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AEEP eape European Association for Paediatrics Education

3RD EDITION

NURSING & PEDIATRICS

WEBINAR 2021 JUNE 16-19, 2021

SCIENTIFIC PROGRAM

DAY 1 : JUNE 16 2021

Keynote Forum

UTC+01:00 (CET) Central European Timings (Time in Italy)

Chair: JUAN BRINES, VALENCIA UNIVERSITY, SPAIN

08:45-10:00	Title: Breastfeeding from an evolutionary perspective
	Juan Brines, Valencia University, Spain
10:00-11:00	Title: Environment and epigenetics for the 1000 first days of infants
	Virginie Rigourd, The Necker – Enfants Malades Hospital, France
11:00- 11:15	**COFFEE BREAK**
11:15-12:15	Title: Nutrition of Pregnant Mother and lactating mother
	Claude Billeaud, University of Bordeaux, France
12:15-12:45	Title: Fetal and Post-natal Growth in preterm infants: impacts on fetal programming
	Geraldine Gascoin, Angers University Hospital Center, France
12:45-14:00	**LUNCH BREAK**
14:00-15:00	Title: Nutrition of infant 0-2 years and impact on future adult
	Cecilia Martinez-Costa & Javier Estañ Capell, University of Valencia, Spain
15:00-16:00	Title: The 1000 first days of infant and Pneumology
	Michael Fayon, University of Bordeaux, France
16:00-17:00	Title: The 1000 first days of infant and neurodevelopment
	Muriel Rebola, University of Bordeaux, France
17:00-18:00	Title: The 1000 first days of infants and Paediatrics infectiology
	Jean Sarlangue, University of Bordeaux, France

PANEL DISCUSSIONS

DAY 2 : JUNE 17 2021

Keynote Forum	
Session Chair: Gillian Weaver, Co-Founder Human Milk Foundation,United Kingdom	
09:30-10:00	**Introduction By Gillian Weaver**
10:00-10:45	Title: The First 1000 days of life » with a focus on the importance of breastfeeding
	Myriam Panard, Lactation Consultant IBCLC, France
10:45-11:45	Title: Challenges in the management of lactation and human milk banking during the COVID-19 pandemic
	Natalie Shenker, UKRI Future Leaders Fellow at Imperial College London, United Kingdom
11:45- 12:00	**COFFEE BREAK**
12:00-12:30	Title: Associated factors to early breastfeeding attachment after C-section in a third level maternity in Yaoundé Cameroon.
	Anne Esther Njom Nlend, Cameroon Medical Women Association, Cameroon
12:30-13:30	Title: Breastfeeding complications management Protocol for the lactating breast abscesses management-A very bad form of mastitis
	Catherine Bonnehon &Marianne Coicaud, University of Bordeaux, France
13:30-14:00	**LUNCH BREAK**
14:00-15:00	Title: Osteopathy and painful breastfeeding
	Christophe Elleau, University of Bordeaux, France
15:00-16:00	Title: Possible role of antioxidants/free oxygen radicals rate in cells on early prevention of chronic inflammatory illnesses of young people
	Tamás Szamosi, Semmelweis University, Hungary
16:00- 16:15	**COFFEE BREAK**
16:15-17:00	Title: Keypoint to a successful newborn hearing screening : Thirty years of experience and innovations
	Jose Miguel Sequi, Valencia University, Spain
17:00-18:00	Title: New surgical approach of Enterocolitis of Preterm in Valencia
	Ana Lopez,Valencia University, Spain
PANNEL DISCUSSION	

DAY 3 : JUNE 18 2021

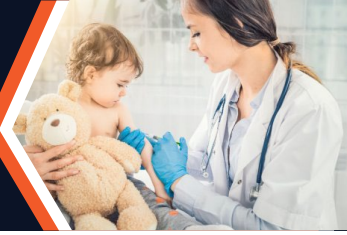
Keynote Forum	
Session Chair: Rana S. Abdel Malak, Independent Executive Consultant at Stochos/ Sydney Australia, Lebanon	
10:00-10:30	Title: Emotional Intelligence Ability Testing in Nursing: Progress and Gaps
	Rana S. Abdel Malak, Independent Executive Consultant at Stochos/ Sydney Australia, Lebanon
10:30-11:00	Title: Role of Nursing in pediatric surgery
	Amin Gohary, Burjeel Hopital Abu Dhabi, United Arab Emirates
11:00- 11:10	**COFFEE BREAK**
11:10-11:40	Title: Inquiry-Based Learning in Nursing Education: Educator's Perspectives on Integrating Inquiry Pedagogy and Its Effects on Critical Thinking
	Hala Mohamad Saleh, Nursing Department at Jinan University, Lebanon
11:40-12:10	Title: Medication use in breastfeeding women
	Nour El Hoda Ezzeddine, Lactation Consultant IBCLC, Lebanon
12:10-12:40	Title: Nursing and patient support programs
	Mawass Marie rose, Hazmieh Municipality Medical Center, France
12:40-13:10	Title: Why do Patients Still Catch Hospital Infections Despite the Practice of Infection Prevention and Control Programs
	Huang wei ling, Medical Acupuncture and Pain Management Clinic, Brazil
13:10-14:00	**LUNCH BREAK**
14:00-14:30	Title: The factors affecting the utilization of information and communication technology
	Victor Oti E, University of Portharcourt Teaching Hospital, Nigeria
14:30-15:00	Title: Luteolin mitigates Tamoxifen associated fatty liver and cognitive impairment in rats via modulating beta catenin
	Hala O. El-Mesallamy, Sinai University, Egypt
15:00-15:30	Title: Paediatric Cancer: A New Approach in Care
	Nadine Ziad Zeinab, Oncology Pharmacist, Pain/ Palliative Pharmacist , ESOP/EUSOP, ASHP -ISMP, M.sc Pharmacology and Therapeutics American University of Beirut, Lebanon
15:30-16:00	Title: In The Nick of Time : Responsive Patient Care With Wearable Technology
	Elvessa Narvasa, Canadian Council of Cardiovascular Nurses,Canada

16:00- 16:10	**COFFEE BREAK**
16:10-16:40	Title: Isolation Precautions – Limitations & Challenges A Unicentric study
	Anwar AL Souheil, Beirut Arab University, Lebanon
16:40-17:10	Title: Quality of Life in Lebanese Patients Implanted with a Left Ventricular Assist Device: A Mixed-Method Study
	Ibrahim Youness Ayoub, Beirut cardiac institute and Beirut Arab university Lebanon
17:10-17:40	Title: Bee products in Nutrition and Health: An Update on Apitherapy
	Zeliha Selamoglu, Omar Halisdemir University, Turkey
WORK SHOP	
17:40-18:40	Title: New Horizons in Medical Education: Changes in Medical Education in the last 10 years through the eyes of a young educator
	Irem Aktar, EMSA Europe Medical Education Director, Turkey **Süleyman Yildiz, Mardin Derik State Hospital, Turkey**
PANNEL DISCUSSION	

