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Posters

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Evaluation of urological outcomes in children exposed to fetal infection by Zika virus

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Background & Aim: Zika virus is a mosquito borne flavivirus that may affect pregnant women and their infants by causing fetal abnormalities. This Congenital Zika Syndrome (CZS) is associated with microcephaly and central nervous systems malformations. We identified that some of the regions damaged by CZS are also known to influence the neural circuitry controlling the lower urinary tract. The goal is to investigate an association of CZS and neurogenic urinary tract dysfunction to increase knowledge in the field and mitigate the impact of the disease in infected children.

Methods: Urological assessment was performed in pediatric patients with confirmed CZS referred to our Urology Clinic between June 2016 and June 2017. It consisted of clinical history, laboratory tests, renal ultrasound and urodynamic evaluation. ZIKV was previously confirmed by maternal history and positive PCR in babies/mothers. Microcephaly and other CNS abnormalities were established based on neurological and image evaluation (CT and/or MRI).

Findings: Twenty eight CZS patients were tested, 15 females and 13 males, age 10 months old in average (ranging from 2 mo to 19 mo old). All were presented with microcephaly. Urological assessment confirmed neurogenic urinary tract dysfunction in 100%, some with high risk profile. Most were asymptomatic but urological screening confirmed urinary tract infection in 5 and renal US were already abnormal in 3 patients.

Conclusion: Urological comorbidities are associated with congenital Zika syndrome, including high risk urodynamic patterns that can cause renal damage if left untreated. This is potentially the only treatable health condition in CZS setting and neonatologist and pediatricians need to be aware to promote proactive management that mitigates disease burden to patients and their families.

Biography

Lucia M. Costa Monteiro, M.D, Ph.D., works at Instituto Fernandes Figueira/Fiocruz (www.iff.fiocruz.br), the Brazilian National Institute of Health for Women, Children and Adolescents. Her research interest is neurogenic bladder and voiding dysfunction and since 1998 has been the research group leader: (http://dgp.cnpq.br/dgp/espelhogrupo/3929782950316727). From 2002-2004 she collaborated/worked as a research associated at the Children's National Medical Center. Member of the International Children's Continence Society and Member of Editorial Board Member of Editorial Board of Revista Brasileira de Saúde Materno Infantil (2006), Jornal de Pediatria (2008) and SM Journal of Nephrology and Kidney Diseases (2017).

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Notes:

Congenital alveolar proteinosis, a simple diagnosis but often missed: A case report

