NOVELTICS GROUP

PARIS
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22-23
SEPTEMBER 2025

INTERNATIONAL CONFERENCE ON

NURSING AND HEALTHCARE

Novelitics Group LLC
1007 N Orange St.
4th Floor Suite #3199, Wilmington
Delaware 19801, USA

SCIENTIFIC PROGRAM

SCIENTIFIC PROGRAM

DAY 1 SEPTEMBER 22, 2025

08:00-08:40 | Registration Desk Opens

08:40-09:00 | Opening Ceremony & Inaugural Address

KEYNOTE FORUM

09:00-09:30	**William W. Hurd,** *University of Alabama School of Medicine, USA* Title: A biomechanical hypothesis for labor onset and progression: Myometrial shortening stimulates contractility
09:30-10:00	**Ashoke Bose,** *M. L. Bose Memorial Health Foundation Inc., USA* Title: A ChatGPT® analysis of pairing member algorithm in P2P healthcare payment network
10:00-10:30	**Sozdar Abed,** *Pelvic Rehabilitation Medicine, USA* Title: Surgical management of endometriosis: Robotic surgery for DIE and endometrioma treatment
10:30-11:00	**Edison Christian,** *Medical Director and Chief Executive Officer, Nigeria* Title: Healthcare policy and regulations to ensure healthcare and alternative healthcare for advanced healthcare and patients safety

GROUP PHOTO & COFFEE BREAK | 11:00-11:15

11:15-11:45	**Oyedupe O. Glasmann & Ifeday Princeton Oladipo,** *AREWA Health, Germany* Title: The reduction of mother and child mortality through improved documentation of pregnancy findings
11:45-12:15	**Sozdar Abed,** *Pelvic Rehabilitation Medicine, USA* Title: Hemorrhage and hemostatic agents in gynecologic surgery: Contemporary strategies and emerging advances
12:15-12:45	**Mohamed M Hosni,** *London North West University Healthcare NHS Trust, UK* Title: Role of artificial intelligence in the diagnosis and management of endometriosis. The prospect of the future

Sessions: Health Care & Patientsafety | Nursing | Gynecology | AI in Healthcare | Diabetes

Session Chair: William W. Hurd, University of Alabama School of Medicine, USA

12:45-13:05	**Naveen Nishchal,** *VOH Mediatech Pvt Ltd., India* Title: Voice of Healthcare: Enabling collaboration in India's evolving healthcare ecosystem

LUNCH BREAK | 13:05-13:55	
13:55-14:15	**Sunmi Kwon,** *ASAN Medical Center, South Korea* Title: Improvement of vascular access survival by enhanced management process of arteriovenous fistulas in hemodialysis patients
14:15-14:35	**Hilda Ebinim,** *Sydani Initiative for International Development, Nigeria* Title: Skilled birth attendants gap in Nigeria's primary healthcare facilities: The need for a solutions model
14:35-14:55	**Farsad Afshinnia,** *University of Michigan, USA* Title: Lipidomic predictors of progression of kidney disease reveal distinct mechanisms of disease progression in Type 1 vs Type 2 diabetes
14:55-15:15	**Jose Carlos Sola Verdú,** *AIJU, Spain* Title: Virtual reality in the management of hematophobia in hospital settings: Impact on anxiety reduction
15:15-15:35	**Florine Duplessis,** *Efelya, France* Title: Efelya: An innovative digital health solution for the prevention and early detection of high-risk pregnancies
15:35-15:55	**Hassan Darwish,** *Ivy Tech Community College, USA* Title: Exploring the metabolic implications of dextrin and maltodextrin on Type 2 diabetes mellitus and insulin resistance
GROUP PHOTO & COFFEE BREAK | 15:55-16:10	
16:10-16:30	**Saundra R. Farmer,** *Emory & Henry University, US* Title: Flip it to stick it
16:30-16:50	**Maria Stephanie Fay S. Cagayan,** *University of the Philippines Manila, Philippines* Title: Challenges and opportunities in postpartum care: Addressing maternal health in the visayas and mindanao
POSTER PRESENTATIONS	
16:50-17:05	**Chun Hua Kang,** *E-DA Hospital, Taiwan* Title: Using cross-team collaboration to reduce the incidence of intraoperative pressure injuries in surgical patients
17:05-17:20	**Maryam Jahangirifar,** *Monash University, Australia* Title: Prevalence and associated factors of sexual difficulties, sexually-related personal distress and sexual dysfunction among women with refugee backgrounds in Australia: A cross-sectional study
NETWORKING & B2B MEETINGS	
AWARDS & CLOSING CEREMONY	

DAY-2 SEPTEMBER 23, 2025

Registration Desk Opens

Opening Ceremony & Inaugural Address

KEYNOTE FORUM

09:00-09:25	**Daryle Wane,** *Nurse Consultant, USA* Title: Triage across practice settings
09:25-09:50	**Kuldeep Singh,** *Dr Kuldeep's Ultrasound and Color Doppler Clinic, India* Title: Nuchal translucency scan: An indicator for aneuploidies

Sessions: Health Care & Patientsafety | Nursing | Gynecology | AI in Healthcare | Diabetes

09:50-10:10	**Libby Bagno-Simon,** *Behavioral analyst and Treatment Coordinator, Israel* Title: Nothing about us without us: Autistic agency, patient empowerment, and the right to ethical care
10:10-10:30	**Xinyu Xu,** *Peking University, China* Title: Association between the CALLY index and endometriosis: Insights from NHANES 1996–2006

COFFEE BREAK | 10:30-10:45

10:45-11:05	**Alexandru Mircea Muscan,** *Lucian Blaga University of Sibiu, Romania* Title: Postpartum microbial transitions and pelvic remodeling: A functional and regenerative approach
11:05-11:25	**Omar Abusedera,** *Royal College of Surgeons in Ireland, Bahrain* Title: The effect of semaglutide on pancreatic β-cell function in adults with Type 2 diabetes: A systematic review and meta-analysis
11:25-11:45	**Flora Tajiki,** *Midwifery system, IRAN Medical Council, Iran* Title: The effectiveness of lifestyle modification in treating infertility due to premature menopause in a 28-Year-old woman with eight years of amenorrhea, FSH level of 120, and AMH of 0.01
11:45-12:05	**Anum Fatima,** *Chiang Mai University, Thailand* Title: Effect of the self-efficacy enhancement program on performing pre-conception health behaviors of Pakistani young adult women
12:05-12:25	**Yilkal Dagnaw Melesse,** *Debre Markos University, Ethiopia* Title: Epidemiology of infertility and coping mechanisms in Ethiopia, 2025: A systematic review and meta-analysis
12:25-12:45	**Madrika Mirza Kanjiani,** *Aga Khan University, Pakistan* Title: Role transition perceptions of final-year nursing students and nursing interns: A quantitative cross-sectional study

LUNCH BREAK | 12:45-13:30	
13:30-13:50	**Asma Abd Elgabar Elmubarak Musa**, *Danat Al Emarat Hospital, UAE* Title: The intrapartum CTG changes associated with chorioamnionitis and maternal sepsis: A case series
13:50-14:10	**Ujjwal Dahiya**, *AIIMS, New Delhi, India* Title: Knowledge, attitude and practice of CAUTI bundle among nurses working in adult ICU
14:10-14:30	**Asma Abd Elgabar Elmubarak Musa**, *Danat Al Emarat Hospital, UAE* Title: The value of reflection for healthcare professionals' development: Insights from the RIC-RD initiative
14:30-14:50	**Deshmukh Gargi**, *York and Scarborough NHS Trust, UK* Title: The missing piece: Obstetric anal sphincter injury – A retrospective audit
14:50-15:10	**Henok Legesse Negash**, *Haramaya University, Ethiopia* Title: Clinical practice competence and its associated factors among generic nursing students learning at public universities: A cross-sectional study
15:10-15:30	**Orestis Ioannidis**, *Aristotle University of Thessaloniki, Greece* Title: Use of indocyanine green fluorescence imaging in the extrahepatic biliary tract surgery
COFFEE BREAK | 15:30-15:45	
15:45-16:05	**Shaghayegh Dehghan Nayeri**, *Iran University of Medical Sciences, Iran* Title: Successful infertility management through lifestyle modification in a 36-year-old woman with PCOS and psoriasis: A case report
16:05-16:25	**Navika Gupta**, *Singhania University Pancheri Bari, India* Title: Characterization of Lantana Camara roots (pentacyclic triterpenoid) and mutagenicity testing of extracted oleanolic acid using salmonella typhimurium
Awards &Closing Ceremony	

Keynote Forum

DAY 1

International Conference on

NURSINGAND HEALTHCARE

September 22-23, 2025 | Paris, France

A biomechanical hypothesis for labor onset and progression: Myometrial shortening stimulates contractility

William W. Hurd
University of Alabama School of Medicine, USA

The mechanisms underlying labor onset and progression remain incompletely understood. Uterine contractile activity gradually increases in late pregnancy because of several intrinsic and hormonal changes. Concurrently, the uterine cervix gradually undergoes effacement and dilation, and these cervical changes are the only physiologic markers that predict labor onset. It is plausible that interactions exists between cervical changes and increasing contractile activity that are critical for both labor onset and progression. Based on this premise, a novel biomechanical hypothesis is proposed: labor onset and progression rely on a positive feedback loop involving uterine contractility, myometrial shortening, and shortening-related myometrial prostaglandin F2α production, which occurs whenever contractile forces exceed resistance to myometrial shortening. Just before labor onset and during early labor, cervical effacement and dilation enable the cervix to retract over the presenting part. This allows myometrial shortening with each uterine contraction as myometrium occupies a smaller proportion of the uterine circumference. After complete cervical dilation, continued myometrial shortening is permitted by the reduction in uterine volume resulting from fetal egress from the uterus and the complete uterine emptying at delivery. Since myometrial shortening is known to increase production of the contractile agonist prostaglandin F2α, a positive feedback loop develops whenever contractile activity is sufficient to produce continued myometrial shortening. This positive feedback loop manifests as labor regardless of gestation. Premature labor occurs when this positive feedback loop develops prior to term due to either pathologically increased contractile activity or decreased resistance to myometrial shortening. Dysfunctional labor occurs when this positive feedback loop is disrupted during labor because of either insufficient contractile activity or increased resistance to shortening. Details of this hypothesis and the mechanisms that either resist or allow myometrial shortening will be outlined in detail, followed by a review of laboratory and clinical evidence supporting or potentially challenging this hypothesis.

Biography

Dr. Hurd is Professor of Obstetrics and Gynecology at the University of Alabama School of Medicine and Professor Emeritus of Obstetrics and Gynecology at Duke University. Dr. Hurd maintained a nationally funded basic science laboratory for two decades studying the physiology of myometrial contractility. He has published over 200 scholarly articles and book chapters, and is the co-editor of the textbook, Clinical Reproductive Medicine and Surgery, now in its 4th edition. He has served as president of the Society of Reproductive Surgeons and the Council for Gynecologic Excellence, as well as Chief Medical Officer of the American Society for Reproductive Medicine.

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SEPTEMBER 22-23, 2025 | PARIS, FRANCE

A ChatGPT® analysis of pairing member algorithm in P2P healthcare payment network

Ashoke Bose
M. L. Bose Memorial Health Foundation, Inc., USA

An innovative algorithm for finding Pairing Members (PM) in a P2P healthcare payment network was proposed by the author in 2020 [1] [2] . It has been claimed that the proposed P2P payment platform could eliminate the high administrative cost of the commercial health insurance system in USA. This could be accomplished by allowing the Patients without Insurance (PwI) to have access to a Primary Care Provider (PCP) in an early stage of their illness. By having access to a PCP at an early stage would prevent the PwI population from revisiting Emergency Room (ER) services in a community hospital.

There are various challenges in implementing the PM algorithm for a large-scale commercial product. One of such challenges is the time complexity of the original algorithm which is O(N2) where N is the number of PwI in the network. In the present paper, an attempt has been made to optimize the original algorithm by applying the power of ChatGPT [3]. The revised algorithm has a time complexity of O(N).

References

1. A. Bose, "Healthcare without Health Insurance: A Peer to Peer Healthcare Payment Platform," Health Care Current Reviews, vol. 8, no. 4, 18 September 2020.
2. A. Bose, "A Peer to Peer Healthcare Payment Platform," Cornell University, Ithaca, 2020.
3. ChatGPT, "https://chatgpt.com/c/6881831a-be40-8004-8278-444f53c78055," 23 July 2025. [Online]. Available: https://www.chatgpt.com.

Biography

Ashoke Bose is the Founder and President of the M. L. Bose Memorial Health Foundation, Inc., based in Syracuse, New York, USA. With academic training in Biomedical Engineering from McGill University and Health Administration from Cornell University, he brings a unique combination of technical and managerial expertise to healthcare innovation. His work focuses on developing sustainable, cost-effective healthcare models, particularly in underserved communities. At St. Joseph's Health, part of the Trinity Health System, Mr. Bose conducted a pioneering analysis of peer-to-peer (P2P) healthcare payment strategies aimed at reducing emergency room visits and streamlining charity care budgets. He is also the holder of patents related to healthcare payment algorithms designed to match patients and donors through decentralized networks. Beyond healthcare, he leads efforts in sustainable energy and agriculture through SEAT, LLC, promoting near-zero carbon solutions. His interdisciplinary approach continues to bridge health, technology, and social equity for community-wide impact.

SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Surgical management of endometriosis: Robotic surgery for DIE and endometrioma treatment

Sozdar Abed
Pelvic Rehabilitation Medicine, USA

Endometriosis is a chronic gynecologic disorder often presenting with pelvic pain and infertility. Among its most challenging forms are Deep Infiltrating Endometriosis (DIE) and endometrioma cysts, both of which often require surgical intervention. Robotic-assisted surgery has emerged as a highly effective modality for the treatment of DIE. Its enhanced 3D visualization and precision facilitate complex pelvic dissections involving the rectum, bladder, ureters, and uterosacral ligaments. Compared to traditional laparoscopy, robotic systems improve outcomes in cases with severe adhesions and multi-organ involvement while preserving pelvic anatomy and fertility.

Endometriomas, or ovarian "chocolate cysts," require a nuanced surgical approach based on symptoms, cyst size, and reproductive goals. Standard treatment is laparoscopic or robotic cystectomy, which removes the cyst wall to reduce recurrence but risks impacting ovarian reserve. Alternatives include simple drainage, cyst wall ablation (ovarian-sparing), and alcohol sclerotherapy. Oophorectomy may be necessary in severe or recurrent cases. Effective surgical management of endometriosis must balance disease control with fertility preservation. Robotic technology enhances the precision and safety of complex endometriosis surgeries, while a range of strategies exists for tailored treatment of endometrioma cysts.

Biography

Sozdar Abed is a Board-certified Obstetrician and Gynecologist with over 15 years of extensive clinical and surgical experience in the United States healthcare system. A distinguished Fellow of the American College of Obstetricians and Gynecologists (FACOG) and the American College of Surgeons (FACS), specializing in minimally invasive gynecologic procedures, including robotic- assisted surgeries. Committed to providing patient-centered, evidence-based care with a strong emphasis on advanced surgical techniques and comprehensive management of complex women's health conditions. Recognized for leadership in clinical practice, innovation in surgical techniques, and dedication to medical education and mentorship.

Healthcare policy and regulations to ensure healthcare and alternative healthcare for advanced healthcare and patients safety

Edison Christian
Medical Director and Chief Executive Officer, Mystical Rose Clinic Limited, Nigeria

Healthcare and alternative healthcare are evolving to prioritize advanced patient safety. Here's a breakdown of the key aspects:

Patient Safety in Traditional Complementary Alternative Medicine (TCAM) now refers by World Health Organization as Traditional Complementary Integrative Medicine (TCIM) as a significant of promotion of Alternative Medicines becoming Integrative Medicines.

TCIM especially clinical acupuncture, including homeopathy, requires a systematic approach to detect and prevent clinical risks. A study by the Mystical Rose Clinic Limited for Integrative Medicine indicates the importance of clinical risk management in TCIM medicine especially on Clinical Acupuncture. The study used significant event audit (SEA) with Failure Modes and Effects Analysis (FMEA) to identify potential risks and suggest actions for safer services with quality assurance.

Risks Associated with TCIM Medicine practice especially Clinical Acupuncture

- ***Homeopathy*:** The greatest risk lies in switching from allopathic to homeopathic therapy without proper medical guidance. However, homeopathic remedies are generally considered safe with minimal adverse effects.

