



Keynote Forum



Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Rodrigo Aybar

Centro Medico Nacional, Panama

Home birth/water birth: Ten years' experience in Panama republic: Main achievements and challenges

Since 10 years and after 20 years working like Ob/Gyn in public and private hospitals and maternity units in Panama, we began attending home births and water births with women who demanded us these kinds of childbirth. That issue represented for us the necessity to do a complete reengineering mental process, unlearn a lot of different bad learnt procedures and habits and retake the women world, the birthing physiology, the human being mammal nature; to practice a pregnant, delivery and attachment healthy and minimal intervention maternity care. With this new view finally to understand that pregnancy and childbirth represent a lovely, happy and beautiful family experience. We had received a huge women and social support as well us a strong support through different social networks. It has been a strong rejection and disapproval from our Ob/ Gyn, paediatrician fellows, private hospitals and different national medical associations. However we achieve a tremendous advance: the strong necessity to change and adopt new ways in maternity care during pregnancy and delivery are issues in the everyday women and family demand in social networks activities. Now our colleagues are obligated to answer and explain the reason about the different kinds of dangerous and unnecessary medical interventions. We learnt a lot and learn more and more in our daily professional work: have attend more than 350 home and water births. In our experience in home births we included 42 VBACs, 2 twins and 3 breaches. The majority have been water births and our cesarean section rate is 5%. We watch excellent perinatal outcomes and a high mother satisfaction level rate.

Biography

Aybar Rodrigo, Ob/Gyn from Panamá, has a huge expertise attending more than 10000 births in the Social Security Hospital, home and water birth in his country and with his wife, also Ob/Gyn are pioneers in this field. He is known in his passion and dedication in improving perinatal and delivery care in his country. He participates teaching residents Ob/Gyn and teaching a new approach in Perinatal and Delivery care centered in a deep respect of women and child rights.

aybar_anhel@yahoo.com.ar

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Tonya Fenzl

Sarasota OBGYN Associates & The Edna Adan Maternity Hospital, USA

The value of applied midwifery: Can we please start utilizing manipulation, rotation, and early pushing?

Over time observing the labor of pregnant women and the styles employed by midwives in the process, there is a potential for improvement that has not been explored. This presentation is aimed at review of the tried-and-true labor process to gain clarity on the focus of promoting manipulation of the foetus and the maternal pelvis. This is in effort of increased successful vaginal birth over failed vaginal birth resulting in complications, Caesarean Birth, and potential morbidity. Comparison is made between American styles and the style used in Somaliland, which are vastly different, but both with failed deliveries and rising Caesarean birth and continued mortality associated with giving birth. Leaving many questions, this presentation explores the potential of manipulation to make a difference in the outcomes of rising Caesarean birth and continued maternal lives lost. Risk of manipulation include infection for both mother and child, fetal distress, persistent failed vaginal birth or progress. Further research needs to be conducted to fully explore manipulation as a trained technique for midwives in failing progress of labor.

Biography

Tonya Fenzl practices in Sarasota, Florida with a group of Midwives and physicians called Sarasota OBGYN Associates. She is a Certified Nurse Midwife with a background in labor and delivery nursing for over 25 years. She has had 7 years of midwifery so far and she taught nursing education for around 3 years. In that time, she has traveled to Haiti 4 times teaching Haitian women how to safely deliver themselves in their own homes and to Somaliland where she stayed for 1 month with my hero, Edna Adan and she learned from and taught her amazing midwives as they prepare to deliver babies all over Africa. She served on a team to provide emergent care to trafficking victims, She hold a patent for Ultrasound Gel with her personal business and she has written a book that is in the process of being published. She is passionate for women and babies.

Burr5mom@msn.com

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Graciela Anhel de Aybar

Centro Medico Nacional, Panama

VBAC: Why is recommended a vaginal birth after cesarean section in relationship with a new cesarean section?

Since 10 years we began attending home and waters births because of the increasing mothers' desires to have a salutary birth experience. Began also an active educational participation through social networks, seminars and conferences. In our country, sadly like in many other countries the cesarean rate numbers are very high, much more than the UNO recommended rate. There is too a myth about women with a previous cesarean section cannot opt to a natural vaginal birth. This wrong concept we have been trying to change giving the adequate information about risks and advantages with a (Vaginal Birth After Cesarean) option.

We did attend 55 VBACs at home and using the water births benefits. 45 mothers had a successful vaginal birth, which represent 81% VBAC rate. In our connected and globalized world, information spreads in seconds. Medicine Evidence Based Information is not already exclusivity of the researchers and physicians. The general population and in particular the women all around the world know the vaginal birth benefits for the mother and for their newborn. Women today strongly defend their rights.