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This near term, 36^{+4} weeks, 2.8 Kg birth weight, AGA, non con-sanguinous product, male infant was admitted to Surya Child Care Neonatal Intensive Care Unit (SCH-NICU) on day 23 of life with respiratory distress since birth. Infant was born to a 32 years G2P1L1 mother. Antenatal period was uneventful. It was an LSCS delivery for non-reassuring fetal status. Baby was vigorous at birth and resuscitation was not required. However, infant was noticed to have respiratory distress soon after, for which infant was admitted to an NICU at Indore, India. At admission infant was given one dose of surfactant for suspected respiratory distress syndrome. Infant was ventilated up to day 8 of life, given one more dose of surfactant at day 8 of life, extubated and put on oxygen supplementation through nasal prongs. Infant was reintubated at day 11 of life for increasing respiratory distress. Chest X-rays showed persistent bilateral haziness. Infant was given multiple antibiotics with suspicion of congenital pneumonia. However there were no significant antenatal risk factors for sepsis and infant's sepsis work-up was unremarkable. CT chest showed patchy areas of air space consolidation bilaterally. As respiratory distress was persistent, infant was transferred on 23 day of life to Surya Child Care NICU, Mumbai for further care. On admission, infant was put under ventilation support for significant respiratory distress. Differential diagnoses was considered which included; unresolved pneumonia; congenital heart disease (TAPVC); GERD; H type tracheo-esophageal fistula; immunodeficiency; cystic fibrosis; alpha 1 antitrypsin deficiency; congenital pulmonary alveolar proteinosis; congenital lymphangeictasia; primary ciliary dyskinesia and CMV pneumonitis. Respiratory distress persisted throughout the admission. Chest X-rays performed periodically showed persistent haziness. Ventilation assistance was required throughout the admission. Serial sepsis screens and blood cultures didn't show any evidence of sepsis. CSF study, tracheal secretion cultures, CMV antibody titers and CMV DNA-PCR were all non-remarkable. Work-up for immunodeficiency including flow cytometric lymphocyte sub-set analysis was unremarkable. 2D echoe of the heart, cranial ultrasound and USG of abdomen and pelvis were normal. Milk scan revealed presence of high grade (IV) gastro esophageal reflex. Repeat milk scan after fundoplication showed no evidence of GER. Infant's HRCT revealed diffuse ground glass opacities bilaterally suggestive of alveolar edema of uncertain cause with normal tracheo-bronchial tree. Work-up for cystic fibrosis (delta 508 mutation) and alpha 1 antitrypsin deficiency were unremarkable. Electron microscopy of nasal scraping for cilia morphology was unremarkable. Bronchoalveolar lavage revealed lipid laden macrophages but little PAS positive staining. Histopathological examination of the excisional lung biopsy revealed PAS positive material in alveolar spaces with preserved alveolar architecture. Electron microscopy examination was suggestive of congenital alveolar proteinosis. For financial constraints further evaluation could not be performed. Despite giving optimal supportive care, performing partial broncho-alveolar lavage (once), administering IVIG, methylpredinosolone, and granulocyte colony stimulating factor, no significant response was observed. On request, infant was transferred back to Indore and died peacefully in an NICU after 3 days of transfer.

Biography

Shagufta Yousuf is working as Assistant Professor at Adesh University, India. After obtaining her Bachelor's degree in 2007, she obtained her Post-graduate Diploma in Maternal Child Health from IGNOU in 2011 and MD in OBG from University of Kashmir in 2016. In the same year she joined Adesh University as Assistant Professor, OBG. She has several publications in national and international journals. Recently she has been invited to deliver a speech at International Congress of Gynecology and Obstetrics, Taiyuan, China (Nov 2017)

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Relationship between acanthosis nigricans and impaired glucose tolerance in overweight and obese children in Dr. Soetomo Hospital Surabaya

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Background: Obesity in children are increasing rapidly lately. This may lead to insulin resistance and Diabetes Mellitus in adulthood. Acanthosis nigricans is manifestation of insulin resistance in the skin. The relationship between Acanthosis Nigricans (AN) and impaired glucose tolerance in overweight and obese children are still controversial.

Objective: To analyze relationship between acanthosis nigricans and impaired glucose tolerance in overweight and obese children.

Methods: This cross-sectional study was conducted between February until March 2017 in Pediatric endocrine outpatient clinic and Pediatric ward Dr. Soetomo Hospital. The presence of acanthosis nigricans was verified by Pediatric Endocrinology consultant, anthropometric and waist circumference measurements were taken. Oral glucose tolerance test was performed. Inclusion criterias were patient age 3-18 years old and BMI. Exclusion criterias were patient wih severe condition or in PICU and with congenital syndrome. Statistical analysis was using comparative study. Data analysis were performing using the SPSS 17.

Results: A total of 30 children were studied, 53.3% were boys, mean of age 10 year, mean of BMI 23.4, mean of waist circumference 87.6+/-12.8 cm. There were 21 patients had acanthosis nigricans and 14 with impaired glucose tolerance. Five obese children showed severe, seven with moderate and five with mild neck acanthosis nigricans respectively. Obese children were more likely to have acanthosis nigricans (P=0.019). There was significant correlation between acanthosis and impaired glucose tolerance (P=0.032).

Conclusion: There was relationship between acanthosis nigricans and impaired glucose tolerance in obese and overweight children.