- ***Acupuncture*:** Risks include delayed treatment and improper needle insertion, which can lead to infections, pneumothorax, or nerve damage. Serious adverse effects are rare, but guidelines are necessary to minimize risks.

Improving Patient Safety

To advance patient safety in healthcare and alternative healthcare, consider the following strategies:

- ***Risk Management*:** Implement proactive risk assessment tools like FMEA to identify potential failure modes and prioritize improvement actions.

- ***Adverse Event Reporting*:** Establish a system for reporting adverse events and near misses to facilitate learning and improvement.

- ***Training and Education*:** Provide healthcare professionals with training on patient safety, risk management, and TCIM medical practice particularly Clinical Acupuncture.

- ***Regulatory Frameworks*:** Develop and enforce regulatory frameworks to ensure compliance with safety standards towards Clinical Acupuncturists.

Best Practices

- ***Multidisciplinary Collaboration*:** Encourage collaboration between healthcare professionals from different disciplines to promote a culture of safety.
- ***Patient-Centered Care*:** Prioritize patient-centered care and involve patients in decision-making processes to enhance safety and satisfaction.
- ***Continuous Quality Improvement*:** Regularly review and update safety protocols to ensure ongoing improvement.

By adopting these strategies and best practices, healthcare and alternative healthcare providers can work towards advanced patient safety and improved outcomes .

To ensure advanced healthcare and patient safety, healthcare policy and regulations play a crucial role. Here's a breakdown of key aspects:

Key Components of Healthcare Policy and Regulations

- ***National Quality Policy*:**
- ***Accreditation and Licensing*:**
- ***Adverse Event Reporting*:**
- ***Performance Indicators*:**

Challenges and Gaps

- ***Fragmented Policies*:**
- ***Lack of Standardization*:**
- ***Inadequate Governance*:**

Best Practices

- ***Align Policies and Organizations*:**
- ***Incentivize Quality Improvement*:**
- ***Foster a Culture of Safety*:**

In Nigeria in particularly Lagos State of 26million population all efforts are being made by Lagos State Government to ensure appropriate guidelines to accreditation and regulations towards Clinical Acupuncturists are monitored with licensed to practice Clinical Acupuncture. I Dr Edison Christian were in the health reform law team of year 2021 and 2022 this I witnessed adequately towards TCIM in particularly duties administration of Clinical Acupuncture this made it a world class standard for implementation governance.

References

1. https://www.instagram.com/reel/C7pELUvIiBf/?igsh=MXJ6YXF5NzdzcW91bA==Edison, C. (2024) Scientific Evidence-Based Clinical Acupuncture.
2. National Quality Forum. Safe practices for better health care: a consensus report. Washington (DC): NQF, 2003, NQFCR-05-03.
3. Joint Commission. 2009 Patient safety goals. http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals (accessed 23 Sept 2008).

Biography

Dr Edison Christian Medical Director and Chief Executive Officer and Senior Advanced Clinical Acupuncturist at Mystical Rose Clinic Limited Ikorodu Lagos State Nigeria, Chairman Nigeria Association of Clinical Acupuncturists (NACA), Assistant Secretary and Public Relations officer (PRO) Association of Catholic Medical Practitioners of Nigeria ACMPN.

That I have supported numerous communities and Nation building projects vis a vis United Nations Educational Scientific and Cultural Organization (UNESCO) on World Acupuncture Awareness Day advocacy in Nigeria. Under my leadership my health facility Mystical Rose Clinic Limited RC 1515197 is a member networking with United States industries of United States of America commercial service United States Consulate/Embassy Lagos Nigeria. Clinical Acupuncture under my care has created Advanced standards scientific medical intervention through extensive modernised government approved laboratory principle work force benefitting patients healthcare needs in terms of innovation not living out Artificial intelligence (AI). I ensured First in history to developed world class Acupuncture resources ongoing presentation processes at Cell Biology and Genetics Department University of Lagos award winning first best University in Nigeria by federal government National Universities Commission. Several hospitals like Catholic Hospitals in Lagos State, private hospitals has embraced collaboration with Acupuncture by my skillful application at my heath facility Mystical Rose Clinic Limited, proaction in my duties enabling Lagos State Government Traditional Medicine Board Ministry of Health to licenced Acupuncturists to practice under the health reformed law first in history in Nigeria. Under my leadership as Chairman NACA UNESCO programme on World Acupuncture Awareness Day occurred first in Lagos Nigeria and that made Nigeria becomes first African country to commemorate this UNESCO programme similarly year 2022 and year 2023 respectively in return makes Africa continent to be fully represented in this World event. Coordinator of Proper Migration Work Scheme (PMWS) that will generates revenue for Nigeria federal and State government over US$15billion in 6months a humanitarian services for Nigerian in diaspora and Nigerians youth living in distress, domestic violence, mental health, malnutrition, unemployment with positive impact to GDP of other countries collaborator to Nigeria. Due to my proaction, nation building acquired some of my awards winning as follows: Member of Knighthood Knight of Saint Mulumba (KSM), Award of Recognition Evidence-Based Approaches to Complementary Medicine bridging the gap Canada December 2024. Fellow Institute of Management Consultants IMC-Nigeria, Certified Management Consultants CMC, Best Volunteer Millennium Development Goals (MDGs) United Nations Development Programme (UNDP), Catholic Men Organisation Ikorodu deanery Lagos Archdiocese consistence award due to dedication with selfless services, Ekiti State Government Honours Award, to mention but few numerous awards winning international and local. Among other countries travelled to is United States. My hobby are boxing, soccer, athletic, lawn tennis, basketball, power bike & car racing and chess.

The reduction of mother and child mortality through improved documentation of pregnancy findings

Oyedupe O. Gläsmann, Ifeday Princeton Oladipo and **Ayodeji K. Oladipo**
AREWA Health, Germany

Mother and child mortality rates are critical indicators of a healthcare system's effectiveness. While these rates have declined over the past decades, certain regions continue to experience alarmingly high mortality. Most of these deaths are preventable and stem from inadequate documentation, insufficient medical equipment, understaffing, and a lack of proper training - factors that contribute to data gaps, misdiagnoses, and complications.

In regions with advanced medical care, the use of high-end medical technology generates significant administrative burdens and increases data volume.

As a result, nearly 300,000 mothers and 2.5 million children lost their lives due to

pregnancy-related complications in 2020 (WHO, 2024). Additionally, it leads to a reduction in direct medical personnel workload while facilitating the integration of future digital technologies.

Recent trends highlight the rise of digital health applications and the rapid growth of this sector (with a projected CAGR of 18.66% until 2034) (SkyQuest Technology Consulting Pvt. Ltd., 2024). Currently, no company offers a globally connected digital application with a standardized system that tracks pregnancies and aims to reduce related deaths.

AREWA Health is a medical software company whose first project will focus on reducing maternal, neonatal, and infant mortality rates during pregnancy. The International Pregnancy Document (IPD) will be a web-based documentation tool for doctors that is digital, global, and standardized. Data will be tracked and documented during a patient's consultation by the overseeing doctor, then sent directly to the patient via her mobile app - My International Pregnancy Document (MyPD). The mobile app will be available on both iOS and Android devices, and self-documentation by patients within the app will also be possible. The long-term goal is to generate statistics that demonstrate a decrease in child and maternal mortality rates. AREWA Health aligns with the United Nations' Sustainable Development Goals.

Biography

AREWA Health is founded on the expertise and dedication of Mrs. Dr. Oyedupe O. Gläsmann, a gynecologist and obstetrician with over 40 years of experience. She began her medical career at Charité University Hospital in Berlin and has spent the past 25 years operating her private practice, AREWA, treating women of all backgrounds. Specializing in fetal and breast ultrasound, she provides precise and comprehensive care in Berlin, Germany.

AREWA Health is built on the expertise and dedication of Mrs. Dr. Oyedupe O. Gläsmann, a gynecologist and obstetrician with over 40 years of experience. She began her medical career at Charité University Hospital in Berlin, where she gained extensive expertise in all areas of gynecology. In obstetrics, she specialized in prenatal diagnostics and therapy, focusing particularly on the advancement and application of extended prenatal ultrasound examinations. Her commitment to medical education was evident in her involvement in student training, where she organized ultrasound courses and served as both a tutor and lecturer.

For the past 25 years, she has run her private practice, AREWA, providing high-quality care to women of all backgrounds. Specializing in fetal and breast ultrasound, she offers precise and comprehensive diagnostics in Berlin, Germany. The AREWA concept is based on a holistic approach to women's health, combining individualized and compassionate consultation with state-of-the-art medical diagnostics and therapy. High-quality, modern medical care and holistic patient support go hand in hand.

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Hemorrhage and hemostatic agents in gynecologic surgery: Contemporary strategies and emerging advances

Sozdar Abed
Pelvic Rehabilitation Medicine, USA

Hemorrhage is a major cause of morbidity in gynecologic surgery, spanning from minimally invasive procedures to complex oncologic operations. Optimal hemorrhage control is essential for improving patient safety, minimizing transfusion requirements, and ensuring favorable surgical outcomes.

This presentation reviews current approaches to intraoperative and postoperative hemorrhage management in gynecologic surgery, with a focus on the use and effectiveness of various hemostatic agents. Hemostatic tools are broadly categorized into mechanical (e.g., sutures, electrocautery, clips), passive (e.g., oxidized regenerated cellulose, collagen- or gelatin-based sponges), and active agents (e.g., thrombin-based products). These agents play a critical role in enhancing traditional surgical techniques, particularly in settings with restricted access such as laparoscopic and robotic surgeries. Recent advancements include flowable agents and tissue sealants that offer improved hemostatic efficacy, ease of application, and biocompatibility.

Selection of a hemostatic strategy should be guided by the extent of bleeding, anatomical location, and surgical context. While most agents are well tolerated, surgeon familiarity with their properties and appropriate indications is crucial for maximizing benefit and avoiding complications. In conclusion, individualized hemorrhage management that integrates refined surgical technique with targeted use of hemostatic agents is key to optimizing care in gynecologic surgery. Continued innovation and research in this area are vital to advancing minimally invasive gynecologic practice and enhancing patient outcomes.

Biography

Dr. Sozdar Abed is a board-certified obstetrician and gynecologist with over 15 years of extensive clinical and surgical experience in the United States healthcare system. A distinguished Fellow of the American College of Obstetricians and Gynecologists (FACOG) and the American College of Surgeons (FACS), she specializes in minimally invasive gynecologic procedures, including robotic-assisted surgeries. Dr. Abed is committed to providing patient-centered, evidence-based care with a strong emphasis on advanced surgical techniques and comprehensive management of complex women's health conditions. She is widely recognized for her leadership in clinical practice, innovation in surgical techniques, and dedication to medical education and mentorship.

SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Role of artificial intelligence in the diagnosis and management of endometriosis. The prospect of the future

Mohamed M Hosni
London North West University Healthcare NHS Trust, UK

Endometriosis affects approximately 10% of women worldwide, causing significant pains, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in artificial intelligence (AI) offer promising solutions to these challenges, leveraging the power of machine learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI- powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, Artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.

Biography

Mohamed Hosni is a consultant obstetrician and gynecologist at London Northwest University Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with an international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in obstetric and gynecologic research. He has presented both nationally and internationally and has several peer-reviewed publications in scientific journals. He completed an MD and an MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centered approach, personalized on an individual basis. He is entirely dedicated to his profession. He places significant importance on taking time to listen to each patient's specific needs and providing them with a thorough explanation of their treatment options.

BOOKMARK DATES

2nd International Conference on

NURSING AND HEALTHCARE

NOVEMBER 16-17, 2026 | DUBAI, UAE

Nursing Conference 2025

Scientific Abstracts

DAY 1

International Conference on

NURSING AND HEALTHCARE

September 22-23, 2025 | Paris, France

Voice of healthcare: Enabling collaboration in India's evolving healthcare ecosystem

Naveen Nishchal
VOH Mediatech Pvt. Ltd., India

India's healthcare sector is in the midst of a significant transformation, shaped by government reforms, digital health adoption, and the growing demand for patient-centric services. In this context, platforms that encourage dialogue, collaboration, and knowledge-sharing are becoming increasingly vital.

Voice of Healthcare (VOH) has positioned itself as one such platform, acting as a bridge between diverse stakeholders including policymakers, healthcare providers, innovators, investors, and patient groups. By bringing these voices together, VOH works towards collective progress on issues such as accessibility, affordability, innovation, and quality of care.

Through national roundtables, advocacy programmes, digital media initiatives, and policy dialogues, VOH has built a trusted space for thought leadership and industry partnerships. By blending mediatech, communications, and stakeholder representation, VOH not only highlights key challenges but also translates conversations into actionable insights and collaborations that strengthen the healthcare delivery system.

This presentation will highlight the journey of VOH, its impact in convening cross-sector stakeholders, and the opportunities it creates for collaboration and innovation in healthcare. It will also explore how such industry-led platforms can complement policy initiatives and contribute to building a more resilient and patient-centric healthcare ecosystem.

Improvement of vascular access survival by enhanced management process of arteriovenous fistulas in hemodialysis patients

Sunmi Kwon, Mihae Kim and **Haejin Lee**
Asan Medical Center, Republic of Korea

Vascular access is the lifeline and the only connection between the hemodialysis patients and the dialysis machines. Ensuring long-term vascular access with sufficient blood flow and maintaining its proper function are essential tasks for patients with chronic kidney disease.

Currently, the average age of AMC's maintenance dialysis outpatients is 67.2 years, with an average dialysis duration of 9.7 years. The prevalence of arteriovenous fistulas (AVFs) of the outpatients is 93.7%. Accordingly, the demand for securing and preserving stable AVF is increasing, while the increasing prevalence of comorbidities such as aging, diabetes, hypertension, and peripheral arterial occlusive disease makes it difficult to create AVF.

In AMC's maintenance dialysis patients, 21.8% undergo regular percutaneous transluminal angioplasty (PTA) due to complications such as stenosis and thrombosis, and the incidence of aneurysm is 55.5%. Thus, there was a need to apply better strategies to improve vascular access management such as guidelines for initial AVF cannulation, rope ladder technique. The main interventions are development of a 'AVF map' by rope ladder technique, establishment of post-AVF cannulation guidelines and vascular skill-up training course. Enhanced education for both patient and nurses also included.

The conclusion are follows: Fist, Patients who applied the AVF map demonstrated high satisfaction and trust in medical staff. Then, they voluntarily participated in their vascular management resulting in a significant reduction in AVF-related complications. Second, data collected from ongoing applications will be used to further enhance the AVF map's safety and efficiency.

Lastly, given that cannulation success directly affects vascular survival, a practical, skills-focused training program was introduced for lead nurses. Therefore, structured protocols and specific guidelines are essential for the nurses.

Keywords: AVF (arterio-Venous Fistula), Vascular access, rope ladder technique, AVF map

Biography

The presenter is currently the manager of the dialysis room at Asan Medical Center in Seoul. She has been working as a clinical nurse for 30 years and has had various experiences in the intensive care unit, emergency room, and general ward. She graduated from Ulsan University Graduate School of Clinical Specialization in Korea in 2005. She has a certificate of Intensive care professional nurse. In 2024, he won the grand prize under the theme of 'Improving Dialysis Vascular Survival Rate' at a presentation on quality improvement activities in hospitals. Also, as a director of the Hospital Dialysis Nurses Association, he is actively engaged in research activities to develop a tool for classifying the severity of dialysis patients.

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SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Skilled birth attendants gap in Nigeria's primary healthcare facilities: The need for a solutions model

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Background: Human Resources for Health (HRH) had constantly been a concern in Nigeria's primary healthcare (PHC) system. Although several reports and data have shown that existing HRH models has been able to address specific elements of the HRH value chain, none have provided a comprehensive approach.

Objective: To therefore, address the Skilled Birth Attendants (SBAs) HRH gap in Nigeria's PHC system, there is a need to integrate multiple models or deploying them in a phased approach. This study sought to bridge the SBA-HRH gap at the PHC level through a re-engineered HRH solutions model.

