

# 5<sup>th</sup> World Congress on Women's Health and Midwifery

January 10, 2022 | Webinar

## Scientific Tracks & Abstracts



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**The possibility of using bioelectrical impedance analysis in the measurements of the hydration level and distribution of adipose tissue in the early puerperium correlated with mother's age**

**Karolina obuchowska**

The Medical University of Lublin, Poland

**D**uring the pregnancy the woman's body goes through a copious number of changes. The postpartum period is the period following delivery when the maternal anatomical and metabolic changes return to the nonpregnant state.

Bioelectrical impedance analysis (BIA) is used to assess the body composition and hydration status. This technique represents a non-invasive and reliable clinical approach, which is well tolerated and widely accepted by patients. The BIA method measures impedance, i.e., resistance value, caused by the difference in electrical conductivity of each type of biological tissue, e.g., fat or muscles.

The purpose of this study is to present conclusions from the bioelectrical impedance analyses in the early puerperium.

It seems that the BIA method can be extensively used in puerperium. In the early puerperium, after giving birth and before being discharged from the hospital, conducting BIA analysis of both body composition and hydration may give the opportunity of detecting hydration abnormalities.

Breast milk consists of almost 90% of water and every day, these fluids are lost quickly from the mother's body, while breastfeeding. As the risk of dehydration may lead to decreased amount of breast milk, it is important to maintain an appropriate hydration level during breastfeeding.

As a results of own research, BIA measurements on patients from the Department of Obstetrics and Perinatology and available literature it was noted that the amount of extracellular water and intracellular water and fat tissue distribution, measured using BIA, may be affected by the age of the mother. In addition, BIA performed during puerperium does not raise any ethical dilemmas, because the patient has already given birth.

**Biography**

Karolina obuchowska is a 3rd year medical student of Medical University of Lublin in Poland. She is also a member of Student's Scientific Association at the chair and department of obstetrics and perinatology at the Medical University of Lublin. Her supervisor is Assoc. Prof. Zaneta Kimber-Trojnar, MD PhD, a specialist in obstetrics and gynecology as well as in endocrinology, author and co-author of original, review papers and case reports (IF = 99,7; h- index by Web of Science™ Core Collection database: 13).

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## **Impact of pre-pregnancy overweight and obesity on perinatal and neonatal outcomes**

**Aleksandra Iomża**

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**Introduction:** Overweight and obesity affect a large proportion of the child-bearing women population. Obesity has been defined by the WHO as a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>, and overweight as BMI of 25-29,99 kg/m<sup>2</sup>. Maternal improper body weight prior to pregnancy represents one of the most important factors causing perinatal and neonatal complications.

**Aim of the study:** The aim of the study was to determine the associations between maternal pre-pregnancy BMI, gestational weight gain and the offspring's condition.

**Material and methods:** Two groups of patients who delivered at the department of obstetrics and perinatology of the Independent Public Clinical Hospital No. 4 in Lublin, Poland in the period from July 2021 to October 2021 were assessed. The first group consisted of healthy controls, i.e., women with normal values of pre-pregnancy BMI and uncomplicated course of pregnancy. The second group included mothers with pre-pregnancy overweight and obesity (i.e. BMI  $\geq 25,0$  kg/m<sup>2</sup>). Data regarding, inter alia, gestational weight gain, Apgar's score and neonatal birth weight were collected.

**Results:** Overweight and obesity in the pre-pregnancy period were associated with the risk of preterm delivery and lower Apgar's score in comparison to the healthy controls. Maternal pregestational BMI  $\geq 25,0$  kg/m<sup>2</sup> was also linked to increased neonatal birth weight in case of newborns who were born at term.

**Conclusions:** Maternal overweight and obesity seem to be significant predictors of neonatal complications. Reduction of maternal weight prior to pregnancy as well as optimizing of gestational weight gain may minimize the occurrence of fetal macrosomia.

### **Biography**

Aleksandra Iomża is a fifth-year medical student at the Medical University of Lublin. Furthermore, she studied Italian philology as a second field of study. For over the year, she was the President of Young Medics Organization – member of European Medical Student's Association (EMSA). She is interested in Italian culture, jogging and among medical topics: oxygen therapy and perinatology.

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## Is testosterone treatment an option for postmenopausal women with fecal incontinence?

