

Scientific Tracks & Abstracts



MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE

Changing face of laparoscopy in UAE

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Laparoscopic surgery became the future surgery in gynecological practice. The health authorities in UAE is encouraging the practice of laparoscopic surgeries and the population became more aware and demanding this branch of minimally invasive surgeries over conventional laparotomies. In this presentation I will elaborate on the advantages of laparoscopic surgeries and the ability to perform almost all gynecological procedures in UAE via laparoscopy/ hysteroscopy. Also, I will explain some techniques to perform safe and less bloody laparoscopic myomectomy for multiple fibroids.

Biography

Huda Salah Mahmoud is a senior consultant Obstetrician and Advanced Minimally Invasive Gynecologist and Urogynecologist, currently working in Al Garhood Private Hospital, UAE. She is certified from Arab Board in Obstetrics and Gynecology. She has previously worked in Al Ain hospital and Latifa hospital as a team leader. She is performing all kinds of advanced laparoscopic and hysteroscopic surgeries. She is a Diplome in Urogynecology, Obstetrics & Gynaecology and laparoscopic surgery.

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MIDWIFERY NURSING AND GYNAECOLOGY

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A practical application of clinical knowledge: Following the transition of the student to a practicing registered nurse

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A review of published literature examines the transition to professional practice of undergraduate registered nurses. Literature retrieved from the Cumulative Index for Nursing and Allied Health Literature (CINAHL) addresses the paradigm of defining a successful transition into professional practice.

The question of why new graduates consider leaving nursing altogether during the first twelve months of professional practice highlights the importance of supporting new graduates during the transition period. The barriers to development of clinical reasoning and psychomotor skills provide focus by which to compare the effectiveness of different support structures offered to new graduates. The research highlights the responsibility of organizational management, not only in maintaining patient safety but also providing avenues of support for the professional development of new graduate. The development of clinical reasoning takes time. If done correctly, the RN's are equipped with a profound skill set, which will not only enable them to complete the cycle of becoming professional practitioner but will help towards mentoring the next classes of graduate nurses.

Learning begins in University and there is a misconception that once you graduate it concludes this process. This can leave new graduates floundering when they enter the workforce. New graduates must take responsibility for their own professional development and know their boundaries in his or her scope of practice. There are certain expectations placed on new graduates and these organizational expectations are often misaligned with the "beginners' perception" of what his or her role entails. This could be why many nurses are dissatisfied with their roles and consider dropping out in the first year of practice (Brown, Stevens & Kermode, 2011). The current research explores how professional identity forms in new nurses and what role professional socialization plays in the attrition retention of new graduates.

Biography

Sandra J Caling is a recent graduate of the University of Southern Queensland. The passionate advocate of nursing as a profession of high esteem, aims to highlight the benefits of continued education on professional development. Currently engaged in Alcohol and other drug – Inpatient Mental Health, while undertaking a Masters in Mental Health.

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Use of oxytocin during spontaneous labor; Maternal & fetal consequences and evaluation of the different protocols: Literature review

Rabab Mosbah

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Objective: Evaluation of the maternal and fetal consequences following the administration of oxytocin during spontaneous labor and analysis of the different protocols of use in order to optimize labor.

Material and Methods: We have focused our research on Cinhal, Pubmed, Cochrane, Embase, Cebam, Midirs and Pascal libraries. The research has brought 22 articles for the first part of the question, including 4 systematic reviews, 1 meta-analysis, 2 randomized trials and 15 observation studies including one investigation by the WHO (cohort, case study). These studies were published between 2010 and 2014. The research regarding the second part of the question brought 13 articles, including 3 systematic reviews, 3 randomized trials including two double-blind protocols, 5 observational studies and one literary review.

Results: The results show a use of oxytocin associated with uterine hyper-stimulation with sometimes an impact on the fetal cardiac rhythm that imposes an intervention. Oxytocin seems to also be involved in an increase in the occurrence of postpartum secondary to uterine atony. Finally, the results show a significant decrease in the labor time without impact on the incidence of cesarian.

The protocols involving high dose of oxytocin show a reduction of the first phase of the labor. There is no significant difference regarding the rate of operative delivery between both protocols (low dose/high dose), nor for the maternal and fetal morbidity. The administration of oxytocin in a pulsating or discontinued manner is not recommended as it prolongs the labor time and increases the maternal and fetal morbidity. The setting of specific directives related to the indication of oxytocin reduces its use, increases the incidences of vaginal delivery and decreases the neonatal morbidity.