Methods: A three-level strategic approach guided the design of this model. First, a scoping review was conducted to identify HRH models implemented across low- and middle-income countries (LMICs). Second, the WHO HRH Action Framework (HAF) was used to analyze these models, resulting in the development of a contextualized HRH solutions model—the EMBRACE Model. Nine models for improving HRH planning and implementation were reviewed, including: the Task Shifting and Task Sharing Model (TSTS), Community Midwifery Model (CMM), Performance-Based Financing Model (PBF), Needs-Based Planning Model, Facilities-Based HRH Planning Model, Utilization-Based HRH Planning Model, Workforce Indicator Staffing Needs Model, USAID Financing Innovations for Nutrition (FINFI) Model, and the Micro-Learning Model. Third, expert consultations and key informant interviews were held to refine the model.

Policy Implications/Key Findings: The EMBRACE model could be adopted to address more than one HRH gap, allowing for a holistic approach to solving the SBA-HRH challenge at the PHCs level. It's more useful and applicable in low-resource settings.

Conclusion: The EMBRACE model provides a blueprint to address the lingering midwives gap in the PHC facilities in Nigeria. By presenting this model, this study improves the understanding of HRH dynamics and offers pragmatic recommendations for stakeholders to strengthen PHC services in Nigeria.

Keywords: EMBRACE model; Human resources for health; Maternal and child health; Nigeria; Primary healthcare centers; Skilled birth attendants; Solutions model.

Biography

Hilda Ebinim is a Nigerian public health strategist dedicated to strengthening health systems and improving maternal and child health across Africa. With a management consulting background and expertise in human resources for health, policy, and financing, she collaborates with governments and global partners to design and implement evidence-based, scalable solutions that drive transformative change in healthcare delivery. Passionate about translating data into compelling narratives and actionable strategies, Hilda works to shape policy, unlock investments, and achieve sustainable, equitable impact. She has successfully partnered with governments and international donors on impactful public health interventions and research across diverse health systems, consistently reimagining healthcare delivery to ignite lasting change and improve health outcomes for vulnerable populations.

Lipidomic predictors of progression of kidney disease reveal distinct mechanisms of disease progression in Type 1 vs Type 2 diabetes

Farsad Afshinnia
University of Michigan, USA

Diabetes is the leading cause of end stage kidney disease worldwide. To mitigate the burden of diabetic kidney disease (DKD) it is crucial to identify mechanisms involved in its pathogenesis. Historically, there has not been any distinctive mechanistic or pathological features of diabetic kidney disease between type 1 and type 2 diabetes. On the other hand, alterations in lipid metabolism are integral parts of diabetes and its complications. Lipidomic platforms provide a highly granular view of such alterations beyond measurements provided by traditional lipid panels. As type 1 diabetes is characterized by the state of insulin deficiency while type 2 is known by insulin resistance, we hypothesize that lipidomic predictors of DKD progression differ in type 1 versus type 2 diabetes. Our lipidomic analyses reveal that in type 2 diabetes, progression of DKD is characterized by upregulation of de novo lipogenesis (DNL) and impairment of mitochondrial β-oxidation. Upregulation of renal Acetyl Co Carboxylase (ACC) encoding gene (ACACA) and its direct correlation with circulating triacylglycerols in patients with eGFR>90 mL/min predicting future DKD progression, suggests that in type 2 diabetes ACC mediated upregulation of DNL plays a role in pathogenesis of DKD progression. In type 1 diabetes, our lipidomic analysis reveals higher risk of DKD progression associated with higher abundance of unsaturated free fatty acids (FFA) and phospholipids but a lower abundance of saturated FFA and phospholipids suggesting differential activity of phospholipase A1/2 in rapid progressors of DKD at an early stage when eGFR is >90 mL/min.

Keywords: Lipidomics, Diabetes, Chronic Kidney Disease, Progression, Complication

Biography

Dr. Farsad Afshinnia is an associate professor of medicine at the University of Michigan. He is trained in internal medicine and nephrology. His clinical responsibilities include ICU and general nephrology care in inpatient and outpatient settings. His research focuses on understanding metabolic risk determinants of the progression of chronic kidney disease (CKD) in experimental model systems and human studies, identification, and validation of prognostic metabolites capable of predicting the progression of CKD to end-stage kidney disease at earlier stages of CKD using targeted and untargeted metabolomic and lipidomic platforms in established cohorts of patients with CKD with and without diabetes. To that end, the impact of novel biomarkers in risk stratification and early diagnosis, besides their impact on renal and cardiovascular outcomes beyond currently used traditional biomarkers, is under investigation.

Virtual reality in the management of hematophobia in hospital settings: Impact on anxiety reduction

Jose Carlos Sola Verdú[1] and **Esther Soler-Climent**[2]
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This study investigates the efficacy of virtual reality (VR) as a tool to reduce anxiety during venipuncture in patients suffering from hematophobia, a specific phobia characterized by an intense fear of blood, needles, or injections. Conducted in a clinical laboratory and a hematology day hospital, the experimental study included 185 patients randomly assigned to either a control group (standard care) or a VR intervention group. Anxiety levels were measured pre- and post-procedure using the Visual Analog Scale (VAS) and the Blood-Injection Phobia Inventory (BIPI).

The results revealed a high prevalence of hematophobia: 32.4% high, 31.9% moderate, and 35.7% low. VR significantly reduced anxiety levels, especially in patients with moderate hematophobia, women, and those under 40. Regression analysis identified VR use as the most significant predictor of anxiety reduction ($\beta = 1.80$, $p = 0.0001$). The VR intervention utilized immersive natural environments via Oculus Quest 2, offering calming audio-visual experiences tailored to minimize overstimulation.

Despite its benefits, VR was less effective in patients with severe hematophobia and older adults, likely due to limited digital familiarity or sensory impairments. Challenges such as cost, VR sickness, and limited personalization were also noted. Nonetheless, the findings support VR as a promising non-invasive, scalable intervention to enhance patient comfort and procedural adherence.

The authors emphasize the need for personalized VR implementations based on demographic and psychological profiles. They recommend integrating VR into hospital protocols with clear guidelines for patient selection and session duration. Future research should explore long-term outcomes, combination with psychological therapies, and broader, multicenter validation.

Keywords: Virtual Reality, Hematophobia, Anxiety Reduction, Immersive Environments

Biography

Jose Carlos Sola has a degree in computer engineering and a master's in big data analytics from the Universitat Politecnica de Valencia. He also has a master's in data science from the Universitat Oberta de Catalunya and is currently a PhD student in computer science at the UPV. Currently, he is the Head of the Integrated Digital Technologies Area at AIJU, and he is involved in the coordination of R&D projects in the toy, health, and industry sectors, highlighting the use of artificial intelligence in the creation of smart toys, in the detection of diseases and optimization of industrial processes.

Efelya: An innovative digital health solution for the prevention and early detection of high-risk pregnancies

Florine Duplessis
Efelya, France

Maternal mortality remains a pressing global health concern, with approximately 260,000 maternal deaths reported in 2023-over 700 every day. While the highest burden lies in low-income countries, significant challenges also affect healthcare systems with established medical infrastructure, particularly where practitioner shortages, fragmented pathways, and rising maternal risk factors create vulnerabilities. In these contexts, strengthening prevention, early detection, and continuity of pregnancy monitoring is essential to reduce preventable maternal and neonatal complications.

Efelya is the first internationally certified obstetric digital medical device, designed to address these dual challenges. Efelya App, dedicated to pregnant women, enhances prevention and reassurance by providing real-time self-monitoring, validated educational content, and automated alerts for six major pregnancy complications: Gestational diabetes, hypertensive disorders, pre-eclampsia, preterm birth, postpartum hemorrhage, and intrauterine growth restriction. Efelya Pro, developed for healthcare professionals, provides secure access to patient data, enabling continuous monitoring, effective triage, and timely intervention within hospital settings already under strain.

To date, Efelya has been deployed in a cohort of over 90,000 pregnancies, demonstrating its potential to improve maternal experience and reassurance while supporting hospitals by optimizing care pathways, reducing unnecessary emergency visits, and easing practitioner workload. Beyond its current functionalities, Efelya aims to leverage the growing volume of structured clinical data to develop predictive algorithms in the near future, thereby enhancing early risk detection and personalized maternal care.

Efelya exemplifies how certified FemTech can reinforce obstetric care systems: Empowering women through prevention and reassurance on one side, while strengthening hospital efficiency and safety on the other-contributing to improved maternal and neonatal outcomes.

Keywords: Maternal health, Prevention, e-Health, High-risk pregnancy, Care pathways, FemTech

Biography

Florine Duplessis is a certified midwife and fetal imaging specialist with over 20 years of clinical experience in France and abroad. She has dedicated her career to the management of high-risk pregnancies, with a particular expertise in prenatal ultrasound and fetal medicine. Alongside her clinical practice, she is the CEO and founder of Efelya, a French FemTech start-up providing the first internationally certified digital medical device in obstetrics. Through Efelya App, designed for pregnant women, and Efelya Pro, the professional interface, she has developed innovative solutions to strengthen prevention, early detection, and continuity of care in pregnancy.

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Exploring the metabolic implications of dextrin and maltodextrin on Type 2 diabetes mellitus and insulin resistance

Hassan Darwish
Ivy Tech Community College, USA

Background: The global rise in Type 2 Diabetes Mellitus (T2DM) underscores the urgent need to understand dietary contributors that exacerbate insulin resistance. Dextrin and maltodextrin, widely used carbohydrate additives in processed foods, have been implicated in altering glycemic response, yet their role in T2DM pathophysiology remains underexplored.

Objective: This systematic analysis aimed to evaluate the metabolic effects of dextrin and maltodextrin on glucose regulation and insulin sensitivity in the context of T2DM.

Methods: A comprehensive literature review was conducted across major biomedical databases to identify studies investigating the biochemical and clinical impact of dextrin and maltodextrin consumption. Findings were synthesized to assess their influence on blood glucose levels, insulin signaling pathways, and risk of metabolic dysregulation.

Results: Evidence indicates that both dextrin and maltodextrin contribute to rapid postprandial glucose elevation and exacerbate insulin resistance through enhanced carbohydrate absorption and altered enzymatic breakdown. Several studies highlighted a dose-dependent effect, where frequent intake was associated with impaired glucose tolerance and higher insulin demand. Furthermore, bioinformatics analyses revealed molecular mechanisms linking these additives to inflammatory pathways and β-cell stress, thereby accelerating T2DM progression.

Conclusion: Dextrin and maltodextrin act as hidden dietary risk factors for T2DM by promoting insulin resistance and metabolic imbalance. Greater awareness of their physiological impact is essential for clinicians, nutritionists, and policy makers. Future research should expand on alternative sweeteners and dietary interventions that mitigate their adverse effects.

Keywords: Type 2 Diabetes Mellitus, Insulin Resistance, Dextrin, Maltodextrin, Nutrition, Metabolism

Biography

Dr. Hassan Darwish is the Department Chair of Biology and Physical Sciences at Ivy Tech Community College, South Bend-Elkhart, Indiana, USA, where he provides academic leadership and instruction in the chemical and biological sciences. He has extensive academic and clinical laboratory experience.

His research focuses on biochemistry, bioinformatics, and metabolic disease, with recent publications examining the role of dextrin and maltodextrin in type 2 diabetes and genetic variations linked to insulin resistance. He is also the author of a textbook in bioinformatics and has contributed reviews on gene therapy strategies and molecular mechanisms underlying chronic diseases.

Dr. Darwish is an active scholar and frequent speaker at national and international conferences, advancing interdisciplinary approaches to understanding diabetes and improving health outcomes.

Flip it to stick it

Saundra R. Farmer
Emory & Henry University, USA

Nursing students are overwhelmed with the amount of knowledge they must obtain to pass their academic courses and the NCLEX, and become a licensed Registered Nurse. Educational practices of old have been to have the instructor to be the "sage on the stage" and to have students rely primarily on rote memorization. In today's academic settings, the students are Generation Z, a global and digital generation. The pedagogy of nursing education needs to make a shift to accommodate the learning styles of Gen Z students and how to engage them in active learning. An educational practice becoming more popular is a flipped classroom that enables students to have more opportunities for hands-on learning and encourages critical thinking and decision-making skills. This presentation will focus on how to incorporate a flipped classroom in educating nursing students about Psychiatric Mental Health Nursing and various activities that can be utilized.

Biography

Saundra R. Farmer, DNP, MS, RN, is an Associate Professor of Nursing and Founding Chair of BSN programs at Emory & Henry University. She has been a registered nurse for 35 years, with the past 15 years having been in academia. In her current role, Farmer is a nursing educator in the traditional BSN and RN-BSN programs as a didactic, clinical, and online instructor. Her primary career focus has been psychiatric mental health nursing across the lifespan: child, adolescent, adult and older adult in the inpatient, community, residential and rehabilitation settings. She has served in leadership capacities throughout her career. Dr. Farmer has a passion for educating the new generation of nursing students in preparing them for a life of service and learning. She enjoys spending time with her family and beloved pets, watching college football, traveling, and being active in her church.

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Challenges and opportunities in postpartum care: Addressing maternal health in the Visayas and Mindanao

Maria Stephanie Fay S. Cagayan[1,2], Clyde Silverio[3,4], Basil Stephen S. Cagayan PTRP[1] and **Francis Andrew B. Cube[1]**
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[4]Southern Philippines Medical Center, Philippines

Introduction: Maternal mortality continues to be a significant public health concern in the Philippines, with rising rates despite ongoing government efforts like the Maternal, Newborn, Child Health and Nutrition (MNCHN) program. In 2020, the maternal mortality rate (MMR) reached its highest in over 40 years, largely due to insufficient postpartum care. Although primary care facilities provide essential services such as family planning, lactation support, and immunization, challenges like resource limitations and inadequate healthcare worker training hinder their effectiveness, especially in the Visayas and Mindanao regions.

Methods: This descriptive study, part of a larger survey, utilized researcher-administered questionnaires to assess postpartum care services at BEMONC facilities across 16 provinces in the Visayas and 23 provinces in Mindanao. The survey was followed by focus group discussions (FGDs) with healthcare workers and community members to explore their perspectives and experiences with postpartum care. The study aimed to assess the availability of services like postpartum depression screening and family planning and identify barriers to service delivery.

Results: The survey found that essential postpartum services such as family planning counseling, temporary contraceptive methods, and postnatal care within 24 hours were commonly offered at BEMONC facilities. However, services like the administration of uterotonic drugs via sublingual, rectal, or vaginal routes were less frequently available. About half of the facilities offered postpartum depression screening. FGDs revealed significant barriers to accessing services, including difficult terrain, limited resources, and the absence of postpartum depression screening, despite its recognition. Healthcare workers and Barangay Health Workers (BHWs) play a crucial role but face challenges such as inadequate supplies and a lack of mental health referral options.

Conclusion: Improving postpartum care in Visayas and Mindanao requires addressing resource limitations, healthcare worker training, and logistical barriers. A more inclusive approach to care is necessary to reduce maternal mortality and improve maternal health outcomes.

Keywords: Postpartum Depression, Maternal Health, Primary Health Care

Biography

Maria Stephanie Fay S. Cagayan is a renowned obstetrician-gynecologist and pharmacologist, known for creating Sayuntis—a program that combines the Tagalog words "Sayaw" (dance) and "Buntis" (pregnant) to promote wellness for expectant mothers. A graduate of the University of the Philippines College of Medicine's Intarmed program in 1993, she has dedicated her career to advancing maternal and child health. Dr. Cagayan is a fellow of several esteemed organizations, including the International Society for the Study of Trophoblastic Diseases (ISSTD) and the Philippine Obstetrical and Gynecological Society.

Her significant contributions to research on gestational trophoblastic disease (GTD) have helped establish management standards in the Philippines, particularly benefiting underserved communities. Beyond her research, Dr. Cagayan is committed to public service and health education, working with organizations like Couples for Christ and Gawad Kalinga to empower marginalized groups. She remains a leading advocate for women's health and community well-being.

Keynote Forum

DAY 2

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Triage across practice settings

Daryle Wane
Dr. Daryle Wane/Nurse Consultant, USA

The concept of triage has long been associated with providing care to those who are part of a mass casualty event by using prioritization to maximize treatment outcomes. However, nurses/healthcare providers can also utilize the concept of triage in the clinical setting outside of a mass casualty event by prioritizing care to those in need based on acuity. The common core aspect of triage is to provide the best care to the greatest number of people, and yet in the clinical environment, patients often encounter long waits in response to basic care concerns.

Reviewing the core concepts of the historical origins of triage will help to provide a conceptual framework for prioritization of care. The researcher developed the Triage Sheet to manage assistance in an Assisted Living Facility (ALF) to support staff responding to calls from residents asking for help. Nurses/healthcare providers can modify this 3-question tool as needed across various practice settings to help enhance communication efforts leading to improved patient outcomes by focusing on key aspects of care.