Biography

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Post-operative stridor following repair of tracheoesophageal fistula: A case report

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A full term, male infant with no significant antenatal and birth history developed severe respiratory distress on day 2 of life. Infant was diagnosed to have H-type of tracheoesopheageal fistula (TEF) and was operated for the same on day 4 of life. Infant was extubated on day 20 of life (difficult extubation) and was put on HHHFNC (heated humidified high flow nasal cannula). Soon after extubation, infant developed severe respiratory distress and stridor. Infant was put back under ventilator support. Flexible laryngoscopy along with bronchoscopy was performed under light sedation. Except for mild subglotic edema, no abnormality was detected. Size 3.5 ET (endotracheal) tube was replaced with a 3 size ET tube and a short course of dexamethasone (0.2 mg/kg/day × 5 days) was administered. After a 10 days period, the infant could be weaned to CPAP (continuous positive airway pressure). However it was not possible to take the infant off the CPAP thereafter. CECT (contrast enhanced computed tomography) was performed and no significant abnormality was detected. Parents were counseled for a tracheostomy but they refused. After one month period, when there was no improvement in clinical condition, laryngoscopy with bronchoscopy was again performed under anesthesia. Tight aryepiglotic folds were detected and aryepiglotic split was performed. Infant responded dramatically to treatment and could be weaned to room air within 3 days of surgery. The anesthesia technique has been found to be superior to awake technique with a sensitivity, specificity, positive predictive value and negative predictive value of 100% each as compared with 93%, 92%, 97%, and 79%, respectively, for awake technique. Most probably, we missed the diagnoses in the first place as we didn't perform the laryngoscopy under anesthesia or sufficient sedation. It is worth mentioning that laryngoscopy along with bronchoscopy and esophagoscopy was performed under anesthesia during the initial evaluation of TEF before surgery. This makes us strongly believe that the tight aryepiglotic folds were a complication of TEF repair surgery or prolonged intubation rather than a congenital one.

Biography

Showkat Hussain Tali is working as Assistant Professor Pediatrics, Adesh University. After obtaining his Bachelor's degree in 2005, he obtained his MD in Pediatric Medicine from University of Kashmir in 2010. In 2013 he joined Department of Neonatology at Surya Children's Hospital, Mumbai and became Board Certified in Neonatology from the National Board of India in 2016. In the same year, he joined Adesh University as Assistant Professor Pediatrics and In-charge Neonatology. He has more than a dozen publications in national and international journals. He has received Science Talent Search Award from the Govt. of Jammu and Kashmir in 1997 and has been awarded by Help Foundation and Rajiv Gandhi Foundation, India, for excellence in creative writing in 2007. On May 26/2017, he presented a speech at International Congress of Gynecology and Obstetrics, Prague, Czech Republic and has been invited to deliver speech at International Congress of Pediatrics, Taiyuan China (Nov 2017).

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Emergency management of SCD pain crises: Current practices and playing variables

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Introduction/Objectives: Acute pain episode is a common reason for patients with sickle cell disease to present to the ER. This study is designed to assess the role of multiple factors that might affect the time from ED triage to the administration of the first opiate pain medication and its dosage, to compare current practices with the American Pain Society Guideline for the Management of Acute and Chronic Pain in Sickle-Cell Disease in the emergency department. By identifying and recognizing some of the factors that delay or affect the proper dosing of the pain medications, we aim to implement suitable and plausible changes to ensure better emergency care for these sickle cell disease patients.

Methodology: This is a cross-sectional descriptive study that relied on collecting non-identifiable data from the local EMR to assess for possible relationship between the proposed set of factors/variables and the time to administration of the 1st narcotic pain medication and it's dosage. The population in question includes the entire sickle cell disease patients' population (HB-SS, HB-SC, HB-SD, HB-SB^+ and HB-SB^0) that are under the care of our Pediatric Heme-Onc clinic at The Brooklyn Hospital Center (TBHC) with the age range of 1 day to 21 years. The factors include age, gender, pain assessment/scale, time of presentation, mode of arrival, presence or absence of IV access at presentation, and ESI acuity. SPSS program was used for statistical analysis and treatment with a pre-set P-value at 0.05.