**Irem senyuva**

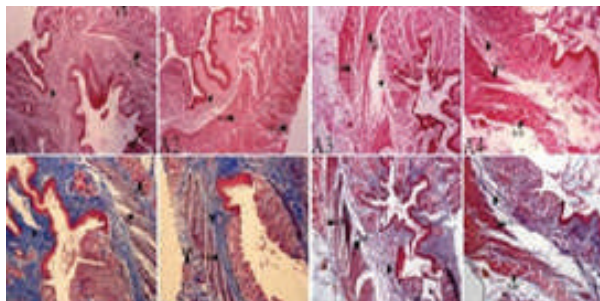
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**Statement of the problem:** Fecal incontinence (FI), described as the involuntary passage of solid or liquid fecal matter, is a pelvic floor dysfunction that affects women's social, physical, emotional and sexual lives. The incidence in women is 2-25% and it increases with age. Damage and impaired innervation of the muscles in the anal sphincter complex are the most important causes of this dysfunction. Anal sphincter damage due to vaginal delivery is observed in 0.5-9% of all deliveries and may be a factor for the FI occurring in the postmenopausal period.

**Methodology & theoretical orientation:** Pelvic floor muscles and anal sphincter complex are highly sensitive to androgens. Androgen receptors (AR) are present in anal sphincter muscle and connective tissue. Testosterone is an androgenic hormone that stimulates myotubule and protein synthesis in tissues such as muscle with AR, and that increases lean muscle mass, diameter and strength.

**Findings:** The Levator Ani muscle (MLA) is the most important muscle in the pelvic floor support and continence mechanism in women and in the literature pelvic floor studies generally related to MLA. Androgen response in the pelvic floor muscle depends on androgen expression, and castration reduces AR. Exogenous testosterone was given to castrate rats, it was determined that there was an increase in myofiber and satellite cells of their pelvic floor muscle.

**Conclusion & significance:** The effect of hormone replacement therapy (HRT) used in the postmenopausal period on pelvic floor disorders is still a matter of debate because it may trigger FI due to its negative effects on the pelvic floor connective tissue. In the literature most of study have focused on MLA but not anal sphincter muscle. Androgens can play a considerable role in the treatment of disorders in the anal sphincter region with their positive effects.



### Biography

Irem senyuva has worked in the department of obstetrics and gynecology at Usak Training and Research Hospital, her areas of interest gynecology, ultrasonography, and urogynecology.

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## **Influence of diet as well as pre- and gestational diabetes mellitus on the development of microflora based on the vaginal swabs**

**Kamila gorczyca**

The Medical University of Lublin, Poland

**Introduction:** Diabetes mellitus as the main endocrine pathology in pregnancy is associated with the development of an intense inflammatory process and increased insulin resistance. Maternal microbiota is involved in metabolic, immune and general health functions. It also influences the child's microbiome while still in the mother's environment.

**Aim of the study:** The aim of the study was to investigate the scale of the problem related to diabetes in pregnant women and the impact on the development of intestinal and vaginal microbiota.

**Material and methods:** A survey was conducted in women in the puerperium period at the Department of Obstetrics and Perinatology of the Independent Public Clinical Hospital No. 4 in Lublin, Poland. The analysis of their composition of the vaginal microflora was also performed.

**Results:** Maternal diabetes, which is an increasingly common problem in pregnant women, is a factor influencing the development of the gut microflora in the offspring. Diabetic patients presented a specific composition of the vaginal microbiome that may be associated with dysbiosis.

**Conclusion:** The infant's gut microbes and their composition play a key role in the child's metabolic and immune development. Maternal education in the field of proper nutrition and diabetes control may have an impact on the health of future generations from the first day of life.

### **Biography**

Kamila gorczyca is a sixth-year student of medicine at the Medical University of Lublin. Her passions are gynecology and diabetology. She decided to combine her interests and deepen the topic of diabetes in relation to pregnant women, infants and microbiota. The subject of microbiota is very close to my heart, because she know how important it is for the proper development of most of our body systems. Studying the factors influencing the development of microbiota is a very important aspect as it gives us a wealth of information relating to improving the health of society. The research she conducted helps to understand the importance of a proper diet and proper health habits for a child's development.

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## Consumption and supplementation of polyunsaturated fatty acids during the first 9 months of life - a questionnaire pilot study

**Aleksandra slupczynska**

The Medical University of Lublin, Poland

**Statement of the Problem:** Pregnancy is a special period in the life of every woman. Adequate diet and proper supplementation are crucial for the uncomplicated course of pregnancy, as well as the health of the mother and her offspring. Gynecological and Obstetrical Societies and the World Health Organization (WHO) recommend that the diet of pregnant women should be adequately supplemented with omega-3 fatty acids as these nutrients play key roles during pregnancy. The awareness of the need for supplementation and proper diet among pregnant women is constantly increasing, but not all of them take appropriate preparations in accordance with the recommendations.

**Methodology & Theoretical Orientation:** The study was conducted in the group of 137 women who delivered in the period from July 2021 to October 2021. They completed a questionnaire at the department of obstetrics and perinatology of the Independent Public Clinical Hospital No. 4 in Lublin, Poland. The questionnaire consisted of 44 questions regarding their marital status, education, place of residence, diet, and nutrition before and during pregnancy, taking dietary supplements, including iron, folic acid, vitamin C, calcium, and omega-3 acids.