Keywords: Triage, Communication, Patient Outcomes

Biography

Dr. Wane has a PhD in Nursing Science as well as a master's degree from the University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in nutrition and nursing from Brooklyn College and Downstate Medical Center College of Nursing. Dr. Wane designed and developed the BSN program at Pasco-Hernando State College where she taught in nursing pre- licensure/post-licensure programs for over 32 years. She has published supplements in textbooks as well as journal articles and has been serving as an editorial board member and peer reviewer for multiple journal publications. She is also a member of Sigma Theta Tau Nursing Honor society. At the present time, Dr. Wane is working as a Nurse Consultant.

Nuchal translucency scan: An indicator for aneuploidies

Kuldeep Singh
Dr Kuldeep's Ultrasound and Color Doppler Clinic, India

The incidence of aneuploidy being 1:200 live births has made us rethink the shifting of prenatal care from the second to the first trimester. Earlier the suspicion, earlier the diagnosis and if needed earlier the termination in cases of aneuploidies. This leads to a marked reduction in pregnancy related complications. Correct technique and a proper approach along with incorporation of maternal age increases the sensitivity of detecting chromosomal abnormalities. What next is the query which needs to be answered whenever you have a thick Nuchal Translucency. Should we go ahead with biochemical tests or an invasive testing is required has to be meticulously planned. Not only is the Nuchal Translucency to be measured but the assessment of Nasal Bone, Ductus venosus and Tricuspid Regurgitation will enhance our suspicion index for Aneuploidies and unnecessary invasive procedures can be avoided.

Biography

Dr. Kuldeep Singh has been practicing ultrasound for over 30 years in Delhi, INDIA. He is known for his ultrasound skills in Anomaly Scanning, Color Doppler Scanning and High risk pregnancy evaluation. He has more than 800 lectures in various national and international conferences. He has more than 100 articles and chapters to his credit and has authored 16 books on Ultrasound in Obstetrics, Gynecology and Infertility. His books have been translated into Spanish, Chinese and Portugese. The IMAGING SCIENCE AWARD was honored to him at the AICOG 2008. He has been appointed as associate director of Ian-Donald Inter University School of Medical ultrasound. DELIVERED THE PRESTIGUOUS (LATE) DR VN SHIRODKAR ORATION IN SOLAPUR

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Scientific Abstracts

DAY 2

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Nothing about us without us: Autistic agency, patient empowerment, and the right to ethical care

Libby Bagno-Simon
Behavioral analyst and Treatment Coordinator, Israel

Autistic individuals are often the subject of care plans, clinical decisions, and therapeutic interventions—yet rarely the drivers of them. Even in adulthood, autistic patients are frequently excluded from meaningful participation in their own treatment. This talk explores the urgent need to move beyond a deficit-based, pathologizing framework toward one that centers autistic voices, autonomy, and consent.

As an autistic woman, mother to two autistic children, and an Applied Behavioral Analyst, I bring lived and professional experience to the conversation around patient engagement. I argue that ethical, effective healthcare for autistic people cannot exist without full engagement of the autistic person themselves—when possible—in decision-making processes. This includes respecting communication differences, reframing autism as a neurotype rather than a disorder, and shifting the medical field's language and assumptions around autism.

Despite advances in personalized medicine and patient-centered care, many autistic adults report being dismissed, misunderstood, or coerced into treatments that don't align with their needs, values, or identities. This not only undermines trust—it compromises care.

This conference invites healthcare professionals, therapists, and policymakers to re-examine how they engage with autistic patients. What does truly ethical care look like when we center neurodivergent perspectives? How can systems be redesigned to respect autonomy, communication preferences, and self-knowledge?

Together, we will explore practical, ethical, and relational approaches to empowering autistic adults in healthcare—because dignity, agency, and respect should never be optional.

Biography

Dr. Libby Bagno-Simon holds a PhD in English Literature and is a trained Applied Behavioral Analyst working with autistic children. Her professional path took a deeply personal turn when both of her children were diagnosed as autistic—and later, when she received her own autism diagnosis in her 40s. This transformative journey led her to become a passionate advocate for neurodiversity and the importance of recognizing autism in its many forms. Combining academic insight, clinical experience, and lived understanding, she works to amplify the voices of those who are often overlooked: autistic individuals who do not fit conventional diagnostic profiles but nonetheless face significant challenges. Her work centers on empathy, self-acceptance, and making the invisible visible.

Association between the CALLY index and endometriosis: Insights from NHANES 1996–2006

Xinyu Xu, Hongyan Cheng, Xue Ye and **Xiaohong Chang**
Peking University, China

Background: The C-reactive protein–albumin–lymphocyte (CALLY) index serves as an emerging integrated indicator, reflecting the interplay between systemic inflammation, immune competence, and nutritional health. While it has demonstrated predictive value in various chronic diseases, its relevance to endometriosis remains unclear. This study aimed to investigate the association between the CALLY index and endometriosis prevalence in a nationally representative population.

Methods: This cross-sectional analysis data from four NHANES cycles (1996–2006), including 4,264 U.S. adults. The CALLY index was derived by integrating measurements of C-reactive protein (CRP) levels, serum albumin concentrations, and lymphocyte counts. Its association with endometriosis was evaluated through the multivariate regression model with adjustments for potential confounders. Smoothed curve fitting was applied to explore possible near-linear trends, and subgroup analyses along with interaction tests were utilized to investigate differences among population-specific differences.

Results: Ln CALLY levels values showed a statistically significant inverse relationship with endometriosis prevalence (OR = 0.87; 95% CI: 0.79–0.96). Individuals in the top quartile of ln CALLY (Q4) had a 40% lower risk of endometriosis than those in the bottom quartile (Q1) (OR = 0.60, 95% CI: 0.41–0.87). Curve fitting indicated that higher CALLY index levels were linked to a reduced likelihood of endometriosis. Subgroup analysis further confirmed the consistency and independence of this relationship (all p values for interactions > 0.05).

Conclusion: A notable negative correlation was identified linking the CALLY index to endometriosis prevalence among American adults, underscoring the index's promise as an innovative marker to assist in recognizing individuals with elevated susceptibility to the disease.

Keywords: endometriosis, CALLY index, nutrition, immunity, inflammation

Biography

Xinyu Xu is currently pursuing her PhD in Obstetrics and Gynecology at Peking University Health Science Center, with a primary research focus on the immunopathogenesis of endometriosis. She has contributed to the development of the Peking University postgraduate textbook Reproductive Genetics in Obstetrics and Gynecology and participated in the Chinese translation of Gabbe's Obstetrics: Normal and Problem Pregnancies. She has published five research articles and remains actively engaged in endometriosis- related scientific inquiry.

Postpartum microbial transitions and pelvic remodeling: A functional and regenerative approach

Alexandru Mircea Muscan
Lucian Blaga University of Sibiu, Romania

The postpartum period triggers rapid and profound microbial transitions in the vaginal ecosystem, characterized by the disruption of Lactobacillus-dominated microbiota and a shift towards community state type IV (CST IV) profiles, associated with dysbiosis, increased vaginal pH, low-grade chronic inflammation, and epithelial vulnerability. Simultaneously, the biomechanical stress of vaginal delivery induces pelvic remodeling through levator ani complex impairment, fascial structure distension, and the development of vaginal laxity—factors that contribute to genitourinary dysfunction and deterioration of quality of life. Emerging evidence suggests a bidirectional interaction between vaginal microbiota imbalances and pelvic instability, mediated by inflammatory pathways, alterations of the immunological microenvironment, and impaired tissue regenerative processes.

Recent data obtained through metagenomic sequencing and 16S rRNA analysis have demonstrated that the postpartum transition of the vaginal microbiome towards CST IV is significantly correlated with decreased pelvic tone and the onset of urogenital dysfunctions. Dysbiotic microbial profiles are associated not only with local symptomatology but also with reduced epithelial regeneration and compromised structural repair. Vaginal laxity, defined by fascio-muscular integrity loss, exacerbates local ecological imbalance, perpetuating an inflammatory and dysfunctional vicious cycle.

In this context, functional gynecology offers multimodal interventions including topical estriol administration, vaginal probiotics containing Lactobacillus crispatus, and pelvic floor rehabilitation programs. In parallel, regenerative therapies such as local injection of autologous platelet-rich plasma (PRP) have shown significant benefits in pelvic rehabilitation, due to the high content of growth factors (IGF, PDGF, TGF-β) that stimulate angiogenesis, extracellular matrix synthesis, and tissue architecture restoration. PRP has demonstrated effectiveness in improving sexual dysfunction, urinary incontinence, and chronic obstetric scar.

This presentation advocates for an integrative paradigm in which correcting dysbiosis and rehabilitating pelvic function are approached synergistically, highlighting the need for the development of standardized, clinically validated protocols aimed at optimizing vaginal health and women's quality of life in the postpartum period.

Keywords: CST IV, vaginal dysbiosis, pelvic remodeling, PRP, functional gynecology

Biography

Alexandru Mircea Muscan is a medical doctor and second-year PhD student at the Doctoral School of Medicine, Lucian Blaga University of Sibiu, Romania. His academic work integrates functional gynecology and regenerative medicine, with a focus on pelvic floor dysfunctions and postpartum recovery. He has coordinated and participated as a trainer in multiple surgical skills workshops and has presented clinical research at national and international scientific forums. In addition to his doctoral studies, he continues his teaching activity as a professor at the "Carol Davila" Post-secondary Sanitary School in Bistrița, where he is involved in the education of future healthcare professionals. His current research explores the relationship between vaginal microbiota transitions and pelvic structural instability, with the goal of developing integrative therapeutic strategies.

The effect of semaglutide on pancreatic β-Cell function in adults with Type 2 diabetes: A systematic review and meta-analysis

Omar Abusedera, Jana Sherif, Malak Smida and **Salim Fredericks**
Royal College of Surgeons in Ireland, Bahrain

Background: Type 2 diabetes mellitus (T2DM) is marked by progressive pancreatic β-cell dysfunction, culminating in impaired insulin secretion and chronic hyperglycemia. Recent advances highlight the therapeutic potential of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) in preserving β-cell function. Semaglutide, a long-acting GLP-1 RA, exhibits high efficacy in glycemic control and weight reduction, yet its direct effects on human β-cell health require longitudinal synthesis.

Methods: This systematic review and meta-analysis was conducted according to PRISMA guidelines, with protocol registered in PROSPERO (CRD42025103407l). A comprehensive search of PubMed, Embase, and Scopus was undertaken through April 2025 for randomized controlled trials (RCTs) evaluating semaglutide's impact on β-cell function in adults with T2DM. Primary endpoints included validated markers—HOMA-B, HOMA-IR, and proinsulin/insulin ratio—with secondary outcomes such as insulin secretion rate, insulinogenic index, and C-peptide. Data extraction and risk of bias assessment were performed by two independent reviewers; meta-analyses applied random-effects models.

Results: Sixteen eligible studies (n = 5,973) were included, with 9 RCTs contributing to meta-analyses. Semaglutide significantly improved β-cell function (HOMA-B pooled log ratio of means 1.47, 95% CI: 1.27–1.70) and reduced insulin resistance (HOMA-IR ratio 0.82, 95% CI: 0.73–0.94) compared to placebo and active comparators. The proinsulin/insulin ratio decreased markedly, denoting improved β-cell efficiency. Subgroup and sensitivity analyses confirmed benefits irrespective of dosing. Evidence certainty was limited by study heterogeneity and risk of bias.

Conclusion: Semaglutide is associated with meaningful improvements in pancreatic β-cell function and insulin sensitivity among adults with T2DM. These findings underscore semaglutide's potential not only for short-term glycemic control but also for altering the trajectory of β-cell decline, representing a promising strategy for delaying disease progression.

Keywords: Type 2 Diabetes Mellitus; Semaglutide; Pancreatic β-Cell Function; HOMA-B; HOMA-IR; Proinsulin/insulin ratio

Biography

Omar Abusedera is a fourth-year medical student at RCSI Bahrain and currently serves as the Secretary of the Internal Medicine Society (2024–2025). He has successfully passed the USMLE Step 1 exam and actively participates in various volunteering initiatives, including beach cleanups, community health campaigns focused on blood pressure measurement and hypertension education, and the NHS volunteer program. Additionally, Omar has completed a Royal Life Saving course, underscoring his commitment to community wellbeing. Passionate about integrating academic excellence with community service, he is dedicated to advancing public health and medical education. His leadership roles and hands-on experiences reflect a strong commitment to making a meaningful impact in both healthcare and society.

The effectiveness of lifestyle modification in treating infertility due to premature menopause in a 28-year-old woman with eight years of amenorrhea, FSH Level of 120, and AMH of 0.01

Flora Tajiki
Midwifery System, IRAN Medical Council, Iran

Premature menopause is defined as the cessation of menstruation for one year accompanied by elevated FSH levels in women under the age of 45. Typically, a low Anti-Müllerian Hormone (AMH) level, high FSH, and the absence of menstruation often lead to recommendations for IVF with donor eggs. However, since AMH reflects the functional reserve of the ovaries and not the absolute reserve (Shoham, 2018), its levels may fluctuate in individual cases. Encouragingly, the number of successful pregnancies observed in recent years among my patients and colleagues, despite low AMH and high FSH, has been increasing following lifestyle modifications.

The subject of this case study is a 26-year-old woman who had experienced amenorrhea since the age of 18, with reduced ovarian and uterine size and elevated FSH levels. Laboratory tests revealed an AMH level of 0.01 and an FSH level of 120. Ultrasound examinations showed atrophic ovaries with a volume under 2 cc and no antral follicles, along with an atrophic uterus.

Given the patient's high stress levels, a comprehensive lifestyle intervention was implemented, including stress-reduction techniques (yoga, meditation, dance, art therapy, full-body massage, and appropriate physical exercises), sleep regulation, and a tailored diet. She eliminated sugar and preservatives, and increased her intake of nuts, proteins, fresh vegetables, and water. Abdominal breathing techniques and uterine and ovarian massage were also included to enhance blood flow.

The patient demonstrated excellent adherence throughout the intervention. After six months, laboratory results showed a significant decrease in FSH levels. Her menstrual cycle resumed irregularly and became regular after one year. Approximately two years later, at the age of 28, the patient conceived naturally and delivered a healthy baby boy in April 2025. This study aims to evaluate the effectiveness of lifestyle modification in treating infertility caused by premature menopause. Given the rising rates of premature menopause and infertility, and considering that lifestyle modification is a low-cost and low-risk alternative to IVF or pharmacological treatments, it is essential to promote this approach. Our findings suggest that patients previously considered for donor egg IVF may respond well to non-invasive, lifestyle-based interventions.

Keywords: Premature menopause; Anti-Müllerian Hormone (AMH); Lifestyle modification

Biography

Flora Tajiki is a midwifery specialist who graduated in 1992. After addressing her own polycystic ovary syndrome (PCOS) through lifestyle changes, she began treating women with similar issues. In 2016, she shared her treatment successes online, attracting more patients with infertility challenges. By 2018, Flora had successfully treated women with low ovarian reserves and premature menopause, many of whom had previously been advised to pursue egg donation. Her non-hormonal, holistic approach, focusing on lifestyle changes, has helped many women conceive. In 2020, she began training over 700 midwives and doctors in her methods, both in Iran and internationally. Flora has treated more than 5,000 patients globally, including those from Germany, Spain, the UK, and Japan. Her work has been recognized at international infertility congresses, and she has conducted workshops at various universities and medical institutions. She is also the author of several books on pre-pregnancy and pregnancy care.

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SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Effect of the self-efficacy enhancement program on performing pre-conception health behaviors of Pakistani young adult women

Anum Fatima, Nantaporn Sansiriphun, Jirawan Deelue, Nonglak Chaloumsuk and **Nantaporn Sansiriphun**
Chiang Mai University, Thailand

Despite the recognized significance of preconception health behaviors (PCHBs) in optimizing maternal and child health outcomes, there is a lack of knowledge and self-efficacy, as well as evidence of poor intentions related to the practice of PCHBs among young adult women. Young women must possess self-efficacy to take care of their bodies and health.

This research aimed to examine the effect of a self-efficacy enhancement program on performing preconception health behaviors of Pakistani young adult women.