Discussion: A great part of our studies were quality studies (several systematic reviews and one meta analysis), which brings a good level of statistical evidence. However, several bias were recurrent in the studies, mostly indication bias, treatment bias and confusion bias. A big part of the studies have been large scale observational studies.

Conclusion: Oxytocin is a drug that needs to be used following protocols or special directives in the care units. However, before that, it seems necessary to set up a consensus on the limits of a physiological labor. Further studies are encouraged for better clarity.

Biography

Rabab Mosbah is a Obstetric gynecologist, also specialized in surgery for benign pathologies and cancerology (breast and pelvis). She currently installed in clinic. She also regularly train in breast reconstruction surgery. She is the secretary of the French-language French college of lifestyle medicine (cflm) whose goal is to develop prevention and improve the way of life to avoid the appearance of chronic diseases. She is also an expert in medical leadership, helping and assisting doctors in their careers.

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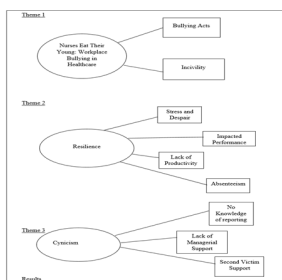
The impact of workplace bullying and incivility on nurses' performance, patient care and organizational culture in healthcare organizations

Sharon Jean-Louis

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Nurses are a critical workforce within organizations in maintaining the health of individuals in communities worldwide. However, nursing has additionally been affected by nursing deficiencies, high turnovers, reluctance of the younger generation to take up nursing as a chosen career and the retirement of older nurses which comprise of over half of the workforce. Furthermore, studies done in healthcare organizations have found that key factors such as workplace improvement, professional support and prospects for development and promotion assist in the reduction of nursing turnover, improve nursing retention and increase job satisfaction. It has been identified that bullying surrounding the workforce is affecting the performance and productivity of nurses, there is insufficiency in inpatient care and this is creating a negative effect on healthcare organizations. The objective of this research was to assess how workplace bullying is addressed in healthcare organizations. The research was conducted using a qualitative inductive method of phenomenological approach. In addition, a review of the literature was explored and indicated the need to address this issue. The results of the study indicated that each nurse had their own perception of what they defined as workplace bullying and that despite the negative acts they persevered each individual demonstrated resilience and each have their own explanations for staying with the organization. Furthermore, the nurses reflected organizational cynicism where they felt that leaders in their departments did not address workplace bullying sufficiently and that this has a negative impact on how they felt about the organization and reflected negatively on the care of patients.

Recommendations offered is to educate nursing managers on how to identify perpetrators; provide support to victims; hear out nursing staff concerns; reiterate policies and educate nursing staff on how to treat each other respectfully in the workplace.



Biography

Sharon Jean-Louis is a registered nurse and patient safety officer with an MBA in International Healthcare Management from the University of Cumbria and Bachelor's Degree in Health Studies. Before coming to Saudi-Arabia, she worked as a nurse in the Seychelles where she was born and ventured to the United Kingdom as a practicing nurse at Chelsea and Westminster Hospital before settling in the Middle-East. She is passionate in highlighting the importance of developing individual emotional intelligence so that healthcare practitioners can recognize the value and benefit this skill will provide in their everyday lives. Furthermore, she is an advocate for encouraging nurses to learn and invest in themselves. Sharon also has a love for art and travel, and encourages her peers to take the plunge in moving out of their comfort zone to take up challenges or activities that will in essence eventually put an end to fear.

For as Napoleon Hill presumably quoted... "Fears are nothing more than a state of mind"..

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MIDWIFERY NURSING AND GYNAECOLOGY

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The place to be of the midwife: Guarantor of the physiology

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In order to fulfill patient's needs, the UHC of Dijon had to think of an alternative to the delivery medicine. A physiological unit was created within the maternity department to come close to the UK birth centers. The equipment provided is less medical and enables a better follow up of the physiological functions. Midwives and couples work hand in hand to provide a good oversight of the birth physiology. This goal is completely in accordance with the 2002 March Law concerning Patients' Rights and the Quality of their Health System.