**Findings:** The survey results revealed that all women used some supplements during pregnancy, but a large proportion of them did not take the omega-3 acids and polyunsaturated fatty acids supplements recommended for pregnant women throughout the entire period of pregnancy. What is more, a large proportion of the surveyed women do not eat enough fish and seafood which play a huge role in the proper development of the fetus.

**Conclusion & significance:** It is necessary to educate the public and women planning pregnancy, and to emphasize the importance of consumption of fish, seafood, and supplementation of omega-3 acids during pregnancy. This education may focus on social media, webinars and online conferences targeting women planning a pregnancy.



### Biography

Aleksandra slupczynska is currently a 6th year student of medicine at the Medical University of Lublin in Poland. Binding her future with gynecology and obstetrics, for two years he has been actively involved in the activities of the Student's Scientific Association at the chair and department of obstetrics and perinatology. She broadens her scientific interests by participating in numerous courses and trainings. Currently, she takes part in the program organized by the Ministry of Education and Science in Poland "The best of the best!" 4.0." under the Development Operational Program co-financed by the European Social Fund, thanks to which she has the opportunity to participate in many international conferences. Her great passion is writing various types of medical articles - she works as a copywriter for leading medical websites in Poland.

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## **Recent advances in the use of uterotonics in the prevention of postpartum hemorrhage**

**Rajasri yaliwal**

Shri BM Patil Medical College, Hospital and Research Center, India

**P**rimarily postpartum hemorrhage (PPH) is one of the leading causes of maternal morbidity and mortality worldwide. The most common cause of primary PPH is uterine atony. Atonic PPH rates are increasing in developed countries despite routine active management of the third stage of labor. In less-developed countries, primary PPH remains the leading cause of maternal death.

Various uterotonics have been used over the years. Oxytocin, Ergometrine, Misoprostol and PGF<sub>2</sub>-alpha have been extensively studied. Recently Carbetocin, an analog of Oxytocin has been added to the armamentarium of postpartum hemorrhage. However, the optimal route and dose of these drugs are still being studied. Oxytocin induces superior myometrial contractions compared with Ergonovine, PGF<sub>2</sub> $\alpha$ , and Misoprostol. The effect of Oxytocin is reduced in myometrium of women with Oxytocin-augmented labor; however, it is still superior to the other uterotonics. Various routes and doses of Oxytocin have been studied. 10 IU Intramuscular injection, 10 IU intravenous infusion, and 10 IU intravenous bolus of Oxytocin in the third stage of labor for prevention of postpartum hemorrhage have been studied.

Clinical effects may also be different if intravenous Oxytocin is delivered via bolus push or over a longer duration via dilute infusion. While there is some evidence that the more immediate, higher concentration of bolus delivery could lead to stronger effect on uterine contractions this route is less frequently used due to fear of hypotension, although this problem has only been noted in case studies of women under general anesthesia during caesarean section.

One study shows that in comparison to IM injection, mean blood loss was 5.9% less with IV infusion and 11.1% less with IV bolus Oxytocin. Other studies show that 5 IU of Oxytocin IV bolus was as effective as 10 IU, with lesser variation in the heart rate and blood pressure. Doses of 3IU bolus have been studied and have been shown to be as effective as the 10 IU intravenous bolus doses of Oxytocin with fewer adverse effects. Although the value of routine oxytocics to reduce postpartum hemorrhage after vaginal birth has been well established, their value in caesarean section has received little attention. It has been assumed that the benefits of oxytocics observed at vaginal birth also apply to caesarean section.

The guidelines of the Royal College of Obstetricians and Gynecologists (UK) on caesarean section recommend a slow intravenous bolus dose of 5 IU of Oxytocin after delivery of the infant. This dose is based on the principles of active management of the third stage of labor and is consistent with practice across most of Europe and Australia. The route of Oxytocin has been studied by various researchers. IV infusion of Oxytocin has been preferred during cesarean section as an IV line would have been already secured and it has faster plasma peak concentration as in comparison to the IM route. IV bolus Oxytocin has been associated with a faster peak plasma concentration of Oxytocin, faster uterine contraction; it also has been associated with sudden hypotension. Hypotension during cesarean section has been associated with higher dosages of Oxytocin. It has also been associated with general anesthesia.

Various studies show that IV bolus route could be non-inferior to the IM route and could be considered in patients who cannot be administered IM injections. Carbetocin is also another promising drug. It has been prioritized due to its heat stable property. But it is also long acting and reduces the need of infusions. It is still an expensive drug in many countries.

**Conclusion:** There is a lot of scope for research in the field of uterotonics. Newer developments should be included for the prophylaxis and treatment of Postpartum Hemorrhage.