The study design was a quasi-experimental pre-posttest with a control group, and participants were 142 young adult women aged 20 to 24 years enrolled in bachelor's degrees at female colleges in Wah Cantt City, Pakistan. The researcher selected participants from two colleges according to the inclusion criteria. One college was randomly allocated as an experimental group and another as a control group using simple random sampling with 71 participants per group. The control group received only standard education, while the experimental group received the self-efficacy enhancement program through educational sessions spread over four weeks in addition to standard education. The research intervention instrument consisted of the Self-efficacy Enhancement Program. The data collection instrument included a demographic data sheet and the intention to perform the preconception health behaviors scale. Descriptive statistics, chi-square tests, paired t-tests, and one-way ANCOVA analyzed the data.

The findings revealed that:

After receiving the self-efficacy enhancement program, scores for performing preconception health behaviors among young adult women were statistically significantly higher than before receiving the program ($p < .001$) and those receiving standard education ($p < .001$).

The findings of this research suggest that healthcare providers can utilize a self-efficacy enhancement program to enhance the practice of preconception health behaviors among young adult women.

Keywords: Intentions, Preconception health, Self-efficacy, Women, Young adults

Biography

The presenting author is a PhD scholar at the Faculty of Nursing, Chiang Mai University, Thailand. Her main activities revolve around clinical work, teaching and supervising nursing students, and conducting research. Her research interests relate to midwifery & reproductive health.

Epidemiology of infertility and coping mechanisms in Ethiopia, 2025: A systematic review and meta-analysis

Yilkal Dagnaw Melesse, Haile Amha, Asmamaw Getnet, Atsede Alle Ewunetie, Aysheshim Asnake Abneh, Getnet Gedif, Anteneh Lamesgen and **Abebaw Abeje Muluneh**
Debre Markos University, Ethiopia

Background: The clinical definition of infertility is the failure to achieve conception after 12 months or more of regular unprotected sexual intercourse. Primary infertility applies to women who have never been conceived. Secondary infertility occurs when at least one conception has occurred but has never been repeated. Infertility is much more than a quality-of-life concern. Its consequences stream into public health domains such as psychological distress, social stigma and marital disagreements.

Objectives: To estimate the pooled prevalence of infertility and coping mechanisms in Ethiopia.

Methods: An internet-based search of noninterventional studies in Ethiopia was conducted in CINAHL, EMBASE, PubMed/MEDLINE, the Cochrane Library, Scopus, Web of Science and Google Scholar. A total of 332 studies were reviewed, of which 11 studies were included. Studies were eligible if they reported the prevalence and/or coping mechanisms. The New Castle-Ottawa Scale and Joanna Briggs Institute critical appraisal checklist were used to assess studies. Meta-analysis through a random-effect model was carried out via Stata version 17. Forest plots, heterogeneity tests, and funnel plots were generated.

Results: The pooled prevalence of infertility was 25.77% [95% CI: 20.10, 31.45], with a heterogeneity index (I2=99.48, P=0.00). The subgroup prevalence of primary infertility was 22.76% [-0.95–46.47], with heterogeneity (I2=99.54, p=00), and that of secondary infertility was 12.67% [9.14–16.20], with I2=98.57, p=0.00. Spiritual activity, medical treatment, cultural practice, seeking support from family, adoption, acceptance, having a godchild, estranged social life, helplessness, extramarital engagement, and marital separation were the identified coping mechanisms of infertility.

Conclusion: The pooled prevalence of infertility in Ethiopia is relatively high. Most of the reported strategies were problem-focused coping mechanisms. The lives of infertile women are burdened with deep emotional and social effects. The health delivery system and health service providers need to look at the psychosocial aspects of advanced infertility treatment options.

Keywords: Infertility; prevalence; coping mechanism; systematic review and meta-analysis; Ethiopia

Biography

Yilkal Dagnaw is a lecturer and clinical midwifery professional at the Midwifery Department, College of Medicine and Health Sciences, Debre Markos University, Ethiopia. His main activities revolve around clinical work, teaching and supervising midwifery and other health science graduate students, and conducting research and community service. His research interests include sexuality and reproductive health, maternal and child health, and obstetrics and gynecology. He has more than 10 years of work experience at clinical and academic institutions. He has more than 6 publications in the maternal and child health areas in reputable journals, including PLOS ONE.

Role transition perceptions of final-year nursing students and nursing interns: A quantitative cross-sectional study

Madrika Mirza Kanjiani, Khairulnissa Ajani, Hussain Maqbool Ahmad Khuwaja and **Rubina Barolia**
Aga Khan University, Pakistan

This study has identified challenges and expectations of final-year nursing students and nursing interns related to role transition to bridge the gap between academic training and professional practice, facilitating a smooth transition for new graduate nurses.

An analytical cross-sectional study was conducted at the Aga Khan University Hospital and Aga Khan University School of Nursing and Midwifery in Karachi, Pakistan. The universal sampling strategy was used and 170 participants including 113 final-year nursing students and 57 nurse interns, participated in this study. The study assessed their role transition perceptions using the Modified Perceptions and Expectations of Role transition questionnaire which was shared with the participants via email. The data was collected from March 22, 2023, to June 30, 2023.

The findings of Mann Whitney's U-test indicated that there was a significant difference in the responses of final-year nursing students and nursing interns. The study revealed that 93% of interns found transition challenging, while 59.6% struggled with workload management. Only 11% of the interns were oriented to their new role, 12% were supported to reach their full potential, and 17.5% received ongoing formal support during their internship. The study found that only 35.1% of interns received support from the multidisciplinary team, 42.1% received support, and 36.8% received feedback from unit management and 47.4% felt respected. However, only 24.6% had flexible working hours and 21.1% felt financially well-rewarded for their work.

The study identified the areas in which new graduates require additional assistance and guidance, which include managing workload, support and timely feedback from unit management, structured orientation programs, working schedule adjustments, and the provision of opportunities and financial rewards. Hence, implementing comprehensive support services, a supportive work environment, enhanced clinical preceptorship programs, workload management workshops, and frequent feedback is recommended for a smooth transition.

Keywords: Internship, nursing students, graduate nurse

Biography

Madrika Mirza Kanjiani is an instructor at the Aga Khan University, School of Nursing and Midwifery, Karachi, Pakistan. Her main activities revolve around clinical and theoretical teaching, teaching and supervising undergraduate nursing students, and conducting research. Additionally, she is also an Associate Fellow of Higher Education. She is also a member of the school's Accreditation Committee, actively contributing to quality assurance and curriculum alignment initiatives. Her research interests relate to implementing innovative pedagogies, student learning and development, and artificial intelligence in nursing education.

The intrapartum CTG changes associated with chorioamnionitis and maternal sepsis: A case series

Asma Abd Elgabar Elmubarak Musa
Danat Al Emarat Hospital, UAE

Introduction

Chorioamnionitis and maternal sepsis are serious complications of labour that require prompt recognition and intervention. This case series aims to identify specific intrapartum cardiotocography (CTG) features associated with chorioamnionitis and maternal sepsis in women undergoing emergency cesarean section.

Methods

A retrospective review of five cases of histologically confirmed chorioamnionitis or maternal sepsis, all of whom underwent emergency cesarean section.

Results

Consistent CTG features across all five cases included:

- Non-reactivity
- Reduced variability
- Shallow decelerations

One case demonstrated marked maternal tachycardia (125 bpm) in the absence of fever, highlighting the importance of considering maternal sepsis in the differential diagnosis of abnormal CTG features. All cases required emergency cesarean section, and prompt recognition of these CTG features may have contributed to timely intervention.

Conclusion

This case series highlights the significance of abnormal CTG features, particularly non-reactivity, reduced variability, and shallow decelerations, in the context of potential maternal sepsis. Maternal tachycardia, even in the absence of fever, may be an important indicator of underlying sepsis. Adherence to local guidelines of CTG interpretation and prompt recognition of these features may facilitate timely intervention and improve maternal and fetal outcomes.

Recommendations

This case series emphasizes the importance of:

1. Close monitoring and systematic evaluation of CTG traces in labour.
2. Recognition of abnormal CTG features, including non-reactivity, reduced variability, and shallow decelerations.
3. Consideration of maternal sepsis in the differential diagnosis of abnormal CTG features.

Prompt escalation and intervention in cases of suspected chorioamnionitis or maternal.sepsis.

Biography

Dr. Asma is an OBGYN Specialist at Danat Al Emarat Hospital (DAE), Abu Dhabi, UAE, and serves as the Program Director for undergraduate medical students at the hospital.

She obtained her MBBS from the University of Khartoum (UoK), Sudan, and completed her specialty training in OBGYN in 2008. In 2017, she earned membership in the Royal College of Physicians of Ireland in OBGYN (MRCPI). Dr. Asma also holds a Master's in Health Professions Education (MHPE) from Gulf Medical University, UAE, reflecting her special interest in medical education.

Her research work includes two notable projects:

1. *Impact of Intersectionality on Resilience of Medical Students*
2. *Reflective Practice: Applied Project "The RICRD"*

In addition, Dr. Asma holds a Diploma in Infectious Diseases, a Master's Certification in Urogynecology, and is a Certified Autism Specialist (CAS)

Knowledge, attitude and practice of CAUTI Bundle among nurses working in adult ICU

Ujjwal Dahiya[1], Deepu Dangwal[1], Puneet Khanna[1] and **Aditi P Sinha[2]**
[1]Department of College of Nursing, AIIMS New Delhi, India
[2]Department of Anesthesia, AIIMS New Delhi, India

Background: Healthcare-associated infections (HAIs) are infections that patients get while undergoing medical treatment. Catheter-associated urinary tract infection (CAUTI) is the most prevalent HAI globally. CAUTI refers to an infection of the urinary tract caused by an indwelling urinary catheter. The CAUTI Bundle, a set of evidence-based practices, is employed by healthcare workers to prevent CAUTI.

Aim: A study to assess the knowledge, attitude, and practice of the CAUTI bundle among nurses working in adult ICUs at AIIMS, NEW DELHI.

Materials and Methods: This cross-sectional design included 206 nurses of the adult ICU of AIIMS, New Delhi. Total enumeration sampling technique was used. Data were collected on knowledge, attitude and practice of nurses regarding CAUTI Bundle using structured knowledge questionnaire, attitude scale regarding CAUTI Bundle was reported by nurses. CAUTI bundle practice checklist was assessed by the researcher during catheter care procedure.

Results: Data was analyzed using descriptive and inferential statistics with IBM SPSS version 26. The majority of nurses had high knowledge (45.1%), favourable attitude (61.6%) and good practice (89.9%) regarding CAUTI Bundle. The mean knowledge score, attitude and practice score of nurses regarding CAUTI Bundle were 14 ± 1.41, 43.04 ± 3.043, and 12.22 ±1.294 respectively. There was a statistically significant correlation between the knowledge of nurses regarding CAUTI Bundle with attitude($p<0.016$). There was a statistically significant association between attitude with nurses age ($p=0.013$) and attending urinary catheter care training in the past ($p=0.026$).

Conclusion: The present study showed the majority of nurses had high knowledge, positive attitude and good practice related to CAUTI Bundle that can decrease the incidence rate of CAUTI. Urinary catheter care training must be provided to the nurses to have a more positive attitude toward the implementation of CAUTI bundle.

Biography

Dr. Ujjwal Dahiya, Associate Professor, College of Nursing AIIMS, New Delhi since 2011. Faculty in charge of critical care nursing for postgraduate and undergraduate students. Coordinator for training on deceased organ & tissue donation for nurses and students. Organizing secretary and resource person for in-service education programs. Various publications in national and international journals. Critical care and palliative care nurse specialist with a keen interest in research, education, and patient care. An editorial board member of reputed journals.

The value of reflection for healthcare professionals' development: Insights from the RICRD initiative

Asma Abd Elgabar Elmubarak Musa
Danat Al Emarat Hospital, UAE

Introduction: Reflection is a crucial component of professional development in healthcare, enabling practitioners to learn from experience, identify areas for improvement, and enhance patient care. This presentation explores the value of reflection for healthcare professionals' development, with a focus on the implementation of the Residents and Interns Clinical Reflective Diary (RICRD).

Methods: The RICRD initiative was designed to facilitate reflective practice among residents and interns, promoting critical thinking, self-awareness, and continuous learning. Through a structured reflective diary, participants documented their clinical experiences, challenges, and insights, fostering a deeper understanding of their practice and informing improvements in patient care.

Results: The RICRD initiative yielded promising results, with participants demonstrating enhanced reflective capacity, improved self-awareness, and a greater understanding of their clinical practice. The reflective diary facilitated identification of areas for improvement, informed changes in practice, and promoted a culture of continuous learning and professional development.

Discussion: This study highlights the value of reflection in healthcare professionals' development, aligning with AMEE guidelines that emphasize the importance of reflective practice in medical education. The RICRD initiative demonstrates the potential of structured reflective tools to enhance reflective capacity, promote self-awareness, and inform improvements in clinical practice.

Conclusion: Reflection is a vital component of healthcare professionals' development, enabling practitioners to learn from experience, identify areas for improvement, and enhance patient care. The RICRD initiative offers a promising approach to facilitating reflective practice, with implications for medical education and professional development. This presentation will explore the value of reflection in healthcare, the implementation of the RICRD initiative, and the lessons learned from this innovative approach

Biography

Asma is an OBGYN Specialist at Danat Al Emarat Hospital (DAE), Abu Dhabi, UAE, and serves as the Program Director for undergraduate medical students at the hospital.

She obtained her MBBS from the University of Khartoum (UoK), Sudan, and completed her specialty training in OBGYN in 2008. In 2017, she earned membership in the Royal College of Physicians of Ireland in OBGYN (MRCPI). Dr. Asma also holds a Master's in Health Professions Education (MHPE) from Gulf Medical University, UAE, reflecting her special interest in medical education.

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The missing piece: Obstetric anal sphincter injury – A retrospective audit

Deshmukh Gargi and **Adam Brook**
York and Scarborough NHS Trust, UK

Aim: This audit aimed to evaluate the management and outcomes of patients diagnosed with obstetric anal sphincter injuries (OASI), with a particular focus on demographic characteristics, labour details, clinical management, and follow-up care.

Findings: The majority of women received evidence-based management following OASI. Antibiotic prophylaxis was prescribed to 96% of patients, while 92% were provided with laxatives and 84% with analgesia. Postnatal debriefing was documented in 85% of cases, and 88% of women received advice on pelvic floor exercises and perineal hygiene. Furthermore, 92% were referred for pelvic floor physiotherapy, reflecting strong adherence to recommended standards of immediate care and supportive management.

Areas for Improvement: Despite these strengths, areas requiring attention were identified. Most deliveries complicated by OASI were vaginal (62%). Although 85% of patients were booked for a consultant-led clinic review at 12 weeks postnatally, attendance was lower, with only 77% attending, and 35% either not booked appropriately or failing to attend. Recommendations to improve care include promoting the use of perineal support and warm compresses during the second stage of labour to reduce OASI risk, ensuring structured debriefing for all patients to enhance understanding and satisfaction, and arranging 12-week postnatal appointments before discharge. Additionally, optimising dietary advice and standardising staff training in delivering consistent postnatal guidance may improve recovery and long-term outcomes.

Conclusion: This audit demonstrates that most women with OASI receive appropriate and timely care, particularly regarding prophylaxis, symptom management, and physiotherapy referral. However, strengthening pathways for postnatal follow-up, enhancing communication, and adopting preventative strategies during labour could further improve standards of care and outcomes for women affected by OASI.

Biography

Gargi Deshmukh completed her undergraduate medical training (MBBS) in Mumbai, followed by a Diploma in Obstetrics and Gynaecology, where she was awarded the Gold Medal. She went on to achieve the Diplomate of the National Board (DNB) and became a Member of the National Academy of Medical Sciences

(MNAMS). Dr. Deshmukh has contributed extensively to women's health and child care and has previously undertaken research on second-stage caesarean sections. She is currently working as an MTI RCOG Trainee at York and Scarborough NHS Foundation Trust, with a keen interest in quality improvement and evidence-based clinical practice.

Clinical practice competence and its associated factors among generic nursing students learning at public universities: A cross-sectional study

Lencho Ahmedin, Adamu Birhanu, Mulugeta Mekuria, Nesredin Ahmed, Aminu Mohammed Yassin, Mulualem Keneni, Fenta Wondimneh and **Seid Tesi1and Henok Legesse**

School of Nursing and Midwifery, College of Health and Medical Sciences, Haramaya University, Ethiopia

Introduction: One of the global strategic directions and policy priorities from 2021 through 2025 is pre-service education of nurses. Even though quality education is the foundation to produce competent health workers, ensuring the competence of the health professionals is as imperative as maximizing their number. This study aims to fill the literature gap among nursing students in public universities.