Results: There were 259 patient ER visits with 148 unique patients. Mean (SD) age of the entire study population was 15.98 (+/- 4.08) years and 61.8% of the patients were females. Average time to 1st opiate pain medication was 120.27 minutes (SD +/- 78.4) and average doses of Morphine and Hydromorphone were 0.067 mg/kg and 0.053 mg/kg respectively. Longer waiting time to 1st opiate pain medication were found in females with a mean difference of 25.5 minutes (95% CI 20 – 80.5 P *value 0.027*), older patients and patients with least severity ESI score (correlation coefficient of 0.214 & 0.134 (*p values of 0.001 and 0.031) respectively*). On the other hand, there seems to be a negative correlation between the time to 1st opiate and the pain score with a negative correlation coefficient of -0.22 (*p value of <0.001*).

Conclusion: Overall, patients with acute SCD pain experienced significant delays when seeking pain relief in the ED. The following patients experienced the longest delays: those assigned a lower triage priority level, female patients, patients with lower pain score and older patients.

Biography

Mohamed Almuqamam has completed his MD at the age of 23 years from the Royal College of Surgeon in Ireland (RCSI-Bahrain). He is a graduate of the UK Foundation School in Malta 2014-2016 and is currently a PGY2 Pediatric resident at The Brooklyn Hospital Center.

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Effect of maternal hypertensive disease on the outcome of low birth weight infants

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Hypertension (HTN) disorders are the most common medical complication occurring in 12-22% of all pregnancies. Preeclampsia is responsible for about 15.9% of maternal deaths in USA. We hypothesized that early onset pre-eclampsia has greater impact on morbidity and mortality. Electronic medical records from January 2014 to December 2015 of infants birth weight (BW)<1500g were reviewed. Patients with co-morbidities were excluded. We identified 20 cases with HTN and preeclampsia, 69 healthy controls. The demographics, mode of ventilation, length of stay (LOS), morbidity and mortality were analyzed with Chi-square test. The Mann Whitney test was used to analyze the duration on different modes of ventilation. A p-value <0.05 was considered statistically significant. No difference was noted in the maternal demographic data or laboratory values. No significant difference was noted in mode and duration of respiratory support, mortality rates, LOS, vasoactive support, blood products, retinopathy and brain abnormalities. The results were stratified to compare BW<1000 g and 1000-1499 g and continued to show no statistical difference in any of the measured outcomes. Comparing cases with BW<1000 g vs. 1000-1499 g, the mode and duration of respiratory support was significantly longer in <1000 g. LOS, vasoactive support, blood products and brain abnormalities were all higher in the <1000 g group. Comparing the controls with BW<1000 g vs. 1000-1499 g, LOS and mortality rate were higher in the <1000 g group. No differences were noted in vasoactive support, blood products and brain abnormalities. We found no significant difference in adverse outcomes between the groups. Even after further sub-categorizing the subjects based on BW, there still was no statistical difference between the groups. Infants born at a lower BW are believed to have more adverse outcomes after birth. Very low BW has a greater chance of morbidity and mortality compared to low BW infants if born to mother with hypertension.

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Accepted Abstracts

Efficacy of current antibiotic regimens for neonatal sepsis at a tertiary hospital: Pathogens and susceptibility, demographic profile, clinical manifestations and outcome, morbidity and mortality rate