The better comprehension about human microbiome, the vaginal lactobaciles benefits, the uninterrupted skin to skin mother-child contact the first hours and days after the birth are today part of the public and daily information in social networks and the media. Obesity, diabetes, allergic diseases, and asthma are strongly statistically connected in people that no passed through vaginal canal. The most important difficulties we afforded during this process have been with social ambience around the moms: a very strong family and social disapproval; fears and skepticism that mothers have: the feelings that her body is unable to do its job, or the wrong sensation she is not capable to afford this issue. To overcome these adversities require time, effort, improve their self-esteem and inspire confidence. In failed cases were not strong difficulties during labor. We observed a low progression. Perinatal outcomes in both groups were good.

Biography

Graciela Anhel de A Ob/Gyn since more than 30 years. With her husband Dr Rodrigo Aybar has been attending home births/water births and to promote the natural, respected and humanized birth through her professional practice and in educational activities in seminars, workshops and courses for pregnant women in Panama Republic.

anhel57@gmail.com

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE

Younes N Bakri

Navicent Health Medical Center, USA

Fertility-sparing surgical management of maternal hemorrhage

Every day in the year 2015, about 830 women died of childbirth and pregnancy complications. Almost all these deaths occurred in low resource settings, and most could have been prevented. The primary causes of death were hemorrhage, hypertension and sepsis. The last two decades witnessed global efforts, including Public Health, clinical, academic, administrative and socio-economic, to save lives at birth, worldwide.

In a developing country, the risk of a woman dying of a maternal-related cause during her lifetime is about 33 times higher, compared to a woman living in a developed country. The number of women dying of complications during pregnancy and childbirth has decreased by 43%, from an estimated 532,000 deaths in the year 1990, down to 303,000 deaths in the year 2015, a testimonial that Global collaborative efforts “work”. Progress was achieved in the management of maternal Postpartum Hemorrhage (PPH) of vaginal birth and Cesarean section; however, less progress was attained in case of Pregnancy-related bacterial sepsis, including Puerperal sepsis and post-abortion sepsis, particularly unsafe abortion’s intra-uterine infection. Sepsis is one of the leading causes of maternal mortality, worldwide.

Introduced in the year 1999, Bakri SOS Tamponade Balloon, was the First uterine tamponade balloon system for the treatment of PPH. Multiple other devices followed, including: condom catheters, BT-Cath, ESM-UBT, Ebb balloon and Zhukovsky balloon. Successful outcome (hemorrhage control) without the need for additional treatments such as embolization, B-lynch compression, B-LUVS sutures, uterine-hypogastric artery ligation, hysterectomy were reported. All other treatments except embolization, required an open laparotomy surgery to control PPH. Tamponade devices’ complications of migration/expulsion, rupture/leakage, uterus perforation and infection were reported.

Biography

Younes Bakri is an obstetrician-gynecologist in Macon, Georgia and is affiliated with Navicent Health Medical Center. He received his medical degree from Mercer University School of Medicine and has been in practice for more than 20 years. He accepts several types of health insurance, listed below. He also speaks multiple languages, including Arabic.

bakri.balloon@bakrimedical.com

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Anthonia Biola Orimolade

Hamad Medical Corporation, Qatar

Exploring the challenges of accepting midwives as lead practitioners in the maternity setting

Background: Globally, a typical model of maternity care is a medically led system with varying levels of midwifery input. Countries such as UK, New Zealand, Australia and many more developed countries operate the midwife-led model of care. Information shared during patient or family education in some countries regarding the roles and the difference midwives contribute to care of expectant mothers is not talked about robustly. There are ongoing debates in some countries to adopt the midwife led care continuity model. There is a paucity of systemic evaluation that formally investigates safety-related outcomes in relation to midwife-led care within an entire maternity service.

Aim: To explore some of the challenges midwives face in being accepted as lead practitioners in the care of women.

Objectives: To explore the factors that impact on midwives as lead practitioners. Assess how these factors impact on the organization Explore Management and communication adopted by leaders and how it's impacts on the midwives as autonomous practitioners. Discuss and explore the benefits of midwifery led care.

Introduction: It is a known fact that obstetric/medically led care or shared care model is practiced in most hospitals globally. Unnecessary early intervention in the antenatal or during the intrapartum period move women away from experiencing normality during child birth which is a normal process. These interventions contribute immensely to the increase in the rates of c/sections, instrumental deliveries, maternal and neonatal mortality and morbidity. We need to appreciate the care model in place currently obstetric led care or sheared care models; however, there are so much evidence out there regarding the benefits of midwifery led care. C/section rate is on the increase in most countries, according to WHO 10% is recommended and that is for women with complications. Furthermore, Lack of adequate education, during the antenatal period leads to uninformed choice, unnecessary early intervention, these and many more factors impede on the success of midwife led care.

