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beside deceased newborn and fetal. The Analysis of the structure of the hereditary diseases beside fetal and deceased newborn has shown that prenatal most were often diagnosed such hereditary diseases as - achondroplasia 24 (48.9%), Down syndrome 12 (24.4%), Patau syndrome - 4 (8.1%), Edwards syndrome - 4 (8.1%), Turner syndrome -3(6.1%) Prader-Willi syndrome-2 (4.0%), Beside deceased newborn most was often revealed - Down syndrome 30 (64.3%), Pierre-Robin syndrome 12 (17.2%), Cystic Fibrosis -7 (10%), Edwards syndrome 5 (7.1%), arthrogryposis 3 (4.2%) Turner syndrome 2 (2.8%). Osteogenesis imperfecta, chondrodystrophy congenital and Arnold-Chiari Malformation were revealed in single events. Results of questioning of mothers of newborns with various congenital diseases have shown that in 90 % of cases - pregnancy was not planned. Women did not consent on this account, and did not pass regular inspection. 19 % of newborns are born by women of advanced age. Some mothers have refused to interrupt pregnancy.

THE COMPARATIVE ANALYSIS OF A CURRENT ANTERAL PERIOD IN NEWBorns WITH HYPOPLASTIC AND DYSPLASTIC TYPE OF A DELAY OF PRE-NATAL DEVELOPMENT
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Research objective: The comparative analysis of features antenatal period at newborns with hypo plastic and dysplastic variants of the slowed down growth. Case records of newborns with hypo plastic (20) and dysplastic (20) variants of the slowed down growth have been studied. It has been revealed that newborns with hypo plastic type have been more often born by young women (til 18 years)-28%, at newborns with developmental anomalies mother of advanced age (23%) were more often. Pregnancy of mothers of newborns with hypo plastic type proceeded with interruption threat (33%), 55% of mothers who have given birth to children with developmental anomalies had various infections. 60% of mothers of newborns with hypo plastic type had oligohydramnios, and 68% of mothers of newborns with developmental anomalies had hydramnion. At inspection on pre-natal infections it has been revealed that: mothers of newborns with hypo plastic type had antibodies to toxoplasmosis is more often (58%), mothers of newborns with developmental anomalies were more often carries cytomegalovirus than an infection and a clamidiosis (63%) in 24% - women were not surveyed.

INTRAUTERINE BRAIN TERATOMA: CASE REPORT AND REVIEW OF LITERATURE
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Fetal intracranial teratomas are extremely rare. The incidence of brain tumors in newborns is approximately 1 in 3 million live births, with intracranial teratomas accounting for a third of fetal and neonatal brain tumors. These tumors have been reported to be rapidly growing, and these typically large cystic tumors with solid areas may cause extensive brain destruction. We report a case of fetal intracranial teratoma initially detected in utero at 28 weeks gestation. The patient was referred and seen in a tertiary centre for further detailed ultrasound evaluation at 29 weeks gestation, but fetal death in utero was diagnosed then. Ultrasound scanning revealed macro crania with no identifiable normal brain tissue; and a predominantly solid lobulated mass of mixed echogenicity with cystic components surrounded by a rim of fluid (imagable available). Aspiration and decompression of the fetal head was deemed unlikely to lead to a reduction of the head circumference, and a classical caesarian section was performed the next day, delivering a dead male infant. Post mortem confirmed intracranial teratoma, not associated with any other congenital abnormalities. Fetal intracranial teratomas can grow aggressively fast, and prognosis is usually poor. Earlier detection antenatal may aid obstetric management, including delivery; however, detection by ultrasound may be incidental during "routine" antenatal ultrasonography or may be prompted by increase in uterine fundal height.

HEALTH DISPARITIES IN CANADA: FACTORS ASSOCIATED WITH ADVERSE PERINATAL OUTCOMES AMONG FIRST NATIONS PREGNANT WOMEN IN MANITOBA
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Background: The health inequities that persist amongst First Nations and non-First Nations populations in Canada are significant. First Nations pregnant women in Manitoba have 1.7 times increased risk of perinatal mortality than non-First Nations women. Little is known about why this inequity exists. Methods: A retrospective case control study of all perinatal deaths at 3 Manitoba hospitals during 2004-2006. Results were analyzed using single and multivariate logistic regression. Results: Amongst pregnant Manitoban First Nations women distinct risk factors for increased perinatal mortality were found including inadequate prenatal care (OR 3.37 [CI 1.38-8.21]), smoking (OR 2.22 [1.01-4.87]) and rural residency (OR 21.66 [3.12-150.33]). Surprisingly, single marital status was protective against adverse outcome (OR 0.39 [0.18-0.83]). Despite shared known risk factors for increased perinatal mortality First Nations women were not found to be a homogeneous maternal group. Conclusion: This increased risk is a reflection not of ethnicity, but of the lifestyle, cultural and socioeconomic factors present within the First Nations population. These findings emphasize the need for better identification of risk factors within diverse populations and the importance of not generalizing risk assessment across these groups. Future public health policies and programmes targeted at pregnancy outcomes in First Nations populations need to address these factors and the heterogeneity of the population; failure to do so may result in the disparities between First Nations and non-First Nations pregnant women persisting into future generations.

KNOWLEDGE AND PRACTICE OF FEMALE NURSES RELATING TO BREAST CANCER CHECKUPS
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Background and Goal: Breast cancer is most common fatal cancer among women and one of the ways for recognizing it at the first stages is checkups, but it seems that most people are not aware of them or they don't want to do them. Since nurses are most responsible for teaching the importance of doing checkups to the peoples and they are as models for some peoples, therefore it was decided to investigate the knowledge and practice of female nurses relating to breast cancer checkups. Method: In this descriptive research, knowledge and practice of 402 female nurses who worked at some Esfahan hospitals with researcher prepared questionnaire and checklist were investigated and findings by S.P.S.S (ver-15) software and descriptive, correliative statistics, ANOVA, Kruskal-Wallis and Mann-Whitney-U tests were analyzed. Findings: findings of this research showed that 69/4% of female nurses had poor knowledge and 41/5% of them had poor practice relating to breast cancer checkups and there were significant correlation between age-work background and practice but there were no significant correlation between age-work background and knowledge of samples(p<0/05). Results: knowledge and practice of most nurses relating to breast cancer checkups is poor and because this group must be one of the main educators of this matter, therefore the annual teaching must be considered for them and for improving the practice of these checkups useful ways should be introduced.