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Neonatal sepsis is a leading cause of morbidity and mortality among both term and preterm infants. With growing antibiotic resistance, this retrospective, descriptive study determined if the current antibiotic regimens used at a tertiary hospital are still effective against the pathogens identified in blood culture in cases of neonatal sepsis from January 1, 2000 to December 31, 2015. Demographic profile, stratification to early- and late-onset sepsis, clinical manifestations, laboratory results, complications and antimicrobial susceptibility of the isolated organisms were analyzed. Prematurity and low birth weights were the major risk factors for developing neonatal sepsis. Respiratory symptoms were the most common clinical manifestations seen. The pathogens were evenly divided between gram-negative *bacilli* and gram-positive *cocci*, but gram-negative *bacilli* had higher mortality rate. The current antibiotic regimen of cefuroxime and amikacin for early-onset neonatal sepsis were changed in 57% of cases, indicating that a constant re-evaluation of any regimen is necessary to determine if an antimicrobial upgrade is necessary. Although piperacillin-tazobactam has been favored for late-onset sepsis in the unit in the last 15 years, more septic neonates ended treatment on a carbapenem. There was no growth of ESBL *E. coli* nor *Klebsiella pneumoniae* in blood isolates in spite of 15 years of current antimicrobial usage practices. A regimen of cefuroxime and amikacin for early-onset sepsis will miss a minority of pathogens while a carbapenem or piperacillin-tazobactam, with or without amikacin, is still effective for late-onset sepsis. Vancomycin, should be added in late-onset sepsis, if staphylococcal disease is suspected.

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The Neonatal behavioral Observation (NBO) System in neonates born in maternity clinic of Trikala, Greece

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Statement of the problem: The neonatal behavioral observation (NBO) system was created in order to apply in neonates and infants until two months old. It constists of 18 characteristics which includes the following areas: habituation to light and sound, motor tone, activity level, self regulation, response to stress, visual, auditory, social-interactive capacities. Aim: The implementation of NBO in neonates combined with the clinical examination highlights the personal characteristics of the neonate. When these characteristics are discussed with the parents, the connection between parent-infant is being promoted.

Methodology & Theoretical Orienatation: 50 neonates were chosen and the NBO was applied between 2nd-5th day of life. Parents were engaged in the NBO analysis and they asked questions back and forth with the examiner. 25 days later we communicated with the parents and we discussed issues of their baby in the first month of life.

Findings: Neonates are very communicative. We can support parents to understand better their baby's language and his unique characteristics. The NBO is an exceptional instrument that can be used in the understanding and support in mother-child bond.

Conclusion and Significance: Most of the mothers seemed very pleased with the information that took after the implementation of the NBO to their baby. Safety and confidence were the most valuable feelings that were reinforced. There was no incidence of depression among mothers. Most of them declared that whatever came up, like feeding problems, sleeping problems, anxiety and crying problems seemed less difficult to face, since they were prepared for them.

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Risk stratification models to predict adverse neonatal outcome: Additive value of standard electrocardiography

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Hypertension disorders complicate approximately 6%–11% of all pregnancies and remain leading causes of poor outcome, including placental abruption, organ failure, cerebrovascular accident and disseminated intravascular coagulation. These disorders are also associated with increased fetal risk of intrauterine growth restriction, intrauterine death and prematurity. Epidemiological evidences supporting the worse prognosis associated with hypertension in pregnancy provide a strong basis for developing perinatal morbidity and mortality risk prediction models. Of the many risk markers for hypertensive disorders, some are known at booking and increase the risk of hypertensive disorders two- to fourfold. They include pre-existing hypertension, diabetes mellitus and renal disease, previous preeclampsia, antiphospholipid antibody syndrome, overweight/obesity, inter-pregnancy interval ≥10 years, and multiple pregnancy. Recently, the additive value of some instrumental techniques (including uterine artery Doppler velocimetry, electrocardiography [ECG] and ambulatory BP monitoring) and their combinations with maternal factors and biochemical markers to refine risk stratification for hypertensive disorders in pregnancy has also been evaluated. In this context, some observations suggested that abnormal ECG patterns may increase the risk for hypertensive disorders of pregnancy. Specifically, available data support the concept that specific ECG patterns occurring in the first trimester of pregnancy may have clinical relevance for the risk prediction of maternal and neonatal complications. Left atrial abnormality in lead V1 has been suggested as an independent predictor of hypertensive disorders and other pregnancy complications including fetal growth restriction, HELLP (hemolysis, elevated liver enzymes, and low platelets) syndrome, placental abruption, stillbirth, premature delivery and neonatal death.