Some projects are hard to maintain due to security issues. The full deletion of the medicalization material is not safe especially for university hospital center in which we can face some severe diseases that may require additional medicalization. The retrospective quantitative and qualitative study was performed in 2018. It was conducted by midwives and OB gyn team in 2019 and included 276 patients whom had the desire to give natural birth. The results shown that 93,1% were eligible to the natural birth department. Out of this only 68 patients (24%) were able to give natural birth. 23% were excluded due to necessity of medicalization and 59% while labor was ongoing. Finally in 2018 out of the 3132 patients who have given birth at the UHC of Dijon, 2% of them happened to be in the obstetrical physiology department. So what could explain this low rate ?.

Biography

Imane ABDELILLAH is currently working as a midwife in prenatal care, birth center, delivery room, postnatal care, pathological pregnancy, and maternity emergency at University Hospital Center of Dijon, France. She completed her masters at Université de Bourgogne. She is an enthusiastic midwife with quest of learning. Her 5 years experience in the field of Midwifery is an add on in her career profile

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Annual Congress on

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Hypertensive disorders during pregnancy

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Preeclampsia is a leader cause of maternal death in all over the world, although it is a potentially fatal disease for both the mother and her baby, but it can be highly preventable if diagnosed early and managed properly. In this presentation I will touch an important area of these disorders which is early diagnosis and recent advances in the management of pregnancy induced hypertension to minimize the adverse outcome to both mother and her foetus.

Biography

Huda Salah Mahmoud is a senior consultant Obstetrician and Advanced Minimally Invasive Gynecologist and Urogynecologist, currently working in Al Garhood Private Hospital, UAE. She is certified from Arab Board in Obstetrics and Gynecology. She has previously worked in Al Ain hospital and Latifa hospital as a team leader. She is performing all kinds of advanced laparoscopic and hysteroscopic surgeries. She is a Diplome in Urogynecology, Obstetrics & Gynaecology and laparoscopic surgery.

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Respective hymenal surgeries

Ibrahim Mashal

El Mahalla General Hospital, Egypt

Hymen is a fibrous connective tissue membrane which is very important for all young girls in all Islamic countries and millions of families all over the world. It is the symbol of virginity and thus it is very important to leave behind us in all gynecological operations on the hymen like imperforated hymen, microperforated and cribriform hymen. It is very important again to do operations and leave behind us a normal shaped intact hymen and avoid if possible, giving a medical certificate stating that the hymen has been destructed under legal medical conditions which is never accepted in any family. So we can simply save hymen in all hymectomy operations by using a new and simple manoeuvre - a sterile syringe kinking its needle to form a very sharp, strong sterile of variable angles with hook to catch the central part of the hymen. Then with the scissor, cut the part that is stuck to the needle and never slip it since very smooth blood flow occurs without stitches or using other medical instruments. Making a very good, normal shaped intact hymen, allowing us to avoid putting our young girls and their families under much more stress especially in cases of imperforate hymen. No reported complications in all cases are recorded. This simple manoeuvre, when compared with other old operations used in Europe shows that there are more complications such as haemorrhage, trauma to the lateral vaginal walls, urethra, and rectum with much more stitches and instruments.

Biography

Ibrahim Elsaied Mashal is 59 years old. He completed his graduation at Tanta school of medicine. He is working as a Consultant in the department of Obstetrics and Gynecology at El Mahalla General Hospital, Egypt. He is a member of Clinical Society of Obstetrics and Gynecology at Mansoura, Egypt. Currently, he is the President of El Mahalla El Kubra and Sammanoud Society of Obstetrics and Gynecology.

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Tertiary-level study of the implementation of a technique checklist for cesarean deliveries at a University Hospital in Uruguay

Stephanie Viroga

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Introduction: The proportion of deliveries performed as cesarean delivery is increasing worldwide; variations exist between countries primarily between low and high income countries and between different healthcare providers. Operative cesarean delivery techniques are varied and have changed over time; different authors have developed techniques in attempts to reduce both maternal and fetal adverse events, as well as shortening operative times. The implementation of checklists into surgical procedures has been demonstrated to reduce the frequency of major post-operative adverse events and it is estimated that half of the adverse events that arise from surgical procedures are preventable.

Objective: To assess in a university service adherence to the implementation of a checklist for cesarean sections and to evaluate whether this improves compliance with its items or not.