DAY 4 : JUNE 19 2021

Keynote Forum	
Session Chair: Aline Nassar, Board Chairman and Chief Executive Officer Stochos, Australia	
10:00-10:30	Title: Effective Nursing Leadership: Transforming Toxic Work Environments
	Aline Nassar, Board Chairman and Chief Executive Officer Stochos, Australia
10:30-11:00	Title: Enhancing the Capacity of Health Systems to Overcome Challenges and Strengthening Nurses and other Healthcare Professionals in COVID-19 Process
	Fusun Terzioglu, Faculty of Health Science, Turkey
11:00-11:10	**COFFEE BREAK**
11:10-11:40	Title: Serum levels of FAK and some of its effectors in adult AML: Correlation with prognostic factors and survival
	Hala O. El-Mesallamy, Sinai University, Egypt
11:40-12:10	Title: How Can We Reduce Hospital Infections in Pediatrics Patients?
	Huang wei ling, Medical Acupuncture and Pain Management Clinic, Brazil

12:10-12:40	Title: Paediatric Nursing and Health Care
	Samy A. Abdel azim, University of Cairo, Egypt
12:40-13:10	Title: A Tool Towards Developing a Professional Identity in Nursing
	Charmaine Co-Enarsico, Princess Nourah Bint Abdulrahman University, Saudi Arabia
13:10-14:00	**LUNCH BREAK**
14:00-14:30	Title: Who Should Fight the Coronavirus? A Public Health Perspective
	Malak F. Halawy, Administrator at American University of Beirut, Lebanon
14:30-15:00	Title: Hopelessness, Anxiety, Depression and Treatment Adherence in Chronic Hemodialysis Patients
	Elif Ok, Psychiatric and Mental Health Nurse, PhD, Turkey
15:00-15:30	Title: The role of religion in the society's view of curettage
	Nur Elcin Boyacioglu, Istanbul University, Turkey
WORK SHOP	
15:30-16:30	Title: Effect of asymptomatic heavy metal poisoning on adolescent health
	Süleyman Yildiz, Mardin Derik State Hospital, Turkey
16:30-17:30	Title: Neonatal lupus erythematosus with a cutaneous nevus case
	Süleyman Yildiz, Mardin Derik State Hospital, Turkey
PANNEL DISCUSSION	



Collaborators

About AEEP / EAPE

Association for Pediatric Education in Europe (AEEP/EAPE), is an European, independent, non-political, non profit-making, scientific Association.

It aims are :

- to encourage improvements in paediatric education;
- to collect, exchange and distribute information about paediatric education;
- to promote research in paediatric education.

The Association was founded in 1970 and numbers today about 120 members, mostly University teachers from nearly all the European countries

https://www.aeep.asso.fr/en/: Association for Pediatric Education in Europe

The Brothers Hospitallers of Saint John of God (officially the Hospitaller Order of the Brothers of Saint John of God; abbreviated as O.H.) are a Roman Catholic order founded in 1572. They are also known commonly as the Fatebenefratelli, meaning "Do-Good Brothers" in Italian, the Brothers of Mercy, and the Merciful Brothers. The Order carries out a wide range of health and social service activities in 389 centres and services in 46 countries.

https://www.ohsjd.org/Objects/Home1.asp: St. John of God Hospital, Italy

WELCOME

From **President of EAPE/AEEP, France**

Dear **Nursing & Pediatrics Conference Attendees,**

European Association for Pediatric Education (AEEP/EAPE) in collaboration with **Confrontiers Conferences LLP**, would like to personally invite each of you to **"Nursing & Pediatrics Webinar 2021"**

As the **President of EAPE/AEEP**, would be happy to meet you all at this Webinar to be held during "**June 16-19, 2021**".

Nursing & Pediatrics 2021 is accredited with CPD/CME credits. Nursing & Pediatrics 2021 would be one of the rare Webinar, where you would be exploring the research in the field of both Nursing & Pediatrics.

Thanking you!!

Dr Claude Billeaud MD MSc PhD neonatology & Nutrition
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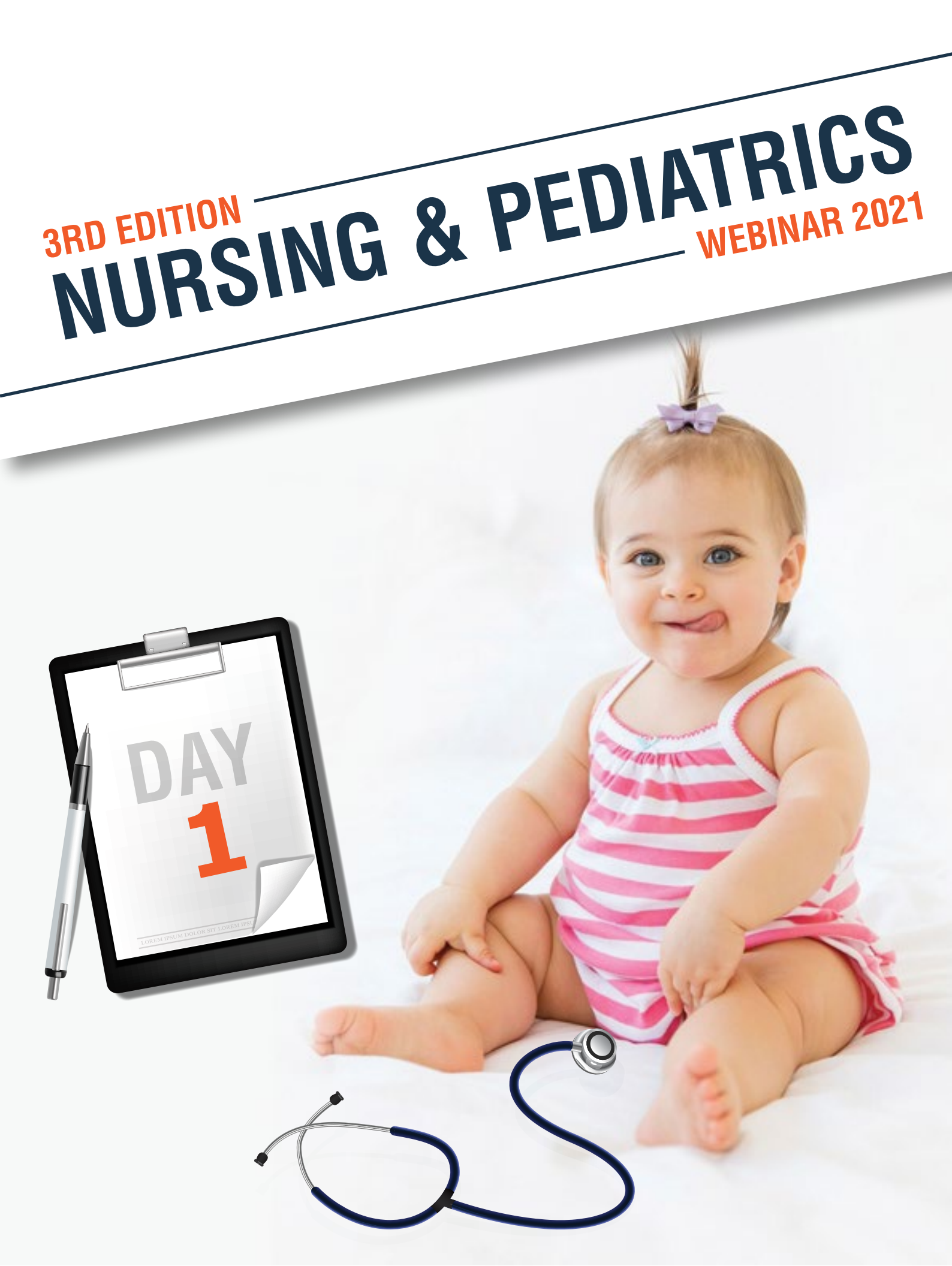
3RD EDITION