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The relationship between the parents' knowledge, attitude and practices on immunization and the immunization status of their adolescent children in the out patient department of a tertiary hospital

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Objective: To determine the relationship between the knowledge, attitude and practices of parents and the immunization status of their children aged 11 to 18 years old.

Design: It was a prospective cross-sectional study.

Subjects: 70 guardians of patients aged 11 to 18 years were called for follow up at the St. Luke's Medical Center QC (SLMC) Pediatric Out-Patient Department (OPD). Then, with them purposive sampling was done.

Methodology: Interviewer-administered questionnaire/face to face interview and review of immunization records were conducted from December 2016 to February 2017 among parents of adolescent patients who followed up at the Pediatric OPD of SLMC QC.

Results: Patients were most often partially or non-adherent to their recommended adolescent vaccination schedules. About 93% received at least one dose of the Hepatitis B vaccine, but none received any booster or catch-up dose. Hepatitis A and Td/Tdap vaccines were given to 17% and 10% of adolescents, respectively. The coverage rates for annual influenza (5.7%) and HPV (2.9%) were the lowest among all vaccines recorded. More than 90% of respondents correctly replied to items on seriousness of the diseases targeted by MMR, varicella, and hepatitis A and B. In contrast, only half recognized the possibility of a serious sequelae of HPV infection. The cost of getting immunized was the leading barrier (87%) to availment of this service.

Conclusion: No significant associations were found between parents' range of knowledge scores and the actual immunization status of their adolescent children. However, score of ≥75% appeared to be associated with increased MMR and lower hepatitis A and influenza vaccination rates. In these findings we can conclude that availability of the vaccines in the health center can increase the adherence to adolescent immunization. The top 3 identified barriers in availing immunization were: financial problems, lack of knowledge and lack of vaccines in the health center.

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Notes:

NICU design: The next generation

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Neonatal Intensive Care Unit (NICU) design has been evolving significantly in response to continuing research on neonatal care. Most recently, the Single-Family Room (SFR) has gained broad acceptance to improve the physical environment for the infant, resulting in better sleep based on enhanced control of light and sound, and increased family involvement thanks to sleeping accommodations for parents. While this has led to meaningful improvement for neonates over the open ward-style model, there is room for continued innovation. At Memorial Children's Hospital in South Bend, Indiana, the design team established goals to expand the SFR's clinical functionality and family accommodation, and to extend innovation to support staff in this high-intensity care environment. Many resulting changes were implemented in Memorial Children's new 39-bed NICU design that may set the standard for the next-generation NICU. SFRs include evidence-based design features that promote health, wellness and family participation in care. Windows and daylight in every room help maintain circadian rhythms for the child, parents and staff, providing a sense of normalcy and greater comfort than in the previous, crowded NICU model; a family area with a toilet room and shower supports longer stays. A new prototype, the extended family room, was also developed to accommodate additional care scenarios that require a larger room, such as multiple births; hospice care; super-critical babies too fragile to move; and couplet care for post-partum mothers-facilitating early bonding, which has typically been limited during the neonate's first few days of life.

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Fibre optic endoscopy for diagnosing leakage cause after oesophageal atresia with trachea-oesophageal fistula repair

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Aim of study: EA-TEF with estimated life birth of 1 in 3500 to 1 in 4500 remains an epitome of neonatal surgery. The survival depends upon many factors, those patients related include birth weight, associated anomalies and general condition while surgical factors include oesophageal gap, pulmonary condition and septicaemia. We managed a case of leakage due to chest tube migration inside the oesophageal anastomosis by endoscopy.

Methods: A full term male neonate weighing 2300 grams, hospital delivered presenting on 5th day of life with EA-TEF associated with mild chest crepitation. Patient was admitted, resuscitated and received total parenteral nutrition and antibiotics. Chest physiotherapy and nebulization were done. Echocardiography showed PFO with left sided aortic arch. Operation was done on 7th day of life through an open approach with right transpleural thoracotomy on the fourth space and azygous was divided. Fistula was closed with 4/0 proline sutures in piecemeal manner. Primary anastomosis was done with 5/0 vicryl sutures after dissecting upper pouch. Intercostal tube was inserted. Contrast was done 10 days later revealing leakage of 90% of water-soluble dye in intercostal tube which was seen migrating to anastomotic site. Upper endoscopy was done with 5.9 mm flexible endoscope and anastomosis was approached very gently with minimal air insufflation and suction. The tip of chest tube was seen traversing the anastomosis and inside oesophageal lumen. The tube was withdrawn 2cm outside with obvious adjacent track to oesophagus. Nasogastric tube was inserted along guide wire.

