that no child in the control (uninjured) group had been pre-diagnosed with learning disabilities or attention deficits hyperactive disorders, but 60% of the children in the research (injured) group had been. Most (60%) injuries were limb fractures, and most (50%) were sustained outside the home. Parents of children who had been injured expressed significantly more concerns about their children's daily behavior than did parents of the control group and reported their children as usually but not always independent and responsible. Furthermore, compared to the children in the uninjured group, children in the injured group had significantly lower executive function abilities in the BRIEF's eight subscales, total behavioral-regulation and meta-cognitive indices, and global executive function scores ($p < .001$). Children with certain diagnoses, functional behavior features, and deficient executive function abilities may be at risk for unintentional injuries. Raising awareness of these aspects may contribute to identification, treatment, and prevention of those accidental injuries among at-risk children.

Biography

Prof. Rosenblum completed her doctorate in occupational Therapy at the faculty of Medicine, Hebrew university Jerusalem in 2003. Parallel to her post- doctorate at the laboratory of robotics at the Technicon, she joined as a faculty member to the Occupational Therapy department at the University of Haifa where she directed her research to the characteristics of human daily function. Rosenblum aim to gain better insight into interactions between varied body functions (e.g., cognitive, motor, sensory), activity performance and participation abilities of people faced with functional deficits in everyday life due to neurodevelopmental or neurological diseses.

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Artificial Intelligence Detects and Distinguishes COVID-19 Pneumonia from Community Acquired Pneumonia in Children on Chest CT

Zheng Zhang
Head of CMC, VP at Abbisko Therapeutics, Japan

Purpose: To evaluate the performance of an automatic unified model that combined a pre-trained deep learning segmentation model, radiomic feature extraction and machine learning methods for classifying coronavirus disease 2019 (COVID-19) versus community acquired pneumonia (CAP) in children based on computed tomography (CT).

Method: This retrospective study included children with COVID-19 (n = 34) and CAP (n = 70). The CT scans were collected from two children hospitals in China. A pre-trained deep learning segmentation model was used to segment pneumonia lesion on which the radiomic features were extracted. Four classifiers: logistic regression (LR), K nearest neighbours (KNN), random forest (RF) and support vector machine (SVM) were trained and evaluated with leave-one-out cross-validation approach and diagnostic performance was assessed by the area under the receiver operating characteristic curve (AUC), sensitivity, specificity and accuracy.

Results: Pneumonia lesions were segmented and detected in 29 out of 34 COVID-19 cases and 65 out of 70 CAP cases through the segmentation network. Among all the classifiers, random forest reached the highest AUC of 0.996, with sensitivity of 0.862 and specificity of 1.00.

Conclusion: This unified model can accurately detect COVID-19 and differentiate it from non-COVID-19 community acquired pneumonia in children.

Keywords: COVID-19, child, chest CT, radiomics, machine learning, deep learning, pneumonia differentiation.

Biography

CMC LEADER more than 20 years' pharmaceutical industry experience with expertise on small molecule CMC product development. Deep understanding of compound development essence through successfully managing CMC development of multiple project and moving compound from NME, to FIH, POC and late stage development.

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