NURSING & PEDIATRICS

WEBINAR 2021



Juan Brines
Past President of AEEP, Honorary Professor of Paediatrics Valencia University, Spain

BREAST FEEDING FROM AN EVOLUTIONARY PERSPECTIVE

The claim that breastfeeding is the ideal food for infants in the months following birth has had the strongest support for its advantages on infant mortality and morbidity over any alternative throughout history. The fact that during the evolution of the species it has guaranteed the survival of humans is, without any doubt, the strongest argument for its goodness, so it is not surprising that breast milk is considered the ideal reference in infant nutrition by the most prestigious scientific institutions and that the food industry has endeavored to develop formulas increasingly similar to it.

Throughout history, breastfeeding has been considered a phenomenon of great importance because it was essential to ensure the survival of the child in the months from birth to weaning. The survival of the child has been tacitly or explicitly a priority objective in historically constituted communities as this is the obligatory antecedent of the adult and so of the structural stability and orderly functioning of them.

This interest of society and its institutions in breastfeeding has exceeded in the last century until the present the local and national scope, to the point to concern in a generic way international organizations such as the WHO, an institution that has been directly and decisively a promoter of breastfeeding to which has repeatedly devoted meetings and publications.

Since the 19th century, scientific and technological advances have made it possible to modify animal milk, especially cow's milk, until reaching a high degree of perfection (formula), which has contributed to the infant being able to grow and develop satisfactorily in circumstances where breastfeeding was impossible for biological, psychological or social reasons. This undeniable human achievement in the search for reliable alternatives to women's milk has not been without discussion, especially arisen between those who strongly defend breastfeeding and those who offer alternatives frequently promoted by the interests of the dairy industries.

As often happens, the polarization of attitudes provokes a progressive distancing from reality, which does not benefit the correct judgment and resolution of problems. On the one hand, unorthodox commercial practices are observed and, on the other, superb statements, more

political than scientific, where economic, labor, ethical and cultural dimensions susceptible of interpretation are added to the indisputable biological and psychological advantages for the mother and child of breastfeeding. Some of these positions overlook the possible and natural exceptions to breastfeeding as well as individual variability. These conditioning factors, together with new discoveries and nutritional, genetic, evolutionary, psychological and social perspectives have promoted critical reviews that have eroded the once indisputable foundations of the effectiveness of breastfeeding for all infants. It should not be surprising, therefore, that when, in meetings of high scientific level, it has been tried to specify the functions and purposes for the human being in which women's milk was the gold standard, the answers have been rather vague.

It is therefore advisable to rank by the relative importance the various factors that are intertwined in the infant feeding process and in this sense we do not hesitate to affirm that it is the biological perspective that offers the most solid reference for the simple reason that psychological and sociological aspects cannot exist in the absence of biological ones and also because the biological record is by far the one that provides the greatest amount of information on the long evolution of mammals.

We therefore insist on the fact that without the biological reality of the mother-child dyad there is no possibility of a psychological or social study of breastfeeding. And this statement is not intended to downplay the other factors but to clarify that while biological factors have been determining for human breastfeeding, psychological and cultural ones have generally been conditioning. Due to its fundamentally biological nature, lactation must be studied from the perspective offered by its evolution in those species for which its presence is decisive: mammals and, in particular, the human one. In this endeavor, the analysis of the evolutionary line of mammals and of the human species and the role that diet has played in it will help us. This will make it easier for us to understand the current position of breastfeeding.

At this point, it should be noted that natural selection, the driving force of evolution, which has determined the superiority of breastfeeding in infant feeding, only causes effects on hereditary transmission when it acts in the first three stages of human life cycle (conception, growth and development, and reproductive period). Beyond reproductive period there is no chance for gene transmission. So the evolutionary perspective only allows us to assure the advantages of breastfeeding compared to any other alternative in these three periods. Our long pre-reproductive period favors mutations in germ cells that will have the possibility of transmission to offspring. The phenotypic traits resulting from such mutations will be contrasted with the environment that will eliminate those that do not adjust properly, those that are maladjusted. Mutations that occur in adults will have less possibilities of transmission and expression in the progeny as the possibilities of reproduction are progressively reduced. The expectations of transmission of the mutations present in senescence (genetic garbage, in the expression of Peter Medawar) are almost anecdotal.

To end this summary it is appropriate to remember that the post-reproductive period of our species is extremely long and that it presents a set of diseases known as diseases of civilization or non-communicable diseases (NCD, WHO) that they constitute the main health

problem of present medicine in technologically developed countries. Among these conditions, arteriosclerosis, cardiovascular diseases, type 2 diabetes, and neurodegenerative diseases appear as true pandemics. Direct antecedents of the first three are overweight, obesity and hypertension. Since research on the origins of NCD diseases has found that all of them have frequently their roots in the early stages of life, the question arises as to whether breastfeeding influences the onset and development of these diseases, a question that remains unanswered at the moment.