Results: Dramatic response occurred after 3 days and contrast was repeated under fluoroscopy showing about 20% leakage. No leak was detected on third contrast after 6 days. Oral feeding was started.

Conclusion: Upper endoscopy can be a very useful tool with leaking EA-TEF leaking repair. We suggest future injection of fibrin glue with endoscopic assistance rather than its injection through chest tube.

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Notes:

In children aged 9-11, examining the health and medical staff perception with the method of projective illustration

Senay Cetinkaya and **Emine Ercin**
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Picture is an important tool and an effective way on the development of children's spirituality, physicality and at the same time personality. Drawing pictures in childhood is an important communication process for children's self-knowledge and introducing themselves. Projective narrative images: the lines that they draw, the colors that they use give us message about children's mood, angry, aggressive, happy, sad, etc. Thus, the world that is created by children can be understood easily through picture. For the research, 30 children who have chronic diseases in the family medicine unit and 30 healthy children in a primary school will be selected by random sampling method. Firstly, a survey will be applied to the child and his/her mother about their socio-demographic characteristics. Then, they will be asked for drawing pictures throughout 30 minutes about health-nurse-doctor by giving them 12 color crayons and drawing paper. Questions will be asked to the children about the pictures they draw. The health workers, communication tools, teachers and parents have great responsibility for the formation of concepts related to health in children. Health education formed for this purpose can be a good option. We need qualitative research for a better understanding of children's perceptions of nurses and doctors and ensuring that the behavioral changes are in the right direction.

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Notes:

High incidence of cisplatin-induced ototoxicity in paediatrics in Johannesburg, South Africa

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Cisplatin, a highly effective chemotherapeutic is associated with high incidences of ototoxicity. This cross-sectional retrospective study documents the incidence of cisplatin-induced ototoxicity in paediatrics utilising data obtained during ototoxicity monitoring of a total of 196 paediatric patients who underwent cisplatin chemotherapy in Johannesburg, South Africa, between January 2015 and December 2016, through conventional audiometry, extended high frequency audiometry and distortion product otoacoustic emissions (DPOAEs). Descriptive and inferential statistics were used for data analysis. Twelve percent of the participants did not develop ototoxicity during treatment. 84% of the participants developed hearing loss of varying degrees during treatment. Additionally, 4% presented with delayed onset of hearing loss detected at 6-weeks post-treatment. While 60% of participants presented with profound SNHL, 12% had a moderate to severe high frequency sensorineural hearing loss (SNHL) and 12% had a SIOP grade 4 ototoxic shift in the extended high frequency range. Diminished DPOAEs were observed in 92% of the participants. Only 66% of the participants were diagnosed with ototoxicity using conventional audiometry. Three percent of the participants presented with mixed hearing loss while 4% had conductive hearing loss. In addition, 78% of the participants presented with chronic cerumen impaction throughout the course of chemotherapy. High pitched tinnitus was reported in 56% of the participants. This study highlights a high incidence of cisplatin-induced ototoxicity in paediatrics and thus recommends prospective studies in oto-protection to prevent the negative impacts of cisplatin-induced hearing loss in paediatrics.