Methodology: A transversal, cross-sectional cohort study was undertaken in two periods, before and after a checklist implementation for cesarean deliveries, applied to maternity in a university hospital. The variables were the checklist application and the comparison with the coverage of its items.

Results: 301 cesarean section surgical descriptions were analyzed. The complete application included 28 cases (16%). The application percentage for each variable varied from 4.9% to 96%. Its implementation increased the probability of items compliance, usage of prophylactic cefazolina OR 8.35 (CI 95%, 3.74-20.9), usage of chlorhexidine OR 8.98 (CI 95%, 3.72-23.7), cord traction for third-stage labor OR 2.26 (CI 95%, 1.33-3.85) and double-layer hysterorrhaphy OR 3.65 (CI 95%, 2.09-6.55).

Conclusions: The adherence to the checklist implementation was low. Its implementation improved the knowledge of the perioperative technique and increased the items compliance, which was 2 to 8 times higher, improving the surgical quality. Given that current evidence demonstrates that the inclusion of a checklist can decrease post-operative adverse events, the heterogeneous surgical practice at the study institution justified the application of a checklist to homogenize treatment. The present study also demonstrated that the introduction of the checklist increased the use of several surgical techniques, potentially improving overall surgery quality.

Biography

Stephanie Viroga is a gynecologist, specialist in endocrinology gynecology and the coordinator of sexual and reproductive services. She is also an assistant professor of Gynecology in Maternity Hospital Pereira Rossell. She serves as the co-coordinator of Clinical Investigation Unit Pharmacologist and Co-Director of Drugs Information Center at National University. Also designated as the assistant professor of Pharmacology and Specialist in drugs and pregnancy in Universidad de la República, Montevideo Uruguay.

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MIDWIFERY NURSING AND GYNAECOLOGY

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The barriers and facilitators to holistic midwifery practices: A qualitative study with midwifery students

Filiz Okumus

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Statement of the Problem: A growing number of some transformations in maternity care such as the Medical Revolution have transformed the health care approaches. As a response to the dramatic developments and transformations about the medicalisation of childbirth was affected the structure of childbirth nature as well as midwifery care. The outcome of this period, the holistic paradigm was come into being in the caring professions, especially supportive care given by the midwife. Qualitative research describing the barriers and facilitators to holistic midwifery practices that influence the holistic practices by student midwives is lacking. This study is to explore the experiences of fourth year Bachelor of Midwifery students in Istanbul Medipol University undertaking a final clinical placement within a holistic midwifery practices.

Methodology & Theoretical Orientation: This qualitative study using the phenomenological approach, exploring the experiences on the midwifery practices of fourth year Bachelor of Midwifery students who are trained with holistic approach in midwifery education, to describe the barriers and facilitators of holistic approach in midwifery practices were be used face to face semi-structured interviews for collect the data. Data analysis were conducted using Thematic analysis, carried out manually. A purposive sample provided in the dataset is from an interview with eight female final-year student midwives (fourth year) who are trained with holistic approach in midwifery education from one university in Turkey. Findings: Three main themes were identified: 1. Positioning Holistic Approach in the midwifery paradigm, 2. Barriers to holistic midwifery care, 3. Facilitators to holistic midwifery care.

Conclusion & Significance: Consistently, student midwives' accounts revealed examples of how the midwifery practices with holistic approach shaped and to describe the barriers and facilitators of holistic approach in midwifery practices. Specifically, these influences were argued that created the positioning holistic approach in the midwifery paradigm. Although international researchers support to these arguments, this study is the first known qualitative research to explore the experiences of midwifery students within a holistic midwifery practices in Turkey.

Biography

Filiz Okumus has her expertise in holistic health approaches for women's health. She provides holistic midwifery training for midwives and midwifery students. Okumus's holistic midwifery model creates new pathways for improving maternal care in Turkey. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and educational institutions. Okumus's holistic midwifery model is based on the spiritual power of the Anatolian lands and the traditional midwifery approach. This methodology is responsive to mysticism of Mevlana Celaledin-i Rumi and has a scientific way of focusing.