Biography:

JUAN BRINES SOLANES born in February 28 1943. Simat de Valldigna (Valencia. Spain) Intern student of the Pediatrics Department, 1964-66. Faculty of Medicine, University of Valencia (UV). Graduate in Medicine and Surgery. 1966. Faculty of Medicine (UV). Pediatric and Childcare Specialist. 1970. Doctoral thesis 1973. Summa cum laude (UV). University positions: Assistant professor of Pediatrics 1969-73 and 1974-76 (UV). Professor of Pediatrics 1973-74 (University of Murcia). Professor of Pediatrics 1976-82 (UV). Professor and Chair of Pediatrics 1983-2013 (UV). Director of the Department of Pediatrics 1980-86 (UV). Director of the Department of Pediatrics, Obstetrics and Gynecology 1986-93 (UV). Honorary Professor of Pediatrics 1999 (University of Noreste, Argentina). Honorary Professor of Pediatrics from 2013 to the present (UV). Hospital positions: Adjunct pediatrician Pediatric Service Hospital Clínico Valencia PSHCV), 1969-71. Clinical chief of PSHCV, 1972-76. Head PSHCV, 1976-2013. Publications: Books (as sole author, editor or co-editor), 30. Chapter of books: 81. Lectures and communications to Pediatric Conferences:71; Articles in national and international pediatric journals: 186. Main subjects of interest in Pediatrics: Nutrition, neonatology, infectious diseases, evolutionary pediatrics and history of pediatrics. Other distinctions: President of the Association for Paediatric Education in Europe 1999-2003. Member and honorary member of several pediatric societies.

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(French Version)

Juan Brines

Past President of AEEP, Honorary Professor of Paediatrics Valencia University, Spain

BREASTFEEDING FROM AN EVOLUTIONARY PERSPECTIVE

L'affirmation selon laquelle l'allaitement maternel est l'alimentation idéale pour les nourrissons dans les mois qui suivent la naissance a bénéficié, au cours de l'histoire, du soutien le plus solide pour ses avantages sur la mortalité et la morbidité infantiles par rapport à toute autre alternative. Le fait qu'au cours de l'évolution de l'espèce, il ait garanti la survie des humains est, sans aucun doute, l'argument le plus fort en faveur de sa bonté. Il n'est donc pas surprenant que le lait maternel soit considéré comme la référence idéale en matière de nutrition infantile par les institutions scientifiques les plus prestigieuses et que l'industrie alimentaire se soit efforcée de développer des formules qui s'en rapprochent de plus en plus.

Tout au long de l'histoire, l'allaitement maternel a été considéré comme un phénomène de grande importance car il était essentiel pour assurer la survie de l'enfant dans les mois allant de la naissance au sevrage. La survie de l'enfant a été tacitement ou explicitement un objectif prioritaire dans les communautés historiquement constituées, carelle est l'antécédent obligatoire de l'adulte et donc de la stabilité structurelle et du fonctionnement ordonné de celles-ci. Cet intérêt de la société et de ses institutions pour l'allaitement maternel a dépassé au siècle dernier jusqu'à aujourd'hui la portée locale et nationale, au point de concerner de manière générique des organisations internationales comme l'OMS, une institution qui a été directement et de manière décisive un promoteur de l'allaitement maternel auquel elle a consacré à plusieurs reprises des réunions et des publications.

Depuis le XIXe siècle, les progrès scientifiques et technologiques ont permis de modifier le lait animal, en particulier le lait de vache, jusqu'à atteindre un haut degré de perfection (formule), ce qui a contribué à ce que le nourrisson puisse grandir et se developer de manière satisfaisante dans des circonstances où l'allaitement maternel était impossible pour des raisons biologiques, psychologiques ou sociales. Cette réussite humaine indéniable dans la recherche d'alternatives fiables au lait de femme n'a pas été sans susciter des discussions, notamment entre ceux qui défendent fermement l'allaitement maternel et ceux qui proposent des alternatives souvent promues par les intérêts des industries laitières.

Comme il arrive souvent, la polarisation des attitudes provoque un éloignement progressif de la réalité, ce qui ne favorise pas le jugement correct et la résolution des problèmes. D'un côté, on observe des pratiques commerciales peu orthodoxes et, de l'autre, de superbes déclarations, plus politiques que scientifiques, où des dimensions économiques, de travail, éthiques et culturelles susceptibles d'interprétation s'ajoutent aux avantages biologiques et psychologiques indiscutables de l'allaitement pour la mère et l'enfant. Certaines de ces positions négligent les exceptions possibles et naturelles à l'allaitement ainsi que la variabilité individuelle. Ces facteurs de conditionnement, ainsi que les Nouvelles découvertes et les perspectives nutritionnelles, génétiques, évolutives, psychologiques et sociales ont favorisé des examens critiques qui ont érodé les fondements autrefois indiscutables de l'efficacité de l'allaitement maternel pour tous les nourrissons. Il ne faut donc pas s'étonner que lorsque, dans des réunions de haut niveau scientifique, on a essayé de préciser les fonctions et les buts pour l'être humain pour lesquels le lait de la femme était l'étalon-or, les réponses ont été plutôt vagues. Il convient donc de classer par ordre d'importance relative les différents facteurs qui s'entremêlent dans le processus d'alimentation du nourrisson et dans ce sens, nous n'hésitons pas à affirmer que c'est la perspective biologique qui offre la référence la plus solide pour la simple raison que les aspects psychologiques et sociologiques ne peuvent exister en l'absence Abonnez-vous à DeepL Pro pour modifier ce document. Visitez www.DeepL.com/Pro pour en savoir plus. des aspects biologiques et aussi parce que le dossier biologique est de loin celui qui fournit le plus d'informations sur la longue évolution des mammifères. Nous insistons donc sur le fait que sans la réalité biologique de la dyade mère-enfantil n'y a pas de possibilité d'étude psychologique ou sociale de l'allaitement. Et cette affirmation ne vise pas à minimiser les autres facteurs, mais à préciser que si les facteurs biologiques ont été déterminants pour l'allaitement humain, les facteurs psychologiques et culturels ont généralement été conditionnants. En raison de sa nature fondamentalement biologique, la lactation doit être étudiée dans la perspective offerte par son évolution chez les espèces pour lesquelles sa présence est déterminante : les mammifères et, en particulier, l'homme. Dans ce but, l'analyse de la ligne évolutive des mammifères et de l'espèce humaine et du rôle qu'y a joué l'alimentation nous aidera. Il nous sera ainsi plus facile de comprendre la situation actuelle de l'allaitement maternel.

À ce stade, il convient de noter que la sélection naturelle, moteur de l'évolution, qui a déterminé la supériorité de l'allaitement maternel dans l'alimentation des nourrissons, n'a d'effets sur la transmission héréditaire que lorsqu'elle agit au cours des trois premières étapes du cycle de vie humain (conception, croissance et développement, et période de reproduction). Au-delà de la période de reproduction, il n'y a aucune chance de transmission des gènes. La perspective évolutionniste ne nous permet donc d'assurer les avantages de l'allaitement maternel par rapport à toute autre alternative que dans ces trois périodes.