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**Biography**

Rajasri g yaliwal is an associate professor in the department of obstetrics and gynecology, BLDE (Deemed to be University), Shri BM Patil Medical College, Hospital and Research Center: Vijayapura, Karnataka, India. She is interested in postpartum hemorrhage and preeclampsia. She takes interest in teaching both undergraduates and postgraduate students. She has delivered many lectures on health issues at public forums on adolescent health, postpartum hemorrhage and also radio talks of various issues on women's health.

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**Association between healthy habits and decrease of BMI z-score among children and adolescents with overweight and obesity (adiposity)**

**Ana Rodriguez-Ventura**

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Adiposity is a recommended term to be aware that overweight or obesity is a chronic disease. Experts recommend focusing on habits to treat this chronic disease in children, but are generally not reported. "Sabe" is a comprehensive intervention to promote healthy habits in children of 8- 18 years old with adiposity ( $\geq 1$  body mass index -BMI- z-score) and their parents. "Sabe" showed efficacy to decrease adiposity in 78% of participants (data published) although we hypothesized success in the 23%, such as several international studies have reported. Now, in this cohort study, we expanded the sample size to 110 participants and recorded habits, 24-hour food recall, and anthropometric measurements at baseline and follow-up visits. We defined a clinically substantial decrease in BMI z-score of  $\geq 0.5$  at 12 months of follow-up or its equivalent depending on the months of follow-up. The 58.2% were female, median age of 12 (range: 9.1-14.7) years and a mean BMI z-score of  $2.30 \pm 0.83$ . The 82% of the participants reduced their BMI z-score, but its clinically substantial decrease was achieved in 41.8%, this group and the remaining were compared. Eating more than 2 times per day, eating breakfast within 2 hours of waking up, eating out home less than once per week were present in the 78.7%, 54.5%, 47.3%, respectively, these frequencies increased significantly during the follow-up. Eating out home less than once time per week was associated with reduction of BMI z-score even after adjusting for energy intake, screen time, exercise time, sleep duration, and sitting time (HR 2.12, 95% CI 1.07-4.21). Several studies have reported that eating out home is an unhealthy habit because meals have more fat and sugars. Future interventions should consider food quality and the impact of healthy habits to achieve higher reductions of BMI z-score in the most of the children.

**Biography**

Ana Rodriguez-Ventura is Pediatrician and Endocrinologist. She was postdoctoral fellow between 2004 and 2006 at Joslin Diabetes Center in Boston, and completed her PhD in 2015 from National Autonomous University of Mexico (UNAM). She was coordinator of the Diabetes Clinic at the Mexico's Children Hospital and Chief of Research Department of Nutrition and Bioprogramming at the National Institute of Perinatology. She has over 20 publications that have been cited over 200 times and is Professor of the Medical School at UNAM. Her research about interventions to treat and prevent adiposity and diabetes in children has gotten four important prizes: CONACYT (2 times), FUNSALUD and FGRA.

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## **Klippel–Feil Syndrome: A Rare Case Report**

**Sally Damra Elnour Mohammed**

Obs &Gynae Specialist/Assistant prof Al neelain University, Sudan

**Background:** Klippel–Feil Syndrome (KFS) is defined as a congenital fusion of two or more cervical vertebrae. The most common signs are short neck, low hairline at the back of the head, and restricted mobility of neck.

**Case description:** A term, female child weighing 2,522 g was born to a 34-year-old, a third gravida mother with a previous history of two cesarean sections. She was delivered by an elective cesarean section and had Apgar scores of 4 and 6 at 1 and 5 minutes, respectively. Ultrasound done at 22-week gestational age showed a single, viable fetus with hydrocephalous, short broad neck, and extended limbs. After adequate obstetric, genetic counseling and given all the information about the risks involving this pregnancy, the parents opted for conservative management without any intervention. On examination, she had the typical triad of KFS, including very short neck, low occipital hairline, and reduced bilateral neck movements. The child died immediately due to respiratory distress. Her parents refused to consent for postmortem scanning.

**Conclusion:** Although KFS is a rare syndrome encountered less commonly and a classical triad is present in almost 50% cases, one should closely investigate for other anomalies associated with it for better, early management and rehabilitation.

**Keywords:** Cervical fusion, Ian Donald ultrasound department, Khartoum, Klippel–Feil syndrome, Sudan, Ultrasound

### **Biography**

Sally Damra Elnour graduated from Gazira University, Faculty of Medicine. She has Clinical MD in Obstetrics and Gynecology from Sudan Medical Specialization Board, February 2016. She is assistant professor of Alneelain University, Khartoum /Sudan. She has Master degree of Advanced Obstetrics and gynecology ultrasound at Ian Donald School and Master of Health Professional Education (MHPE) at Sudan specialization Board started 2021. She has over 5 publications, and she is reviewer in Women's Health Journal.

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