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Notes:

Antenatal care services: Availability, acceptability and satisfaction among Fulani women of Ibarapa central local government area of Oyo State, Nigeria

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Utilization of antenatal care (ANC) services is important for pregnant women to have safe delivery and healthy babies. However, few studies dwelt on the connection between the contents of the ANC services made available by health care providers and its acceptability by pregnant women as well as the satisfaction of the services gotten. This study examined ANC Services: availability, acceptability and satisfaction among Fulani women of Ibarapa central local government area of Oyo state, Nigeria. Twenty in-depth interviews, two focus group discussions and six key informant interviews were conducted with purposively selected health officials, Fulani women and community leaders. Data collected was analyzed using thematic and content analysis. Utilization of antenatal care package largely depends on both the health care providers and pregnant women. On the part of the providers, there are issues of the availability of ANC services and the delivery to the consumers. Firstly, it is not all ANC providers that can provide focused ANC (FANC) package. Secondly, not all the providers are culturally competent to deliver FANC. With regards to the consumers, acceptance of FANC is influenced by religious beliefs, cultural norms and values. As parts of the remits of this study, ANC providers should be culturally competent and monitored to ensure that they offer adequate and quality ANC service delivery. The pregnant women need to be sensitized about the benefits of accepting ANC package.

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Effect of nutritional status and test anxiety on academic performance of primary school children in Enderta District, Tigray, North Ethiopia, 2016

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Education is one of the best ways to be out of poverty, because with education people can be self sufficient and have the potential to lead and help others. In Ethiopia so much progress has been made toward achieving universal primary completion, but completing primary school does not ensure that students have attained basic literacy and numeracy skills due to many factors that affect students' school performance: The aim of this study was to assess nutritional status and test anxiety level of primary school children and to see their relation with academic performance of students in the study area. A Cross sectional quantitative study design was applied. The study subjects were students from grade 4-8 who were selected from each section by using SRS after stratification and proportional allocation. Data was collected by trained data collectors. Multi variate analysis using linear regression was used to see effect of different factors on academic performance of school age children. Pearson's correlation test was used to see the association between test anxiety and academic performance of participants. Among the total sample of 848 respondents, 458 (54%) score below mean score and the remaining score above the mean value. From the 848, participants, 117(13.8%) were leveled as underweight, and the prevalence of stunting in the area was 54.3% based on WHO's reference data. BMI, anxiety score and HAZ have shown positive association with academic performance, where as education of the mothers, showed negative association with academic performance of study participants.

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Perinatal depression and associated factors among reproductive aged group women at Goba and Robe Town of Bale Zone, Oromia region, south east Ethiopia

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Background: In sub Saharan Africa little progress has been made towards achieving the Millennium Development Goals. Lack of achievement of MDGs is reflected in only minor changes in maternal mortality and child health, this is especially true in Ethiopia. Perinatal depression is common in developing countries where one in three women has a significant mental health problem during pregnancy and after childbirth. Perinatal depression is associated with inadequate prenatal care and poor maternal weight gain, low infant birth weight, and infant growth restriction. This study determined the prevalence of perinatal depression and its associated factors among reproductive age group women at Goba and Robe town of Bale zone, Oromia region, south east Ethiopia. A cross sectional study with simple random sampling was employed to include 340 eligible subjects. The WHO self-reporting questionnaire with 20 items with a cut-off point 6 and above was used to separate non-cases/cases of perinatal depression. Data were collected by trained data collectors. Descriptive analysis was done using SPSS Version 16. Multivariate logistic regression was used to identify independent predictors of perinatal depression at 95% CI and P value of ≤ 0.05.

Results: Prevalence of perinatal depression was about 107 (31.5%). About 20 (5.9%), 86 (25.3%) were current smokers and alcohol consumers respectively. Two hundred seventy-seven (71.2%) of the respondents reported husband support during their pregnancy and after birth and 195 (59.3%) were reported support from the husband's family/relatives. Maternal perceived difficulty of child care, family history of mental illness, family visit during the perinatal period, history of child death and husband smoking status were found as independent predictors of perinatal depression.

Conclusion: This study found that 1 in 3 women in this region of Ethiopia have depression. Depression screening is not currently routine care, but should be given due attention due to the high prevalence of depression in these populations. Public health agencies could organize special training events for health care workers, including health extension workers on mental health and must provide screening service to strengthen mental health in the pregnant and postpartum family.

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