Notre longue période pré-réproductive favorise les mutations dans les cellules germinales qui auront la possibilité d'être transmises à la descendance. Les traits phénotypiques résultant de ces mutations seront contrastés avec l'environnement qui éliminera ceux qui ne s'adaptent pascorrectement, ceux qui sont inadaptés. Les mutations qui se produisent chez l'adulte auront moins de possibilités de transmission et d'expression dans la

descendance car les possibilités de reproduction sont progressivement réduites. Les espoirs de transmission des mutations présentes dans la sénescence (ordures génétiques, selon l'expression de Peter Medawar) sont presque anecdotiques.

Pour terminer ce résumé, il convient de rappeler que la période post-reproductive de notre espèce est extrêmement longue et qu'elle présente un ensemble de maladies dites de civilisation ou maladies non transmissibles (MNT, OMS) qui constituent le principal problème de santé de la médecine actuelle dans les pays technologiquement développés.

Parmi ces maladies, l'artériosclérose, les maladies cardiovasculaires, le diabète de type 2 et les maladies neurodégénératives apparaissent comme de véritables pandémies. Les antécédents directs des trois premières sont le surpoids, l'obésité et l'hypertension. Étant donné que les recherches sur les origines des maladies neurodégénératives ont révélé que toutes ont fréquemment leurs racines dans les premiers stades de la vie, la question se pose de savoir si l'allaitement maternel influence l'apparition et le développement de ces maladies, une question qui reste sans réponse à l'heure actuelle.

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Virginie Rigourd

MD PhD Neonatology & Director of Paris Lactarium Board of AEEP
The Necker – Enfants Malades Hospital, France

ENVIRONMENT AND EPIGENETICS FOR THE 1000 FIRST DAYS OF INFANTS

The 1000d period is a critical period for the health of each individual between the peri-conceptual phase until the child is 2 years old. An unfavorable environment can disrupt the development of certain functions and promote the appearance of certain pathologies several years later. The exposome corresponds to environmental exposures and covers external exposures; internal processes and behavior. Environmental factors break down into chemical environment (contaminants, indoor and outdoor air), physical environment (radioactivity, electromagnetic waves), biological environment including toxins and viruses, food and energy imbalance, psychological and socio-economic stress, behaviors, way of life and communities. Health professionals and public authorities are currently taking an environmental health approach with the aim of reducing the exposure of pregnant women and young children to such an exposure. The final objectives, after a better understanding of the pathologies linked to an unfavorable exposome over the 1000-day period, to develop preventive actions and deploy them.

Biography :

Doctor Rigourd Virgine pediatrician in neonatal since 1997. Currently working at the hospital Necker Enfants Malades (APHP, Paris). Doctorresponsible for the regional lactarium in Ile d e France since 2002. Public relations officer of the Association of Lactariums of France (ADLF) and member of the European Association of Lactariums (EMBA). Co-founder of the «Breastfeeding SOS 75» hotline of the Réseau de Santé Périnatal Parisien (RSPP).

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(French Version)

Virginie Rigourd

MD PhD Neonatology & Director of the Ile de France Lactarium
University & CHU Necker-Enfants Malades

ENVIRONMENT AND EPIGENETICS FOR THE 1000 FIRST DAYS OF INFANTS

La période des 1000j est une période critique pour la santé de chaque individu entre la phase péri-conceptuelle et jusqu'à ce que l'enfant ait 2 ans. Un environnement défavorable peut perturber le développement de certaines fonctions et favoriser l'apparition de certaines pathologies plusieurs années plus tard. L'exposome correspond aux expositions environnementales et couvre les expositions externes ; processus et comportements internes. Les facteurs environnementaux se décomposent en environnement chimique (contaminants, air intérieur et extérieur), environnement physique (radioactivité, ondes électromagnétiques), environnement biologique incluant toxines et virus, déséquilibre alimentaire et énergétique, stress psychologique et socio-économique, comportements, mode de vie et communautés. Les professionnels de santé et les pouvoirs publics mènent actuellement une démarche de santé environnementale dans le but de réduire l'exposition des femmes enceintes et des jeunes enfants à une telle exposition. Les objectifs finaux, après une meilleure compréhension des pathologies liées à un exposome défavorable sur la période de 1000 jours, développer des actions préventives et les déployer.

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Claude Billeaud

MD MSc PhD HDR Neonatology & Nutrition
President of AEEP/EAPE, France

NUTRITION OF PREGNANT MOTHER AND LACTATING MOTHER

We have studied by dietary surveys and in vivo measurements in the blood, breast milk, adipose tissue of the pregnant mother and blood and umbilical cord tissue (fetal tissue) of the diet of pregnant and lactating women. Pregnancy needs require an additional 250 Kcal or 2250k Cal / d, but surveys show a bad intake of macronutrients: Proteins 17% of AET versus 15% AQR, Lipids: excess of Fat 45% versus 35%, Excess of Saturated and not enough polyunsaturated fatty acids and particularly omega 3, Carbohydrates 45% versus 55% of RDAs. Minerals: Calcium 1000mg versus 1200 mg /d, Iron 12mg versus 30 mg / d, Magnesium 300 mg / d versus 400mg / d, Zinc 6mg / d vs 15mg. The vitamins : we note a deficit in vit D 3 mg vs 20 mg, B6 deficit 2 mg, Folates deficit 300 mg and 0.4mg / d at the beginning of pregnancy. It is particularly recommended to eat 2 times / week of fatty fish (Mackerel 2x170g / week) and 30 gr of rapeseed oil, and if the woman does not manage to follow the dietary advice, it is necessary to resort to medicinal supplements in Minerals, trace elements, Vitamins and omega 3.

Breast milk adequately provides all the macronutrients necessary for the harmonious growth of the child. Proteins, Carbohydrates vary little according to the mother's diet, on the other hand its composition in Lipids, Trace elements and Vitamins is highly variable with the mother's diet of breast milk, in our study in 2014 in 80 participants the diet is low calorie (1996 Kcal vs 2200 Kcal AQR) normoprotidic, normolipidic, insufficient in Carbohydrates compared to the results of 1997 High calorie 2700 Kcal and Hyperlipidic: too much of saturated GA, not enough Polyunsaturated: very insufficient supply of Linolenic Acid. The intake of "simple sugars" must remain <10% AET, insufficient in POLYSACCHARIDES AND FIBERS. ALCOHOL = 0! Sweet and pastry products consumed in excess by half of the mothers. Lack of fiber and slow sugars, insufficient raw vegetables +++, vegetables ++, fruits +; too much fruit juice ==> too many fast sugars. The protein requirements are covered by the normal diet; we even note a tendency to overconsume in 1997; on the other hand in 2014 the intake is 72g / d which is normal. From a qualitative point of view, the intake of animal proteins of high biological value must represent at least 2/3 of the intake, which is the case in French surveys; the rest can be vegetable protein. Animal proteins are represented by dairy proteins on the one hand, but also meats, fish, eggs. We note a very insufficient intake of fish, some no fish at all. Mineral salts: Calcium intake is very important, indeed the production of 800 ml of breast milk leads to an additional need of 300 mg, so need 1200 or even 1500 mg / day.