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE

Methodology: This was a quantitative, descriptive study conducted at my place of work Al-Khor hospital 20 nurse- midwives and midwives were selected through stratified random sampling from Labour ward, Inpatients and OB/GY-Emergency

Conclusion: The key to implementing change is communication and engagement of all employees (bottom-up approach) to ensure a successful roll out of change management process. Communication must include the benefits of the change initiative to staff and health care facility (Organization) Midwives should be made to feel valued and engagement encouraged in the workplace in order to effectively carry out their day to day duties.

Biography

Anthonia Biola Orimolade is a Nurse and a Midwife with wealth of experience as a clinical lead and healthcare system management. She is the Expert in developing midwifery led service, workforce modification, re-structuring of maternity setting tailored to the need of women. Passionate in maternity quality improvement projects. She is the Founder of KETO Medical Foundation in Nigeria with the main aim of improving maternal and neonatal care outcomes. A.B Orimolade: Female genital mutilation, impact on maternal mortality and morbidity rate in Nigeria 2014.

orimoladeanthonia@gmail.com

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Tracy Roake

Danat Al Emarat Hospital, UAE

A study to determine the efficacy of colored coded clinical proformas for documentation in obstetric emergencies

Statement of the Problem: Historically obstetric emergencies can be taxing for all and important messages and documentation can be lost due to the stress and anxiety. Colour coded proformas offer an opportunity for people under these circumstances to easily manage the document process whilst being prompted on the next action in management.

Study Design: This study uses a descriptive cross sectional design. This study aims to look at previous records and documents and compared the new process since March 2019, when coded proformas colours were introduced in the units.

A survey will be sent out to gather quantitative information on how people appreciate these proformas after training was given. This research will be illuminated as a presentation to expose how simple to use tools can enhance patient care and safety while creating easy ways to reduce time waste and reduce Health care related costs.

Biography

Tracy Roake is the Head of Education and the Deputy Chair for the Resuscitation committee as well as an active member in the Research and Ethics committee at Danat Al Emarat Hospital, Abu Dhabi. Tracy is a registered nurse and a certified Advanced Midwife has been awarded with a DBA, MBA, M.Sc. Healthcare management, and has a Master of Applied Business Research; she is a qualified hypnobirthing instructor and has a diploma in Aromatherapy, Herbalist, Reflexology and Naturopathy. She has a great passion for quality midwifery care, obstetric emergencies and pioneered all the first private hospital water births in KZN South Africa. She is also proud to say that he is an invited facility member or the PROMPT foundation in the United Kingdom.

tracy.roake@danatalemarat.ae

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Shakuntala Chhabra

Mahatma Gandhi Institute of Medical Sciences, India

Women's health: A global challenge

Women suffer throughout their lives because of biological functions and related disorders and gender inequalities in society. In some parts of globe female gamete is eliminated preconception. Female foeticide, infanticide, neglect in childhood, (nutrition, education or social development) continue. Adolescence is challenging globally. There are many issues, Congenital defects, genetic disorders, sexuality, violence, unwanted pregnancy and so on, which affect their health and future life. A lot is not known and challenges continue. Family Life Education about growth development, prevention of pregnancy, safe motherhood, breastfeeding, HIV AIDS helps. One to 10% of births are in adolescents, affect the girls, society at large. Unwanted pregnancy in a adolescent creates many problems for her future life. Adolescents need social, financial, medical assistance for safe abortion, safe birth with system for girl's and baby's rehabilitation if the need be. Pregnancy, birth related disorders continue to kill women globally, with long term sequelae too. Major issue seems to be quality of care at all levels. Maternal mortality, severe morbidity have increased even in affluent America. Increasing c sections have their immediate, late effects, global concern. World over problem of infertility is increasing, may be due to lifestyle, environment other reasons. It is women who suffer during attempts at assisted reproduction and surrogacy in modern era of glittering technology with diagnostics and therapeutics. Underuse and overuse both continue. Many gynaecological disorders end up in hysterectomy with its sequelae. World over more than 60 lacs hysterectomies annually are avoidable as alternative modalities are available. Polycystic Ovarian Syndrome, a misnomer affects women's health in many ways. Diabetes, hypertension, ischemic heart disease, endometrial cancer, osteoporosis linkages are being researched. Gynaecological cancers are common, continue to kill women with challenges of early diagnosis, appropriate management. Cervical cancer is almost preventable but in some regions continues to be rampant, kill women. Endometrial cancer is being diagnosed in young women, seems to be increasing. Globally ovarian cancer is diagnosed late with unknown prognosis. Knowledge and awareness in women, family, society health system are must to help women have healthy, womanhood. Consequences of reproductive health dysfunctions affect women during aging. It appears its woman's destiny to suffer for being 'a woman' There are no magic bullets to remain healthy. There is limitation to prevention for many of the disorders, they suffer. But vision, concern for fellow human beings-Women, are imperative. Of 8 MDG s three are not achieved, all of maternal child health. Women, vulnerable segment of society must have quality life throughout, which needs equity. Extent of disorders with which they suffer is mammoth and so are challenges around the world.