Objectives: the purpose of this study was to assess the prevalence of clinical practice competence and its associated factors among graduating Bsc nursing students in public universities from 15th July to 15th August 2022.

Methods: An institutional-based cross-sectional study was carried out in randomly selected public universities of eastern Ethiopia. A total of 143 students were systematically selected to fill the questionnaire through multi stage sampling. Frequency, mean and standard deviations of independent variables and proportion of clinical practice competence were analyzed using descriptive statistics. AOR with a p-value of <0.05 was used to declare a significant association.

Results: The study found that 69 (53.1%) of study participants were clinically competent. Students with good clinical instructors [AOR: 3.79, 95%CI: 1.56-9.21], learning in a conducive clinical setting [AOR: 3.59, 95%CI: 1.26-10.23] and assessed using measurable methods [AOR: 3.77, 95%CI: 1.53-9.30] were significantly associated.

Conclusion: In this study almost one in two of the students was clinically incompetent. Respective stakeholders could enhance students' competence by monitoring and evaluating students during clinical practice, creating favorable learning settings, and developing comprehensive assessment methods.

Keywords: Clinical Practice, Competence, Nursing Students, Public University

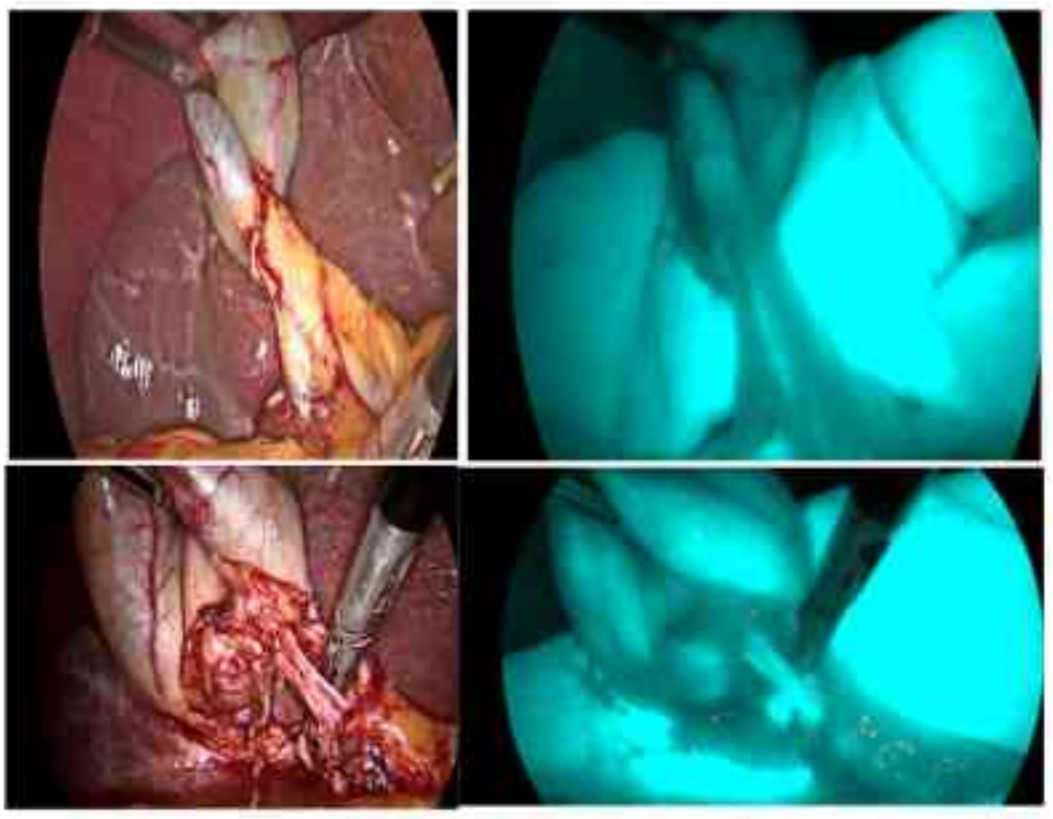
Biography

Henok Legesse is a lecturer in the Department of Nursing, College of Health and Medical Sciences at Haramaya University, Ethiopia. He holds an MSc in Adult Health Nursing and brings strong expertise in academic teaching, clinical mentorship, and nursing research.

Use of indocyanine green fluorescence imaging in the extrahepatic biliary tract surgery Orestis Ioannidis

Orestis Ioannidis
Aristotle University of Thessaloniki, General Hospital, Greece

Cholelithiasis presents in approximately 20% of the total population, ranging between 10% and 30 %. It presents one of the most common causes for non malignant surgical treatment. The cornerstone therapy is laparoscopic cholecystectomy, urgent of elective. Laparoscopic cholecystectomy is nowadays the gold standard surgical treatment method, however bile duct injury occurred to as high as 0.4-3% of all laparoscopic cholecystectomies. The percentage has decreased significantly to 0.26-0.7% because of increased surgical experience and advances in laparoscopic imaging the past decade which have brought to light new achievements and new methods for better intraoperative visualization such as HD and 3D imaging system. However, bile duct injury remains a significant issue and indocyanine green fluorescence imaging, mainly cholangiography but also angiography, can further enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle. Fluorescence cholangiography could be an ideal method in order to improve bile tree anatomy identification and enhance prevention of iatrogenic injuries during laparoscopic cholecystectomies and also it could be helpful in young surgeons training because it provides enhanced intraoperative safety, but however this method does not replace CVS. Finally, our ongoing current study results comparing intravenous to direct administration of ICG in the gallbladder will be presented.



What will audience learn from your presentation?

- ICG fluorescence cholangiography can enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle
- The best timing and dosage of ICG administration in order to perform ICG cholangiography and angiography
- ICG fluoresce imaging doesn't replace the critical view of safety

Biography

Ioannidis is currently an Assistant Professor of Surgery in the Medical School of Aristotle University of Thessaloniki. He studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in "Medical Research Methodology" in 2008 from Aristotle University of Thessaloniki and in "Surgery of Liver, Biliary Tree and Pancreas" from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki as valedictorian for his thesis "The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats." He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS and vascular access. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 180 articles with more than 3000 citations and an H-index of 28

Successful infertility management through lifestyle modification in a 36-year-old woman with PCOS and psoriasis: A case report

Shaghayegh Dehghan Nayeri[1] and **Fatemeh Rahmatkhah Leil**[1]
[1]*Iran University of Medical Sciences, Iran*
[2]*Islamic Azad University, Iran*

Background: Polycystic ovary syndrome (PCOS) is one of the most common causes of infertility in women, often complicated by metabolic dysfunction and chronic anovulation. The coexistence of autoimmune diseases such as psoriasis and psoriatic arthritis can further exacerbate reproductive and metabolic challenges (Armstrong et al., 2021; Jensen et al., 2020). Despite multiple assisted reproductive technology (ART) attempts, many women remain infertile, highlighting the role of complementary strategies (Thomson et al., 2010).

Case Presentation: We report a 36-year-old woman with a 15-year history of primary infertility, PCOS, psoriasis, and psoriatic arthritis, receiving low-dose prednisolone (5 mg daily). She had undergone two IVF cycles, four IUIs, ovarian drilling in 2015, and several ovulation induction regimens with gonadotropins and letrozole without success. The patient also presented with prolonged amenorrhea, pre-diabetic glucose levels, and significant psychosocial stress (Altuma & Hassan, 2023; Šemeklienė & Gradauskienė, 2025).

Intervention and Outcome: Following a structured six-month lifestyle modification program including elimination of refined sugars, physical activity, weight management, and stress-reducing artistic activities, the patient achieved spontaneous menstrual regularity without hormonal treatment. Blood glucose normalized, and she conceived naturally. Pregnancy proceeded uneventfully with stable metabolic control (Palomba et al., 2018; Ferrer- Alcala et al., 2021; Thomson et al., 2010).

Conclusion: This case highlights the role of lifestyle modification in restoring fertility in a complex patient with PCOS and autoimmune disease. Individualized interventions targeting diet, physical activity, and stress reduction may serve as valuable adjuncts to conventional ART in resistant infertility cases (Legro et al., 2013; Al- Inizi, 2006; Yadav & Malhotra, 2022).

Keywords: Polycystic ovary syndrome; Psoriasis; Infertility; Lifestyle modification; autoimmune disease.

Biography

Shaghayegh Dehghan nayeri, with a Master's degree in Midwifery Education from Iran University of Medical Sciences, has over fifteen years of clinical experience in midwifery and women's health. She provides education and clinical care in midwifery, infertility, gynecological disorders, reproductive health, puberty, and menopause, and teaches clinical courses at the university. Shaghayegh has actively contributed to scientific work, presenting numerous case reports, and is interested in further research and study in reproductive and sexual health. By combining clinical expertise with teaching, she strives to transfer midwifery knowledge to both midwives and mothers. Her approach is consistently evidence-based, aiming to enhance the quality of women's healthcare.

Characterization of Lantana Camara roots (pentacyclic triterpenoid) and mutagenicity testing of extracted oleanolic acid using salmonella typhimurium

Navika Gupta*, Saurabh Chandra, Anu T. Singh and **Manu Jaggi**
Singhania University Pancheri Bari, India

The objective of the present study was to isolate oleanolic acid from the roots of Lantana camara, and characterize it chemically using DSC, HPLC, and FTIR methods, and additionally carrying out a short term assay for assessment of its mutagenic potential by conducting bacterial reverse mutation test to evaluate the ability of the "Oleanolic acid (Pentacyclic Triterpenoid)" to induce point mutations in tester strains of Salmonella typhimurium in both presence and absence of exogenous metabolic activation system (S9) containing microsomal enzymes. Differential scanning calorimetry (DSC), High Performance Liquid chromatography (HPLC), and Fourier transform infrared (FTIR) spectrometers were used to chemically analyze the isolated molecule. Oleanolic acid was utilized to carry out Preliminary Cytotoxicity and mutagenicity study. According to the results of spectrophotometric research, oleanolic acid extracted from Lantana camara roots exhibits identical spectrum characteristics to standard oleanolic acid also the mutagenic potential of Oleanolic acid (Pentacyclic Triterpenoid). Oleanolic acid was found to be non-mutagenic in all five test strains of Salmonella typhimurium—TA98, TA100, TA102, TA1535, and TA1537 employing plate incorporation assays. It may be determined that oleanolic acid isolated from Lantana camara roots gives identical, identifiable signals and absorbance like previously reported reference standard based on the results of DLC, HPLC, and FTIR spectra and their interpretation and was determined that oleanolic acid purified from Lantana camara roots is non-mutagenic in Salmonella typhimurium.

Poster Abstracts

International Conference on

NURSING AND HEALTHCARE

September 22-23, 2025 | Paris, France

Using cross-team collaboration to reduce the incidence of intraoperative pressure injuries in surgical patients

Chun Hua Kang
E-Da Hospital, Taiwan

Purpose: "Improving surgical safety" is an international patient safety goal. The operating room is a complex, compact, and highly specialized unit that requires cooperation among various teams. However, the surge in the incidence of pressure injuries in surgical patients in Q3 2024 has prompted the surgical team to take improvement measures, especially for pressure injuries in long-term surgery and special positioning surgery, which have been significantly improved. It is expected that in addition to improving and reducing the incidence of pressure injuries through the project team, the operating room team's knowledge, skills, and attitude towards preventing pressure injuries can be improved, thereby improving the quality of surgical care.

Method: The unit analyzed the surgical patient safety notification incidents in Q3 2024 and discussed with the surgical team the possible causes of pressure injuries in the operating room:

1. Oral tumor combined with flap transplantation surgery, lying flat is the most common lying position, and long-term surgery can easily cause pressure injuries to the coccyx, back, and buttocks; and most nasal endotracheal tubes are prone to nasal pressure injuries due to improper protection.
2. After the positioning was completed before the operation, the surgical team did not reconfirm the flatness of the surgical drapes.
3. Although surgical auxiliary accessories are used in most surgeries, the auxiliary accessories are not placed correctly.

Countermeasures:

I. Education and audit

1. Check deficiencies in the morning meeting every week (such as failure to confirm the integrity of the patient's skin before surgery, incorrect positioning of auxiliary accessories, and failure to confirm the flatness of the sheet) to continuously maintain the safety of surgical patients.
2. The dedicated nurses in the operating room conduct surgical positioning situation drills and feedback on the preoperative preparation for special lying positions, and include them in the annual mandatory training courses for dedicated nurses.
3. Continuously audit the nursing staff when changing departments for oral tumor combined with flap transplantation surgery (after 6-8 hours of surgery), the medical permission is re-positioned for decompression, and the pressure points of the patient are changed and the cotton rolls covering the decompression fat pad are replaced.

II. TRM spirit in the operating room

Using the spirit of TRM and cooperating with the anesthesia department's measures to improve head and neck pressure injuries, the anesthesia specialist uses artificial skin + Yila tape to fix the endotracheal tube before surgery, and the dedicated nurse helps fix the serpentine tube to the bedside to avoid pulling the tube and causing pressure injuries. The anesthesia specialist provides timely decompression of the tube during surgery.

III. Replacement of decompression fat pads

Establish standards for replacement of decompression fat pads. Decompression fat pads must be (1) intact and undamaged (2) flat and deformed (3) soft to the touch, without stickiness or tingling to meet the needs of surgical patients. This will accelerate the replacement mechanism of decompression fat pads. After purchasing new products, the purchase date must be attached to the back.

Results: The surgical team confirmed the effect after the implementation of the improvement measures. After analyzing the factors related to pressure injuries, formulating and implementing the measures to improve pressure injuries, the incidence of intraoperative pressure injuries in surgical patients in Q4 2024 was reduced from 0.22% in Q3 2024 to 0.05%.

Conclusion: After the pressure injuries in the operating room are improved through the project, it is necessary to maintain the improvement results and avoid the recurrence of pressure injuries in the operating room! In addition to communicating with nursing staff and anesthesia specialists, the surgical team should work together to implement the improvement measures. The supervisor should also conduct on-site audits. The supervisor will pay attention to it, and the staff will pay more attention to the details of surgical positioning and preoperative preparation. Through the sharing of this improvement strategy, it is provided to the medical team for reference to improve the pressure injuries of surgical patients and maintain the safety of surgical patients!

Keywords: pressure injury incidence, TRM spirit, surgical positioning, decompression fat pad

Biography

Chun Hua Kang is affiliated with E-Da Hospital, Taiwan, contributing to academic and research excellence in their field.

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SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Prevalence and associated factors of sexual difficulties, sexually-related personal distress and sexual dysfunction among women with refugee backgrounds in Australia: A cross-sectional study

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Background: Refugee women face significant trauma that can negatively impact their sexual wellbeing. This study aimed to document the prevalence of sexual difficulties, sexually-related personal distress, sexual dysfunction, and associated factors, among refugee women in Australia.

Methods: This cross-sectional study included community-dwelling refugee women aged 18-63 years. Sexual difficulties were defined as women selecting "always" or "very often" to all questions in each domain of the Profile of Female Sexual Function; Sexually-related personal distress was defined as a score of at least 11 on the Female Sexual Distress Scale-Revised; and Female Sexual Dysfunction (FSD) was a combination of these scores. Participants completed the Woman Abuse Screening Tool, and the Bristol Female Lower Urinary Tract Symptoms questionnaire.

Results: Among 299 participants (median age 41, Q1–Q3: 32–52), the prevalence of sexual difficulties, sexually-related personal distress, and FSD were 39.3% (95% confidence interval [CI]: 33.9-45.0%), 33.2% (95% CI: 28.1-38.8%), and 7.0% (95% CI: 4.6-10.5%), respectively. Significant predictors of any sexual difficulty were being peri/postmenopausal (adjusted odds ratio [aOR] = 2.8, 95% CI.1.4–5.6, p=0.003), or sexually inactive (aOR = 0.2, 95% CI: 0.1-0.4, p<0.001). Intimate partner abuse (aOR=5.9, 95% CI: 2.4–14.5, p<0.001) and urinary incontinence (aOR=4.5, 95% CI: 1.5–13.0, p=0.006) were positively associated with sexually-related personal distress.

Conclusion: Peri/postmenopausal status and sexual inactivity were associated with any sexual difficulty, while intimate partner abuse and urinary incontinence were associated with sexually-related distress, highlighting the importance of proactive screening for psychosocial and physical health issues in sexual health assessments among refugee women.