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MIDWIFERY NURSING AND GYNAECOLOGY

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Posterior fornix is a natural orifice for many gynecological operations

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Posterior fornix is a natural way or window through which we can do many operations and manoeuvres avoiding much more surgical trauma, haemorrhage, anaesthesia, prolonged time and more cost. Also without post-operative pain. So we can do draining of excessive ascetic fluid in cases of ovarian hyper stimulation and putting a catheter to control drainage till improvement of the case. Also we can use posterior fornix as a natural orifice for removal and drainage of complicated pelvic haematoma and huge tub ovarian abscess proved by amazing videos. Also we can do myomectomy operations in some cases with posterior subserous fibroids, drilling polycystic ovaries and we can use this way instead of laparoscopy in all diagnostic purposes as checking tubal patency with using dye like methylene blue tests and other respectable surgical procedures. We can do removal of extra uterine device. Through this wide window we can do injection of Plasma Enriched Platelets in many cases of ovarian hypofunctions, also we can do tubal disconnection, undisturbed tubal pregnancy and extraction of laparoscopic subtotal hysterectomy.

Biography

Abdelmoaty Elmanasoudy is 62-years old. He completed his graduation at Tanta School of Medicine. He is working as a consultant in Obstetrics & Gynaecology at Mehalla Ekopra general hospital, Egypt. He is the medical director of Qurrat Ein infertility centre. He is a member of the European Society of Human Reproduction and Embryology. He is also a member of the American Society for Reproductive Medicine and the Middle East Fertility Society.

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Positive mental health during pregnancy through the book “Knock Knock Let’s Talk”

Ankita Marjadi

Arogyada Homoeopathy Clinic, India

Pregnancy is an array of emotions. There are emotions like happiness, anxiety, worry, sadness, a sinking feeling, excitement to name a few. Since these emotions have a major impact on the health of the expecting mother as well as the baby in the womb, the right set of emotions must be trapped. The mental health of the expecting mother is of the utmost importance these days owing to various lifestyle stresses and anxieties surrounding pregnancy. The awareness of changes happening in the body and your mental state should be taken care of. The book “Knock Knock Let’s Talk” is a book which is your companion throughout the 9 months of pregnancy. It starts with week 5 and is written till week 40 wherein tit bits of positive affirmations are written for the expecting mother and virtues are penned down for every week which the mother can read aloud to the baby in the womb.

In these womb conversations the mental health of the mother is taken care of by positive affirmations and a bond is created between the expecting mother and the baby. The virtues talked are the ones which can be followed by each one of us in our day to day lives.

The beauty of the book is when you as a mother are sharing these virtues with your unborn, these virtues become a part of your life as well spreading positivity and happiness.

Biography

Ankita Marjadi is the Co-Founder of Arogyada Homoeopathy Clinic Author of the book Knock Knock Let’s Talk Homoeopathic Physician and Psychotherapist. A doctor, psychotherapist, author, entrepreneur, blogger, social activist, pursuing M.D (Hom.), Reiki Healer, Medical Coder, Clinical Data Analyst. She is a popular name amongst bloggers wherein she blogs about health, relationships, life and its mysteries, happiness. She has been the pioneer of Need to Talk Initiative, Starting a Smile Mile will you Join Me in India where she promotes good health through Homoeopathy, lifestyle management for chronic lifestyle related diseases. She has also been an active Rotary member wherein she has worked on the projects of Red Revolution, preaching good touch bad touch to children and groom them mentally for such adversities, menstrual hygiene for under privileged girls. Her most prized achievement is authoring the book “Knock Knock Let’s Talk” which is on the positive mental health during pregnancy.

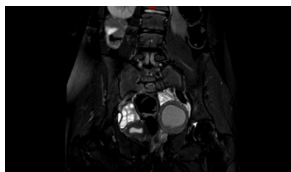
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Unicornuate uterus with rudimentary non-communicating cavitory horn in association VACTERL syndrome: Case report