There is insufficient milk consumption and therefore calcium, but also insufficient Mg (250 mg / d vs 480RDA), Zinc (7 mg / d vs 19 RDA) and iron (13 mg / d vs 13 -30 mg RDA). Vitamins: There is a real interest in suggesting vitamin supplements in view of the insufficiency of vit D (2 mg / d vs 20 RDA), vit E (7 mg / d vs 12 RDA), B6 (1.5 mg / d j vs 2.5 RDA) and Folates (138 mg vs 500 RDA). So advice should be given to balance macronutrients and give supplements in minerals, trace elements, vitamins and omega 3 (about 350 mg/d).

Biography:

Claude Billeaud received his MD degree from the Medical University of Bordeaux (France) in 1979 after a graduation in human cytogenetics (1976). He then studied pediatrics and has been the Clinical Assistant Director of Bordeaux University in the departments of Pediatrics, Neonatology and Intensive Care since 1983. He currently serves as a pediatrician in the neonatal unit at the Children's Hospital of Bordeaux, as a scientific manager of Bordeaux-Marmande human milk bank, as a lecturer and head of research (HDR : Habilitation to direct research) in neonatal nutrition at the Medical University of Bordeaux. His particular interest in research led him to graduate in Biology and Health (1988, Bordeaux), be awarded a master in statistics applied to clinical research (1991, Montreal) and complete a PhD in nutrition and food science (2000, Bordeaux). Along his career he has often been invited as a guest professor specialised in nutrition and neonatology in various universities abroad (Montreal, Corrientes in Argentina). Over the last 35 years, he has been an active member of different scientific organisations, either French, European or American, specialised in perinatal medicine (neonatology, pediatrics and nutrition). In this instance, he has served as the President of the Association for Pediatric Education in Europe (A.P.E.E) since 2008 and behalf APEE he is Member of European Academy of Paediatrics (EAP). He has also been very involved in the French human milk banking association (ADLF) for more than 10 years, sharing his academic knowledge focused in nutrition and his long clinical experience in neonatology. He is currently carrying out several researches on the composition of human milk. As an expert in nutrition and perinatal medicine, he is also the author and co-author of numerous scientific publications.

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NUTRITION OF PREGNANT MOTHER AND LACTATING MOTHER

Nous avons étudié par desenquêtes alimentaires et des mesures in vivo dans le sang, le lait maternel, le tissu adipeux de la mère enceinte et le sang et le tissu du cordon ombilical (tissue fœtal) du régime alimentaire des femmes enceintes et allaitantes. Les besoins de la grossesse nécessitent un supplément de 250 Kcal soit 2250k Cal/j, mais les enquêtes montrent un mauvais apport en macronutriments : Protéines 17% de l'EAE contre 15% de l'AQR, Lipides : excès de graisses 45% contre 35%, Excès d'acides gras saturés et pas assez d'acides gras polyinsaturés et notamment d'oméga 3, Glucides 45% contre 55% des AJR. Minéraux : Calcium 1000mg contre 1200 mg /j, Fer 12mg contre 30 mg /j, Magnésium 300 mg /j contre 400mg /j, Zinc 6mg /j contre 15mg. Les vitamines : on note un déficit en vit D 3 mg vs 20 mg, B6 déficit 2 mg, Folates déficit 300 mg et 0,4mg / j en début de grossesse. Il est particulièrement recommandé de consommer 2 fois/semaine des poissons gras (Maquereau 2x170g/semaine) et 30 gr d'huile de colza, et si la femme n'arrive pas à suivre les conseils diététiques, il faut recourir à des compléments médicamenteux en Minéraux, oligo-éléments, Vitamines et oméga 3. Le lait maternel apporte de manière adéquate tous les macronutriments nécessaires à la croissance harmonieuse de l'enfant. Protéines, Glucides varient peu selon le régime de la mère, par contre sa composition en Lipides, Oligo-éléments et Vitamines est très variable avec le régime de la mère du lait maternel, dans notre étude en 2014 chez 80 participantes le régime est hypocalorique (1996 Kcal vs 2200 Kcal AQR) normoprotidique, normolipidique, insuffisant en Glucides par rapport aux résultats de 1997 Hautes calories 2700 Kcal et Hyperlipidique : trop d'AG saturés, pas assez de Polyinsaturés : apport très insuffisant en Acide Linolénique. L'apport en "sucres simples" doit rester <10% AET, insuffisant en POLYSACCHARIDES ET FIBRES. ALCOOL = 0 ! Produits sucrés et pâtisseries consommés en excès par la moitié des mères. Manque de fibres et de sucres lents, insuffisance de crudités +++, de légumes ++, de fruits + ; trop de jus de fruits ==> trop de sucres rapides. Les besoins en protéines sont couverts par l'alimentation normale ; on note même une tendance à la surconsommation en 1997 ; par contre en 2014 l'apport est de 72g / j ce qui est normal.

D'un point de vue qualitatif, l'apport en protéines animales de haute valeur biologique doit représenter au moins 2/3 des apports, ce qui est le cas dans les enquêtes françaises ; le

reste peut être constitué de protéines végétales. Les protéines animales sont représentées par les protéines laitières d'une part, mais aussi les viandes, les poissons, les œufs. On note un apport très insuffisant en poisson, certains n'en consommant pas du tout. Les sels minéraux : L'apport en calcium est très important, en effet la production de 800 ml de lait maternel entraîne un besoin supplémentaire de 300 mg, donc besoin de 1200 voire 1500 mg / jour. La consommation de lait et donc de calcium est insuffisante, mais aussi de Mg (250 mg/j contre 480 AJR), de Zinc (7 mg/j contre 19 AJR) et de fer (13 mg/j contre 13-30 mg AJR). Vitamines : Il y a un réel intérêt à proposer des suppléments vitaminiques compte tenu de l'insuffisance en vit D (2 mg / j vs 20 RDA), vit E (7 mg / j vs 12 RDA), B6 (1,5 mg / j vs 2,5 RDA) et Folates (138 mg vs 500 RDA). Il faut donc conseiller d'équilibrer les macronutriments et donner des complements en minéraux, oligo-éléments, vitamines et oméga 3 (environ 350 mg/j).