Keywords: Refugees, Sexually-related distress, Sexual dysfunction, Intimate partner abuse, Urinary incontinence

Biography

I am a health researcher with experience in both research and clinical settings. I hold both bachelor and master's degree in Midwifery from Isfahan University of Medical Sciences, Iran. With a genuine passion for women's health and a special interest in reproductive and sexual health, I am committed to making a positive impact in these areas. Currently pursuing my Ph.D. at Monash University in Melbourne, Australia, I am focused on conducting research to better understand and address the health needs of refugee women living in Victoria, including menopause, pelvic floor disorders, sexual dysfunctions, contraception use, and intimate partner abuse.

Accepted Abstracts

International Conference on

NURSING AND HEALTHCARE

September 22-23, 2025 | Paris, France

HPV Vaccination Initiation in the ED

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Introduction: According to the Centers for Disease Control and Prevention (CDC), nearly 36,500 people in the United States are diagnosed with cancer related to Human Papilloma Virus (HPV) infection annually. HPV vaccination rates remain well below the national goal of 80%, with the most recent data showing only 58.5% of adolescents are vaccinated. To increase vaccination rates and decrease HPV-related disease, identifying alternative venues for vaccination has been encouraged.

Methods: A retrospective chart review of patients aged 11-to-45-years-old seen at Jefferson Einstein Obstetrics and Gynecology offices in 2023 revealed 439 HPV vaccination initiation encounters, representing a mere 3.82% of the patients seen for non-obstetric visits. We propose that utilizing our busy urban Emergency Department (ED) as a novel venue for HPV vaccination will increase vaccination rates in the community. Through multidisciplinary collaboration, we have added Gardasil-9 vaccines to our ED Pharmacy and created a workflow for administration.

Results: IRB approval and grant funding have been obtained to track HPV Vaccination ICD codes and collect patient data for prospective analysis and interpretation of vaccine completion based on patient demographic, gender, and age. Our project is ongoing. To date, we have administered 20 vaccines in a 5-month period with plans to vaccinate at least another 100 with our multidisciplinary effort.

Conclusions/Implications: Our initiative introduces North Philadelphia to equitable vaccination access and simultaneously addressees an important healthcare disparity. If the ED proves to be a successful venue for increasing HPV vaccination rates, our model can serve as an innovative framework for institutions across the nation to further mitigate healthcare disparities and prevent HPV-related disease.

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SEPTEMBER 22-23, 2025 | PARIS, FRANCE

An open-labeled, randomized clinical trial to study the performance and safety of an Intravenous Line Organizer (IVO) in a Tertiary Care Hospital

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Background: Medical line and tube entanglement poses a significant threat causing unintentional consequences to the patients.

Objectives: To study the clinical performance and safety of the IVO (intravenous line organizer) for providing patient autonomy, mobility, and comfort.

Methods: Patients aged 18 years (adults) who were admitted to the hospital for treatment were included in the study. Tools like the Global Scale, Ease of Operability Scale, Severity of Intravenous Line Entanglement by Medical Line Entanglement Scale, Subjective Presumption Questionnaire, and Skin Irritation Scale, and adverse and serious adverse events were assessed and analyzed.

Results: A total of 120 subjects who participated in the study were randomized into Groups-A (with IVO) and B (without IVO). The majority of patients in Group-A demonstrated better autonomy toward lines and tubes compared to Group -B in both adult and pediatric populations (86.3% vs 20%: Pediatric, 83.3% vs 26.6%: Adult), $p<0.0001$. Also, on mobility the Group-A patients reported improved movements with reduced restriction compared to Group-B (76.3% vs 26.6%, $p<0.0001$). Further, on the design and usability of IVO, 73.3% of patients in Group -A showed greater interest in the operability and usability compared to 27% in Group-B. No entanglement was reported in Group-A compared to the 12 (10%) patients facing potential harm of levels 2 & 3 who were in the standard -of-care group (without IVO). No significant adverse events were reported in patients using IVO.

Conclusion: The IVO provided patients with the safe organization of intravenous tubes with greater autonomy, mobility, and comfort in managing the IV lines.

Keywords: Intravenous Line Organizer, Autonomy, Mobility, Comfort, Entanglement.

Case report of infertility treatment in a 37-year-old woman with anti-Mullerian hormone 0.26 and recurrent miscarriage and negative IUI

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What is anti-Mullerian hormone?

Mullerian-inhibiting hormone is produced in the testicular tissue of men and the ovaries of women, and its amount varies according to age and sex. In women, this hormone is produced by granulosa cells in the follicles in the ovary. Measuring the level of this hormone is important for assessing the number of eggs or follicles remaining (reserve) in the ovary. Evaluation of ovarian reserve by serum hormones FSH and AMH The sensitivity of the AMH test is very high and even this test is used alone for initial screening of ovarian reserve.

What is the importance of Mullerian-inhibiting hormone in humans?

This hormone is produced by testicular tissue early in the development of a male fetus and causes the development of male sexual organs, while preventing the development of female sexual organs. AMH is high in male infants and remains high until the age of 2, and then gradually decreases, reaching its minimum level at puberty.

In female fetuses, AMH is not produced, and the absence of this hormone allows female sexual organs to develop. The level of this hormone is low in girls until puberty. In the pre-puberty period, its production begins in the ovaries and its level increases. AMH levels gradually decrease over the years and will be almost undetectable during the perimenopause and menopause.

What is the importance of this test?

Women with reduced anti-Müllerian have low fertility and are also at a higher risk of miscarriage. AMH is very important during the reproductive period in women. AMH plays a role in regulating and balancing the cyclical effects of FSH and LH in the ovary and, consequently, in the development and maturation of the egg. Measuring this hormone can help estimate the likelihood of pregnancy.

The AMH test is used in the in vitro fertilization (IVF) process. AMH levels are correlated with the likelihood of IVF success.

A significant decrease in AMH levels indicates the onset of menopause.

Treatment in infertility centers is planned based on this hormone, and if the anti-Mullerian hormone is low, IVF and even donor eggs are immediately suggested. However, today we know that premature menopause and low anti-Mullerian can be treated naturally by modifying lifestyle, and with this natural, very low-cost and non-invasive method, the infertile woman can get pregnant naturally and return to a normal life, and additional costs are also avoided.

Method: The patient is a 37-year-old woman who got married at the age of 32 and tried to get pregnant for five years and has had three miscarriages so far. On 30/02/1400, her ovarian reserve was checked and AMH was 0.26. Then IUI was performed and the result was negative. According to the infertility centers, donor eggs were recommended.

Finally, I filed a lifestyle modification case for the patient who was full of stress and anxiety, and the patient underwent lifestyle modification treatment including:

Adjusting sleep and wake times, changing the nutritional pattern including eliminating processed foods and preservatives, eliminating sugar and sweeteners, recommending eating vegetables, consuming nuts, and starting supportive methods such as stress control strategies, diaphragmatic breathing. After about 6 months of lifestyle modification, pregnancy occurred naturally, without hormonal intervention, and with the patient's own egg. She gave birth and a healthy baby was born.

Findings: Finally, after about 5 months of lifestyle modification, the patient became pregnant, gave birth, and had a baby without the use of egg retrieval and with her own egg.

Conclusion: Considering that patients with low anti-Mullerian hormone are recommended to have donor eggs, and lifestyle modification has played an effective role in the treatment of infertility and childbearing, and the high costs of infertility treatment, and the low risk and harmlessness, this treatment method is recommended.

Keywords: Lifestyle modification, infertility, AUI, reduced reserve, donor eggs

Simultaneous bilateral tubal pregnancy: A case report

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Bilateral ectopic pregnancy (BEP) is a rare and potentially life-threatening condition, accounting for less than 1% of all ectopic pregnancies. This case report presents a spontaneous bilateral tubal ectopic pregnancy in a 32-year-old Gravida 3 Para 2 woman with no known risk factors, who presented with hypogastric pain and minimal vaginal spotting. On initial assessment, the patient was hypotensive and tachycardic, prompting urgent stabilization and workup. A positive pregnancy test and clinical findings raised suspicion for ruptured ectopic pregnancy, warranting immediate exploratory laparotomy. Intraoperatively, 2000 cc of hemoperitoneum was identified along with a ruptured right fallopian tube and an incidental finding of a similarly ruptured left tube. Both fallopian tubes were removed via bilateral salpingectomy. Histopathologic analysis confirmed chorionic villi in both tubes, meeting Norris' criteria for bilateral tubal pregnancy.

This case underscores the diagnostic and surgical challenges posed by BEP, especially in the absence of common risk factors such as prior pelvic inflammatory disease, assisted reproductive technologies, or tubal surgery. Due to its rarity and non-specific clinical presentation—often mimicking a unilateral ectopic pregnancy—BEP can be easily overlooked. Prompt recognition and management are critical to preventing life-threatening complications such as hemorrhagic shock. The need for bilateral salpingectomy in this case has significant reproductive implications, with future fertility now dependent on assisted reproductive technologies such as in vitro fertilization (IVF). The report highlights the importance of maintaining high clinical suspicion, careful intraoperative assessment of both adnexa, and providing thorough counseling on reproductive options postoperatively.

Keywords: Bilateral ectopic pregnancy, salpingectomy, hemoperitoneum, infertility, IVF.

Pelvic fractures in pregnancy: Multidisciplinary management and outcomes

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Background/Synopsis: Pelvic fractures during pregnancy present significant clinical challenges due to anatomical and physiological adaptations, requiring multidisciplinary care. High-energy trauma, including motor vehicle accidents, is the leading cause, with risks of preterm labor, placental abruption, and maternal mortality. Limited evidence-based guidelines highlight the need for integrated approaches to optimize maternal-fetal outcomes.

Objectives/Purpose: To evaluate the epidemiology, diagnostic modalities, management strategies, and outcomes of pelvic fractures in pregnancy, emphasizing the role of multidisciplinary collaboration.

Design/Methods: This study integrates data from peer-reviewed literature, synthesizing evidence on the pathophysiology, diagnosis, management, and outcomes of pelvic fractures in pregnant patients. A case-based review highlights clinical challenges and successful interventions.

Results: Motor vehicle accidents account for 60% of pelvic fractures during pregnancy, with maternal mortality rates ranging from 10% to 15%. Key complications include preterm labor (30–50%) and placental abruption (20%). Non-surgical management suffices for stable fractures, while surgical intervention, including minimally invasive fixation, ensures favorable outcomes for unstable fractures. Multidisciplinary care achieves maternal survival rates of 95%. Advances in imaging, such as MRI and low-dose CT, improve diagnostic accuracy with minimal fetal risk.

Conclusion: Pelvic fractures in pregnancy necessitate a multidisciplinary approach for optimal outcomes. Coordinated care between orthopedics, obstetrics, and anesthesiology is critical. Further research on pregnancy-specific surgical techniques and long-term outcomes is needed. Public health initiatives focusing on trauma prevention, such as road safety education, can reduce incidence rates. These findings underscore the importance of evidence-based guidelines to improve care and reduce maternal-fetal morbidity and mortality.

Cost-effectiveness of a digital diabetic care coordinator-guided intervention for medication adherence in Type 2 diabetes patients: A cluster-randomized study in India

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Objective: To evaluate the clinical effectiveness and the economic impact of a digitally enabled, Diabetic Care Coordinator-guided intervention that aimed at improving medication adherence, glycemic control, and quality of life in individuals with uncontrolled Type 2 Diabetes Mellitus in India.

Methods: A 12-month cluster-randomized controlled study was conducted, in which 20 diabetic clinics from Andhra Pradesh have participated. Inclusion criteria included adults with uncontrolled Type 2 Diabetes (HbA1c ≥ 7.5%) (n=635) and randomly assigned to either the intervention group (n=320), which received monthly follow-ups from trained DCCs through personalized counselling, a tablet-based application, and SMS reminders, or the control group (n=315), which received standard treatment of care. The primary outcome was the Medication adherence measured by MMAS-8. Hospitalizations related to diabetes and its complications, HbA1c% reduction, QALYs and cost-effectiveness assessed from a societal perspective were the secondary outcomes.

Results: After 12 months of the study, the intervention group had a significantly higher medication adherence score (MMAS-8: 6.9 vs 5.2; p<0.001) and lesser hospitalizations (7.2 vs. 14.5 per 100 person-years; p=0.003) as well as significant decrease in HbA1c% (1.3% vs 0.5%; p<0.001). The gained QALYs were in intervention group (0.784 vs. 0.712). The mean IC per patient was ₹2,650. This intervention is cost-effective with an ICER of ₹36,805 per QALY gained, well below India's willingness-to-pay of ₹1,50,000. Over 90% of patients reported greater satisfaction, and subjects rated their DCC as being more confident in using digital adherence tools.

Conclusion: Our study showed that the digital Diabetic Care Coordinator-guided intervention has significantly improved medication adherence, glycemic control, and reduced hospitalizations at modest cost, proving highly cost-effective. This model can be scalable within diabetes clinics and supports India's national digital health strategy for chronic disease management.

Reducing miscarriage rates with an innovative modified natural cycle endometrial preparation approach

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Study Question:

Can we observe comparable pregnancy and miscarriage rates by implementing alternative protocols for endometrial natural cycle preparation during embryo transfer?

Summary Answer:

A notable reduction in miscarriage rates was observed with the implementation of an alternative modified natural endometrial preparation cycle.

What is Known Already:

Despite the crucial role of endometrial preparation in promoting successful implantation, a consensus on the optimal method for frozen embryo transfer (FET) in assisted reproductive technology remains elusive. Recent research suggests that the absence of a corpus luteum may contribute to adverse perinatal outcomes. Our primary objective was to systematically compare outcomes associated with two distinct endometrial preparation methods before FET. The study specifically assessed the efficacy of an alternative modified natural cycle (amNC) approach versus a conventional hormone replacement treatment (HRT) protocol, both complemented by corpus luteum support (CLS)

Study Design, Size, Duration:

This is a single center retrospective comparative study performed between January 1st 2021 and January 1st2022. From a total of 1698 embryo transfers we compare 1589 HRT embryo transfers vs 109 in with amNC in terms of ongoing pregnancy rate and miscarriage rate

Participants/materials, Setting, Methods:

This study involved the comparative analysis of 1698 embryo transfers, wherein two distinct groups were examined. The HRT group comprised 1589 patients, each administered with a daily regimen of 6 mg estradiol valerate and 800 mg progesterone until the pregnancy test. In contrast, the amNC group consisted of 109 patients, who underwent transvaginal ultrasound assessments until the dominant follicle attained between a size of 16-18 mm. Subsequently, daily progesterone supplementation at a dose of 800 mg commenced until the pregnancy test. Only regularly cycling patients were included in the amNC group. FET were conducted exclusively at the blastocyst stage, marking the commencement of CLS on that day.

Main Results and the Role of Chance:

The Ongoing Pregnancy Rate (OPR) demonstrated comparable outcomes between the groups, with rates of 54.1% in the amNC group and 53.6% in the HRT group. Notably, the amNC group exhibited a significantly lower miscarriage rate ('7.4%) compared to the conventional HRT group (18.6%).

Moreover, a detailed analysis of OPR, stratified by Preimplantation Genetic Testing for Aneuploidies (PGTa), yielded consistent results. The OPR significantly increased in the PGTa group compared to patients without PGTa, maintaining comparability between amNC and HRT. Specifically, the HRT group recorded an OPR of 59.6%, while the amNC group registered at 58.6%. Regarding miscarriage rates, the amNC group showed a lower percentage (5.6%) compared to the HRT group (15.3%). These findings underscore the potential benefits of amNC, especially in the context of lower miscarriage rates, and suggest its efficacy in contributing to improved pregnancy outcomes.

Limitations, Reasons for Caution:

This study is a retrospective analysis conducted at a single center, investigating an alternative approach to endometrial preparation for FET. Considering that the amNC arm comprises a relatively small cohort of 109 patients, a Randomized Controlled Trials (RCTs) should be performed to validate and substantiate the outcomes observed in this study.

Wider Implications of the Findings:

Adverse perinatal outcomes, particularly hypertensive disorders (HD), seem to be more prevalent in FET compared to fresh transfers. Recent studies suggest that the absence of corpora lutea could potentially contribute to this condition. Notably, our results revealed that the amNC demonstrated comparable pregnancy rates with lower miscarriage rates compared to HRT. Considering the presence of a natural corpora lutea in the amNC group, our findings unveil a potential avenue for preventing HD in FET, thereby enhancing perinatal outcomes in assisted reproductive technology.