Abdelwahab Aleshawi

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The unicornuate uterus is caused by abnormal or failed development of one Müllerian duct. Unicornuate uteri with functioning non-communicating rudimentary horns are susceptible to many gynecologic and obstetric complications such as hematometra, endometriosis and ectopic pregnancy and thus surgical resection is usually advised. We have encountered a rare case of a unicornuate right uterus with rudimentary non-communicating (functional) cavitory left horn (class U4a) in a 17-year-old girl who was diagnosed with VACTERL association. She was presented to our pediatric surgery and gynecology departments with three years history of secondary sever dysmenorrhea. Pelvic magnetic resonance imaging revealed a normal uterus on the right side, a 7×8 cm left endometrioma, a tortuous dilated fluid-filled structure in the left hemipelvis, mostly represented left-sided hematosalpinx, and a well-defined lesion with thick enhancing wall in the left hemipelvis measuring 6.7×5.7×5.6 cm with similar enhancement to the uterus in the right. She underwent laparotomy that showed a right unicornuate uterus with a normal cervix and a rudimentary non-communicating distended left horn. In addition, there was a left endometrioma and left hematosalpinx. Resection of the left communicating horn, left salpingectomy and left ovarian cystectomy were performed. The right tube and both ovaries were preserved. At 9-months follow up, the patient had regular period and the pain subsided completely. This is the second case of VACTERL association and unicornuate uterus with non-communicating functional rudimentary horn, in hope of expanding the knowledge of a rare occurrence. This case also highlights the importance of considering the diagnosis of Müllerian duct anomalies in patients with a history of other anomalies, and/or history of early-age secondary dysmenorrhea. In addition, it is preferable to explore for any associated congenital anomalies when performing any surgery for syndromic children.



Pelvic magnetic resonance imaging: T2 signal MRI indicated the presence of left hematometra with small right uterus. Both ovaries were demonstrated.

Biography

Abdelwahab Aleshawi is a 24-year-old organized graduated medical intern with an-excellent educational record, research skills and passion for health and wellbeing. He was graduated from Jordan University of Science and Technology (JUST). Now, he is an intern in King Abdulla University Hospital that is affiliated to JUST. He participated in many conferences and workshops that focus on gynecology and oncology. He has many ongoing researches and projects in the gynecology and oncology field. He looks forward a residency program in obstetrics and gynecology and to be pioneer, researcher and consultant in this field. He has 19 publisher articles.

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Young Research Forum



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Measures of maternal socioeconomic status in Yemen and association with maternal and child health outcomes

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Background: Reliable measurement of Socioeconomic Status (SES) in health research requires extensive resources and can be challenging in low-income countries. We aimed to develop a set of maternal SES indices and investigate their associations with maternal and child health outcomes in rural Yemen.

Methods: We applied factor analysis based on Principal Component Analysis (PCA) extraction to construct the SES indices by capturing household attributes for 7295 women of reproductive age. Data were collected from a sub-national household survey conducted in six rural districts in four Yemeni provinces in 2008-2009. Logistic regression models were fitted to estimate the associations between the SES indices and maternal mortality, spontaneous abortion, stillbirth, neonatal and infant mortality.

Results: Three SES indices (wealth, educational and housing quality) were extracted, which together explained 54% of the total variation in SES. Factor scores were derived and categorized into tertiles. After adjusting for potential confounding factors, higher tertiles of all the indices were inversely associated with spontaneous abortion. Higher tertiles of wealth and educational indices were inversely associated with stillbirth, neonatal and infant mortality. None of the SES indices was strongly associated with maternal mortality.

Conclusion: By subjecting a number of household attributes to factor analysis, we derived three SES indices (wealth, educational, and housing quality) that are useful for maternal and child health research in rural Yemen. The indices were worthwhile in predicting a number of maternal and child health outcomes. In low-income settings, failure to account for the multidimensionality of SES may underestimate the influence of SES on maternal and child health.

Biography

Alosaimi Abdullah is Research Associate/Lecturer at Health Sciences department, Social Sciences School at the Tampere University, from Yemen. He is a professional of public health in maternal and neonatal child healthcare area. He received his M.D. from Faculty of Medicine & Health Sciences, Sana'a University – Yemen and eventually earned his spot as director of Alashah Health District at Amran province. While, he was in this post he earned his high diploma in community medicine. After his four-year career as a director there, he decided it was time for a change of scenery and moved to Sana'a city, where he was offered to work as director of National Health Continuing Education Program at the Ministry of Public Health & Population in Yemen. In addition, he worked as a consultant in maternal and child healthcare and Nutrition with many international and local bodies. Later on in 2005, he made his master courses at Queens University, Ontario –Canada also he earned M.S.c. of Public Health from Umea University, Umea - Sweden. By mid of 2008, he Joint Unicef and earned his spot as health and nutrition officer in Yemen for 4 years. Recently he is doing his PhD at University of Tampere, Finland.

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