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FETAL AND POST-NATAL GROWTH IN PRETERM INFANTS: IMPACTS ON FETAL PROGRAMMING

Fetal growth is a complex process that involves the genetics of the fetus, the availability of nutrients and oxygen, maternal nutrition, as well as growth factors and maternal, fetal and placental hormones. Fetal growth is inseparable linked to placental growth and requires a nutrients supply adapted to each period of pregnancy. Intra-uterine growth restriction (IUGR) is defined by a failure of the fetus to reach normal (or genetically defined) growth potential and can lead to a small for gestational age (SGA) newborn. Vascular IUGR is the most frequent cause of IUGR, due to placental insufficiency. Neonatal post-natal growth follows fetal growth with physiological and / or pathological variations depending on the term of birth and on the neonatal comorbidities. The in-utero and ex-utero growth trajectories in the first years of life are associated with mild and long term neurodevelopmental and metabolic effects.

The nutritional and metabolic stress to which the fetus is exposed during pregnancy can have long-term effects with an increased risk of cardiovascular disease, overweight or obesity, glucose intolerance or diabetes in adulthood ("Developmental Origins of Behavior, Health, and Disease "(DOBHaD) concept). The fetus, in reaction to combined environmental stresses (insufficient placental perfusion, nutrient restriction, hormonal disturbances, exposure to environmental toxins ...), adopts a "Thrifty phenotype" with fetal reprogramming of key tissues (brain, muscle, kidney, pancreas, adipose tissue) in order to maintain its growth and survival. This phenotype is unsuitable for the postnatal environment, thus promoting the development of glucose intolerance, insulin resistance, type 2 diabetes, high blood pressure or obesity. This period of susceptibility, during which the environment has an impact on the developing adult, does not only concern pregnancy, but also the first 2 years of life, the "1000 days" theory. This 1000-days window of vulnerability is also a window of opportunity during which interventions, in particular nutritional ones, can potentially attenuate the reprogrammed phenotype and reduce the risk of developing cardiovascular pathologies or a metabolic syndrome in adulthood.

Growth charts can help to identify fetus and newborn with such risks. As the fetal growth is not linear, the simple measurement of the weight reported in g per kg per day is not sufficient to assess neonatal growth and the variations in weight Z-scores are more suitable. The Body Mass

Index does not appear to be relevant for newborns. Nevertheless, head circumference monitoring is a complementary component of growth monitoring in preterm infants. Growth is a dynamic process reflecting neonatal well-being. The links between intra uterine and extra uterine growth retardation and neurological development in preterm infants are relatively well established. Accelerated extra uterine growth has not been shown to be associated with neurodevelopmental improvement in preterm infants but may be related to subsequent metabolic disorders in childhood and adulthood.

Optimizing extra-uterine growth remains a challenge for neonatologists. However, neonatal comorbidities and the cumulative nutritional deficit induced make it difficult to establish optimal individualized extra-uterine growth. Nevertheless accelerated extra-uterine growth has not been shown to be associated with improved neurologic prognosis in premature infants but may be related to subsequent metabolic disorders in childhood and adulthood.
It is thus essential for the pediatrician to monitor growth and to adopt nutritional strategies based on in-utero stress exposure and ex-utero neonatal comorbidities. The individualized approach by personalized growth trajectory curves taking into account all these factors would undoubtedly be the most suitable, but to date such curves do not exist.

Biography:

Geraldine GASCOIN (MD, PhD) is Head of Department of the Neonatal Intensive Care Unit of Angers University Hospital. Fetal programming is its main subject of translational research with 2 pathologies studied, intrauterine growth retardation (IUGR) and maternal obesity. The short, medium and long term effects of prematurity is a second subject of research. She is in charge of a biocollection of human samples (placenta, cord blood and maternal blood samples during pregnancy) whose aim is to progress on the mechanisms involved in placental pathologies as well as fetal programming phenomena

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FETAL AND POST-NATAL GROWTH IN PRETERM INFANTS: IMPACTS ON FETAL PROGRAMMING

La croissance fœtale est un processus complexe qui fait intervenir la génétique du fœtus, la disponibilité des nutriments et de l'oxygène, la nutrition maternelle, ainsi que les facteurs de croissance et les hormones maternelles, fœtales et placentaires. La croissance du fœtus est indissociable de la croissance du placenta et nécessite un apport en nutriments adapté à chaque période de la grossesse. Le retard de croissance intra-utérin (RCIU) se définit par l'incapacité du fœtus à atteindre un potentiel de croissance normal (ou génétiquement défini) et peut conduire à un nouveau-né de petite taille pour l'âge gestationnel (SGA). Le RCIU vasculaire, dû à une insuffisance placentaire, est la cause la plus fréquente de RCIU. La croissance néonatale post-natale suit la croissance fœtale avec des variations physiologiques et/ou pathologiques en fonction du terme de la naissance et des comorbidités néonatales. Les trajectoires de croissance in-utero et ex-utero au cours des premières années de vie sont associées à des effets neurodéveloppementaux et métaboliques légers et à long terme.

Le stress nutritionnel et métabolique auquel le fœtus est exposé pendant la grossesse peut avoir des effets à long terme avec un risque accru de maladies cardiovasculaires, de surpoids ou d'obésité, d'intolérance au glucose ou de diabète à l'âge adulte (concept "Developmental Origins of Behavior, Health, and Disease" (DOBHaD)). Le fœtus, en réaction aux stress environnementaux combinés (perfusion placentaire insuffisante, restriction nutritionnelle, perturbations hormonales, exposition aux toxines environnementales...), adopte un " phénotype économe " avec une reprogrammation fœtale des tissus clés (cerveau, muscle, rein, pancréas, tissu adipeux) afin de maintenir sa croissance et sa survie. Ce phénotype est inadapté à l'environnement postnatal, favorisant ainsi le développement de l'intolérance au glucose, de la résistance à l'insuline, du diabète de type 2, de l'hypertension artérielle ou de l'obésité. Cette période de susceptibilité, durant laquelle l'environnement a un impact sur l'adulte en développement, ne concerne pas seulement la grossesse, mais aussi les 2 premières années de la vie, la théorie des "1000 jours". Cette fenêtre de vulnérabilité de 1000 jours est aussi une fenêtre d'opportunité pendant laquelle des interventions, notamment nutritionnelles, peuvent potentiellement atténuer le phénotype reprogrammé et réduire le risque de développer des pathologies cardiovasculaires ou un syndrome métabolique à l'âge adulte.

Les courbes de croissance peuvent aider à identifier les fœtus et les nouveau-nés présentant de tels risques. La croissance du fœtus n'étant pas linéaire, la simple mesure du poids rapportée en g par kg par jour n'est pas suffisante pour évaluer la croissance néonatale et les variations des Z-scores du poids sont plus adaptées. L'indice de masse corporelle ne semble pas être pertinent pour les nouveau-nés. Néanmoins, la surveillance de la circonférence de la tête est une composante complémentaire de la surveillance de la croissance chez les prématurés. La croissance est un processus dynamique qui reflète le bien-être du nouveau-né. Les liens entre le retard de croissance intra-utérin et extra-utérin et le développement neurologique des prématurés sont relativement bien établis. Il n'a pas été démontré que la croissance extra-utérine accélérée était associée à une amélioration du développement neurologique chez les prématurés, mais elle peut être liée à des troubles métaboliques ultérieurs dans l'enfance et à l'âge adulte.