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE

Biography

Shakuntala Chhabra has served as head of the Department, Obstetrics and Gynaecology at MGIMS (1984-2007), Medical Superintendent of the hospital (2005-2007) and Dean (2007-10). She is right now helping MGIMS develop a child and mother care hospital at Village Utavali in Melghat, a region with a dubious distinction of high prevalence of severe malnutrition. She has received MBBS, DGO and MD from the Government Medical College Nagpur. She has received several awards during her illustrious career. She has received fellowship of Indian Academy of Juvenile & Adolescent Gynaecology and Obstetrics, Certificate for excellent work in National Family Welfare Programme in Wardha district and also

Scroll of Honour of Breast feeding of Promotion Network of India. She also received International fellowships from the British Council; She is a prolific researcher: she has authored 405 scholarly papers and five chapters in books and some booklets and has held many editorial positions (International Journal of Gynecological Oncology, Women's reproductive health and Gynecological Oncology). She is a reviewer for several journals: British journal of Obstetrics and Gynaecology, Studies in Family Planning, Archives of Gynaecology and Obstetrics, Indian Journal of Medical Sciences, Indian Journal of Clinical Medicine, and Who's Who in Science and Engineering.

schhabra@mgims.ac.in

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Rodrigo Aybar

Centro Medico Nacional, Panama

Physiological and healthy approach in childbirth care

Labor, childbirth and newborn care in a natural and minimal intervention gives undeniable benefits for the mother and her newborn in relationships with a successful vaginal birth and perinatal results. The easier and faster mothers recovery, the physiological transition of the newborn to his extra uterine life, the successfully breastfeeding as well as mothers empowerment and a high satisfaction level in she and her couple.

The utility in using a tub with warm water is significant in relationships with a strong painful sensation relieve, an easier and faster cervix dilatation and presentation descent, as well us, a significant less vaginal and perineum tears rate and adverse results of the medicament interference.

The delayed umbilical cord cut, after its finish beats and a strong respect with the first sacred two hours of the mother-child skin to skin contact bond, assure us a successfully transition phase in the mother and her newborn. The baby has a transition with less stress, better temperature and metabolic regulation thanks the crucial roll of the of the umbilical cord blood circulation. It is a gentle newborn transition. In addition the placental blood emptying reduce its volume and produces a gentle and secure placental expulsion without the necessity to do external or vaginal maneuvering.

We have been giving this approach during the last 10 years in Panama, using Water/Home births, in low risk pregnant women with a very significant positive result with a low obstetrical intervention rate.

Biography

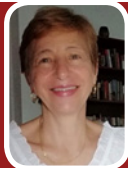
Rodrigo Aybar Ob/Gyn from Panamá, has a huge expertise attending more than 10000 births in the Social Security Hospital, home and water birth in his country and with his wife, also Ob/Gyn are pioneers in this field. He is known in his passion and dedication in improving perinatal and delivery care in his country. He participates teaching residents Ob/Gyn and teaching a new approach in Perinatal and Delivery care centered in a deep respect of women and child rights.

aybar_anhel@yahoo.com.ar

Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



Graciela Anhel de Aybar

Centro Medico Nacional, Panama

VBAC: Home birth/water birth: 10 years' experience in Panama

The Speech Language Pathologist (SLP) scope of practice is ever evolving, especially in current medical settings. The SLP's role is closely intertwined with the Otorhinolaryngologist in implementing diagnostic and treatment services for pediatric and adult patients with the following disorders: aural rehabilitation following cochlear implantation surgeries, rehabilitation of head and neck cancer survivors, managing tracheostomy and speech valves, cleft lip and palate, voice and resonance disorders, swallowing disorders, speech and language disorders, and dysfluency disorders. Also, SLPs work closely with the neurologist to diagnose and treat the following cases: brain tumors, traumatic brain injuries, stroke rehabilitation, motor speech disorders, cognitive disorders, and implementation of Augmentative Alternative Communication (AAC).

Current evidence-based practice recommendations encourage SLPs to work in a multidisciplinary fashion with medical professionals to improve the quality of patient-centered care following the World Health Organization- International Classification Functioning, Disability, and Health Model (ICF). In this presentation, we will discuss the role of a medical SLP in the acute medical settings and what types of instruments and tests do they require to provide optimum clinical care. Furthermore, we will discuss SLPs involvement in participation in various designated clinical pathways in acute care settings to ensure best practice.

Biography

Graciela Anhel de A. Ob/Gyn since more than 30 years. With her husband Dr. Rodrigo Aybar has been attending home births/water births and to promote the natural, respected and humanized birth through her professional practice and in educational activities in seminars, workshops and courses for pregnant women in Panama Republic.

anhel57@gmail.com