The effectiveness of lifestyle modification in the treatment of infertility caused by polycystic ovary in a 31-year-old woman, with 9 years of unsuccessful treatment, after one and a half years of lifestyle modification

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Polycystic ovary syndrome is a set of symptoms that:

1-are part of the clinical symptoms, such as irregular menstruation and usually with long intervals, heavy bleeding during menstruation, severe hair loss with a male pattern, oily skin, acne, hirsutism, darkening of the skin especially in the neck, groin, knees, depression, excessive and abdominal obesity. Of course, there is a slightly excessive thinness group that is more difficult to treat.

2-Laboratory signs: One or more of these cases together or all of them (rarely) may be seen.

- High ratio of lh to fsh greater than or equal to 2, of course this test should be done on the day of two to four periods.
- Increased DHEA.S
- Increased testosterone
- Increased cholesterol and triglycerides
- Increased FBS and insulin resistance

3- Ultrasound:

The ovaries contain numerous tiny follicles with a size of 2 to 9 mm, none of which mature, resulting in infertility due to lack of ovulation.

If a person has two of these symptoms, even if polycystic is not reported on ultrasound, he has polycystic ovary syndrome.

Purpose: The purpose of this article is to prove the effectiveness of a healthy lifestyle in the treatment of infertility caused by polycystic ovary.

Method: A 31-year-old female patient with polycystic ovary syndrome

Fsh=7.15

Lh=13.9

High compared to the laboratory range Prl=31.9

Amh=13

With irregular periods and long intervals, weighing 48 kg, in ultrasound multiple follicles in both ovaries

Starting lifestyle modification from 1402/2/23 which includes:

Completely cutting out sugar and all its derivatives, not consuming beef and veal, fast food preservatives, canned foods, limiting dairy consumption, limiting mobile phone use, doing dancing, walking and yoga every day, proper and timely sleep pattern, gentle massage of the uterus and ovaries with chamomile oil, stress control, deep abdominal breathing morning and night, whole body massage (lymphatic and gentle massage) twice a week, daily use of almonds and other nuts, mung bean sprouts and wheat and lettuce salad, drinking water Enough and relieve constipation.

Drugs: Inositol, Omega 3, Vitamin D3, Vitamin C, Prepolis, Curcumin, Fertile Aid

Nettle and chamomile tea.

Lmp=1403/8/11

GA=26w/5d

Conclusion: Lifestyle modification has a direct and clear effect on the treatment of polycystic ovary syndrome and its resulting infertility and the establishment of pregnancy.

Keyword: Polycystic ovary syndrome, Pcos, Infertility, Lifestyle modification

Findings: The intended patient experienced pregnancy after 18 months of lifestyle modification, and after 9 years of waiting. And today, on May 17, 1404, according to LMP, the gestational age is 26w/5d.

Acknowledgements: Special thanks and appreciation to the great Professor Flora Tajiki who was our guiding light on this path.

Traditional herbal medicine and female infertility

Mohammad Kamil
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A thorough literature survey on this subject reveals that some medicinal plants are used in the treatment of women's disorders related to infertility; these plants are composed of biologically active substances that have been used to treat reproductive dysfunction. Whereas some plants and/or their secondary metabolites regulate folliculogenesis and steroidogenesis. Some plants and their secondary metabolites treat female reproductive disorders such as polycystic ovary syndrome (PCOS), premature ovarian failure (POF), endometriosis, hyperprolactinemia, and hypothalamic dysfunction. Various studies have shown that plants containing polyphenolic compounds suppress the growth of breast tumors by inhibiting pathways such as insulin-like growth factor. Due to the presence of various compounds such as polyphenols with many biological activities, these plants are effective in the prevention and treatment of many reproductive disorders such as PCOS, endometriosis, POF, hypothalamic dysfunction, hyperprolactinemia, PID, menopausal symptoms, osteoporosis, and female reproductive related cancers (cervical, ovarian, uterine/endometrial, vaginal and vulvar cancers). Among the various effective plants in the treatment of various female reproductive disorders, 10-15 plants with positive effects on female fertility will be discussed. Their pharmacological, phytochemical, and toxicological investigations can lead to some efficacious drugs after further comprehensive investigation based on the bioactivity of many compounds purified from the extract of these plants.

Comparison of microbiological load in operating room, disposable cap, fabric cap and turban use

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When a patient gets a wound infection after a surgical procedure in the postoperative period, the surgical team accounts for only one of the environmental risks. Since microorganisms are scattered from the open skin, hair or mucus membranes into the environment, caps, masks, surgical clothes are in the position of a barrier that prevents them. The aim of this study is to investigate the effect of disposable bone, fabric bone and turban bone usage on microbiological load in the operating room.

60 volunteer health workers working in the operating room participated in this study. An equal number of 3 groups were formed. Groups were named as groups using disposable bone, fabric bone, turban bone. Materials were provided to the groups on equal terms. At the end of the first day and the second day, swab culture was taken from the materials used by the groups with a sterile ecuvion rod. This application was repeated as 3 separate cycles with a Decrement of two weeks.

No microorganisms were reproduced in the culture results of the samples taken from the materials used by the groups at the end of the first day. Gram(+) coagulase staphylococcus in the bonnets of people using disposable bonnets, Gram(+) coagulase staphylococcus and streptococcus in the bonnets of people using turban bonnets, Gram(+) coagulase staphylococcus and streptococcus in the bonnets of those using fabric bonnets were reproduced in the samples taken at the end of the second day. In the second, third and control studies of this study, a new disposable bone was used after each disposal bone operation on the first day, there was no reproduction in the received culture, while the turban bone and fabric bone were given to the groups after being washed and ironed at the end of the day, there was no reproduction in the cultures taken at the end of the day.

For all kinds of disposable, fabric and turban bonnets, it is not suitable to use a bonnet without changing it for two consecutive days. disposable caps should be replaced with a new cap at the end of each surgery, if a turban and fabric cap are to be used, a new turban or fabric cap should be used on the second day. Caps used at the end of the day can be used after washing and ironing.

Keywords: Disposable surgical cap, turban cap, surgical fabric cap

Challenges in diagnosing mesenteric cyst schistosomiasis: A case report of huge mesenteric cyst

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Background: Mesenteric cysts are rare intra-abdominal lesions that may mimic other cystic masses, including ovarian cysts. These cysts can present with non-specific symptoms such as abdominal pain, swelling, and, less commonly, gastrointestinal disturbances. Misdiagnosis may lead to unnecessary surgical procedures such as oophorectomy, which can affect fertility. Diagnostic imaging, including ultrasound and CT, is crucial for differentiating mesenteric cysts from ovarian and other intra-abdominal cysts, but definitive diagnosis requires histopathological examination.

Case Presentation We present a case of an 18-year-old female with progressive abdominal swelling, which was initially suspected to be an ovarian tumor but was later diagnosed intra-operatively as a large mesenteric cyst arising at the link of the mesenteric colon and pathologic evidenced inflammatory cystic mass associated with deposition of an egg of schistosomiasis. Advanced imaging revealed a large intra-peritoneal cystic mass, and the patient underwent a successful surgical excision. Histopathology confirmed mesenteric schistosomiasis.

Conclusion: This case underscores the importance of differential diagnosis and histopathological confirmation in avoiding unnecessary surgical procedures, particularly in endemic regions

Keywords: Mesenteric cyst, schistosomiasis, Ovarian cyst mimicry, Histopathology, Abdominal cystic mass, Adama

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NURSING AND HEALTHCARE
NOVELTICS GROUP
SEPTEMBER 22-23, 2025 | PARIS, FRANCE

Efficacy of perineal massage during second stage of labour in reducing perineal injury in primi gravid women

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Perineal trauma in the shape of episiotomy and tears is one of the frequent complications of primigravida vaginal delivery and can cause short-term as well as long-term morbidity in mothers. This current quasi-experimental study was conducted to evaluate the efficacy of perineal massage during the second stage of labor to avert the rate and degree of perineal trauma in primigravida women in Bangladesh.

120 number 18–30-year-old women were purposively sampled and randomly assigned to intervention (n=60) and control (n=60) groups by an alternating ABAB method. Perineal massage in the second stage of labor with antiseptic lubricant (Hexitane) was administered to the intervention group. Incidence of perineal trauma, severity of the tear, need for suturing, and side effects were assessed. Statistical analysis was done with SPSS v22.0 at $p<0.05$ significance level.

The incidence of perineal trauma was reduced more than by half in the intervention group (45%) compared to the control group (65%) ($\chi^2 = 4.074$, $p = 0.044$). Greater numbers of women in the intervention group had a normal perineum (55% vs. 35%), and requirement for suturing was also reduced (45% vs. 65%, $p = 0.044$). No difference between groups was observed with regard to tear grade and side effects.

They involve perineal massage during the second stage of labour as an inexpensive, effective, and safe intervention with significant potential to diminish the perineal trauma experienced by first-time mothers. Its scalability, affordability, and simplicity in implementation make it a practicable addition to maternal care practice, especially in low-resource settings like Bangladesh. The results warrant perineal massage inclusion in universal obstetric practices and call for follow-up investigations through randomised controlled trials.

Keywords: Perineal Trauma, Primi Gravid Women, Perineal Massage, Vaginal Delivery, Maternal Health

From urosepsis to aortitis: A challenging case of nontyphoidal salmonella infection in a patient with ankylosing spondylitis

Sarah El-Sabagh and **Sadia Qureshi**
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We report a rare case of infrarenal aortitis secondary to salmonella bacteraemia in a 53-year-old Caucasian male with multiple co-morbidities including ankylosing spondylitis, on long term infliximab therapy. He initially presented with non-specific urinary symptoms, fever and back pain following a recent trip to Turkey. A positive blood culture and imaging studies allowed us to diagnose the condition following an initial presentation with suspected urosepsis. Computed tomography (CT) Kidneys, ureter, bladder (KUB) revealed aortic leak, suggestive of intrarenal aortitis and blood cultures isolated Salmonella enterica. He was commenced on long term intravenous (IV) antibiotic therapy in view of his immunocompromised state and disseminated bacteraemia, and his immunomodulators were suspended following a review from Rheumatology. A triple phase computed tomography (CT) chest, abdomen and pelvis was performed to localise the affected aorta.

Conclusion: Due to limited guidance on appropriate choice and course of antibiotics in these immunosuppressed individuals, this case highlights the need for further discussion on antimicrobial strategies and multidisciplinary collaboration. This is due to the risk of re-infection and potentially life-threatening complications of aortitis such as aortic aneurysm and dissection. Despite aggressive therapy, mortality associated with infectious aortitis remains high in reported series, largely due to a high rate of aortic rupture and thus usually requires surgical intervention for endovascular repair of the affected vessel. It offers important insights for clinicians, particularly those involved in the case of immunosuppressed patients with uncommon infections.

Keywords: Salmonella, Aortitis, Non-typhoidal bacteremia, Urosepsis

"Pflege wissen schafft onkologie" ("nursing science creates oncology")

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The idea of the project was born in 2022. From 2022 to 2024 a framework was designed to identify the main actors (e.g. the research team (SMK & HIS), head nurses, care managers, quality manager), as well as the process of the project itself.

The aim of the project is to search for the best available external evidence (e.g. via databases like Cochrane, PubMed and Cinahl), regarding questions from nursing colleagues of an oncologic ward in Austria. The questions can be submitted through various ways (e.g. direct contact, via E-Mail or a booklet, which is placed at the nurse station). After deciding on the topic, a search process is made, which is defined in the process of the project. The results of the search are then transferred to the colleagues of the ward via One-Minute Papers. These are an excellent way to inform medical staff, because the paper can be read and understood in 60 seconds. After informing about the findings, changes in practice can be necessary. If that is the case, it is discussed in the interprofessional team. Afterwards SMK and HIS implement the changes needed. After the implementation an evaluation is carried out, e.g. via a Survey about mucositis.

In the first year of the project, three searches were completed: 1) Taurolidine vs. Saline flushes for PAC Systems, 2) Mouthwashes for chemotherapy-induced mucositis, 3) Unmet needs of oncologic patients. The second search also led to an interprofessional collaboration with pharmacists of the hospital, which developed a mouthwash for patients with mucositis, based on the results of the project. Furthermore, an article was published in PRO CARE about the project.

Scales of care conservation: Transforming "brain drain" into "brain circulation in times of scarcity. A nurse-led health security multilateral diplomatic infrastructure

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Global health systems face converging pressures: austerity, climate shocks, migration, and rapid digitalisation.

UK Nursing and Midwifery Council (NMC) data (to 31 March 2025) highlight fragility: 853,707 professionals (+3.3% YoY), including 788,074 nurses (+3.0%), 46,606 midwives (+5.6%), 12,782 nursing associates (+17.5%), and 6,245 dual registrants (-1.8%). Yet joiners fell 11.9% and leavers rose 6.0%, with 3.5% exiting the register, signalling severe workforce strain. Nursing must be reframed as core health-security infrastructure. Outcomes improve when political will aligns with frontline delivery, per delivery science models. Diaspora- led partnerships can transform "brain drain" into "brain circulation," positioning nurses as policy architects, not merely executors.

A comparative policy analysis integrates: (i) NMC workforce trends; (ii) UK–Zimbabwe and France–Zimbabwe collaborations (ICU twinning, telehealth corridors, vaccination outreach); (iii) political-economy mapping; and (iv) delivery diagnostics (leadership alignment, feedback loops, frontline autonomy). Findings suggest interventions combining nurse retention funding and technology reduce burnout, enhance patient-care experiences, and strengthen continuity of care. Diaspora exchanges stabilise critical services and accelerate innovation. Framing nurses as policy translators improves adoption fidelity. Investing in nurses as system designers and diplomatic actors strengthens national and global health governance. Systems integrating retention, mentorship, and culturally grounded models (e.g., Zimbabwe's Wildlife Diplomacy Trio—pangolin, zebra, elephant) reduce burnout and improve adaptation. AI triage without workforce retention is "akin to fitting the latest GPS on a sinking ship," worsening health system failure.

Conclusion: Nurses are global guardians of health security. Embedding "care as conservation" into WHO frameworks, bilateral compacts, and diaspora corridors can anchor a Global Survival Pact for Universal Health Coverage, restoring dignity beyond digital metrics and mitigating exposure to adverse effects.

Keywords: Nursing workforce; Health diplomacy; Brain circulation; Retention; One Health; Diaspora partnerships; Universal Health Coverage

Big data-driven analyses to improve chronic disease management and medication adherence

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Background and Objectives: Medication non-adherence represents a major challenge for healthcare systems, leading to suboptimal clinical outcomes and increased healthcare costs. In response, healthcare authorities in Italy have integrated medication adherence monitoring into their strategic healthcare planning. This study aims to develop and implement a big data- driven outcome management system to support healthcare policies focused on optimizing medication use and improving adherence among patients with chronic diseases.

Materials and Methods: The study was carried out via a big data platform including administrative healthcare data from a Region in Southern Italy. This database includes demographic information, patient records, physician details, pharmaceutical prescriptions, and hospital discharge data, covering approximately 6 million residents, 10% of the Italian population. Advanced data analytics techniques were employed to extract key performance indicators (KPIs) related to medication adherence, drug expenditure, drug utilization patterns, and healthcare resource consumption.

Results: Approximately 38% of the population in the Italian sample is affected by at least one chronic disease, with prevalence rising to over 83% among individuals aged 65 and older. The primary chronic disease areas include metabolic conditions (24%), cardiovascular diseases (18%), and respiratory diseases (5%). Medication adherence rates vary across these conditions: 33% for hyperlipidemia, 63% for diabetes, and 41% for chronic obstructivepulmonary disease (COPD). The average annual healthcare cost per patient is approximately €5,800 for hyperlipidemia, €2,800 for diabetes, and €2,900 for COPD, with hospital admissions accounting for the majority of expenses—96% for hyperlipidemia, 41% for diabetes, and 67% for COPD.

Conclusions: The integration of big data analytics into outcome management enables real-time monitoring of medication adherence and healthcare utilization patterns in patients with chronic diseases. This approach provides healthcare policymakers with actionable insights to develop targeted interventions aimed at enhancing medication adherence, reducing hospitalizations, and optimizing healthcare costs. Establishing a data-driven monitoring system contributes to improving both patient outcomes and the efficiency of healthcare delivery systems.

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