L'optimisation de la croissance extra-utérine reste un défi pour les néonatologistes. Cependant, les comorbidités néonatales et le déficit nutritionnel cumulatif induit rendent difficile l'établissement d'une croissance extra-utérine optimale et individualisée. Néanmoins, il n'a pas été démontré que la croissance extra-utérine accélérée était associée à un meilleur pronostic neurologique chez les prématurés, mais elle peut être liée à des troubles métaboliques ultérieurs dans l'enfance et à l'âge adulte.

Il est donc essentiel pour le pédiatre de surveiller la croissance et d'adopter des stratégies nutritionnelles basées sur l'exposition au stress in-utero et les comorbidités néonatales ex-utero. L'approche individualisée par des courbes de trajectoire de croissance personnalisées tenant compte de tous ces facteurs serait sans doute la plus adaptée, mais à ce jour de telles courbes n'existent pas.

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NUTRITION OF INFANT 0-2 YEARS AND IMPACT ON FUTURE ADULT

The first 1,000 days of life involve a sensitive period in which nutrition has a pivotal impact, influencing the risk of non-communicable diseases such as metabolic disorders, cardiovascular diseases, allergies and obesity.

From birth to the age of 2 years, a child's weight increases four-fold, height reaches almost 50% of their expected adult height, and 90% of their expected adult head circumference. Achieving nutritional requirements is crucial, even small nutritional deficits, especially when persistent, may negatively impact growth, development and later health.

The impact of perinatal nutrition on infant microbiome colonization constitutes a focus of interest and research. The infant microbiome determines human health due to its role in the immune system maturation and in the digestive physiology and regulation. This process can be adversely affected by several practices (caesarean section, antibiotics, and infant formula), which has been related to a higher risk of chronic diseases.

Breast milk is considered as a reference for infant nutrition. Human milk provides the energy, nutrients, and bioactive substances (oligosaccharides, cytokines, hormones, growth factors and fatty acids) that might be implicated in immune response development.

Complementary foods are required during the second part of the first year of life for both nutritional and development reasons, but timing and the content of the diet are based on cultural factors, food availability, socioeconomical status rather than scientific evidence, thus a great heterogeneity prescribing complementary feeding exists. During the last years, scientific organisms (WHO, ESPGHAN) recommendations settle the current guidelines. Complementary foods should not be introduced before 17 weeks but not later than 26 weeks of age, ensuring adequate energy density, good sources of protein, micronutrients, avoiding salt, sugar and delays in gluten introduction. Pediatricians should also be aware about the complementary feeding period role for establishing good eating habits and food preferences.

Biography:

Javier Estañ Capell, Professor of Pediatrics, University of Valencia Spain Neonatologist in Hospital Clínico, Valencia, Spain. Member of the research group in Paediatric Nutrition of INCLIVA (Research Foundation of the hospital clinic of the University of Valencia, recognized by the ISCIII). Member, as primary researcher in Neonatal Unit Hospital Clínico, of different neonatal networks (SEN 1500, iNeo, NeoKissEs, INBERBAC Neo) Co-author in 25 scientific papers index in JCR (cumulative impact factor 40,65) Participated in different multicenter research projects all in Neonatology. Lead numerous doctoral thesis and final degrees projects. Member of different scientific community: AEPED (Asociación Española Pediatría), SeNeo (Sociedad Española de Neonatología). Reviewer of journals Nutrients, Anales Españoles de Pediatría, among others.

Cecilia Martínez-Costa, Professor of Pediatrics, University of Valencia Spain, Head of Pediatric Department, Hospital Clínico, Valencia, Spain, Gastroenterology and Nutrition Unit, Hospital Clínico, Valencia, Spain. Coordinator of the research group in Paediatric Nutrition of INCLIVA (Research Foundation of the hospital clinic of the University of Valencia, recognised by the ISCIII). INCLIVA is the institution managing the research in the area of Health produced by the University of Valencia (School of Medicine), and the University Clinic Hospital. INCLIVA is included in the framework of centres of scientific excellence promoted by the Spanish Government, and it has been accredited by the National Health Institute Carlos III as an Institute of Research in Health Sciences.

Co-chair of the Topic Advisory Group for Nutrition of WHO that works on the classification and terminology of nutritional disorders for version 11 of ICD(International Classification of Diseases).

Participated in 22 research projects all in quick succession, of these 4 were National projects (3 F.I.S. and 1 National Plan) and 2 Regional projects. In 11 the primary researcher and all of them in collaboration with clinical and basic areas. Lead a master in paediatric nutrition and numerous doctoral thesis and final degree projects.

Member of many scientific community: ESPGHAN (European Society for Pediatric Gastroenterology, Hepatology and Nutrition), SEGHNP (Sociedad Española de Gastroenterología, Hepatología y Nutrición Pediátrica) and SENPE (Sociedad Española de Nutrición Enteral y parenteral). Member of the SENPE standardisation and protocol group that writes the paediatric enteral and parenteral nutrition guides.

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NUTRITION OF INFANT 0-2 YEARS AND IMPACT ON FUTURE ADULT

Les 1 000 premiers jours de la vie constituent une période sensible au cours de laquelle la nutrition a un impact déterminant, influençant le risque de maladies non transmissibles telles que les troubles métaboliques, les maladies cardiovasculaires, les allergies et l'obésité.

De la naissance à l'âge de 2 ans, le poids d'un enfant est multiplié par quatre, sa taille atteint presque 50 % de sa taille adulte prévue et son périmètre crânien 90 % de sa taille adulte prévue. La satisfaction des besoins nutritionnels est cruciale, car même de petits déficits nutritionnels, surtout s'ils persistent, peuvent avoir un impact négatif sur la croissance, le développement et la santé ultérieure.

L'impact de la nutrition périnatale sur la colonisation du microbiome du nourrisson constitue un centre d'intérêt et de recherche. Le microbiome du nourrisson détermine la santé humaine en raison de son rôle dans la maturation du système immunitaire et dans la physiologie et la régulation de la digestion. Ce processus peut être affecté par plusieurs pratiques (césarienne, antibiotiques et préparations pour nourrissons), ce qui a été associé à un risque plus élevé de maladies chroniques.

Le lait maternel est considéré comme une référence en matière de nutrition infantile. Le lait humain fournit l'énergie, les nutriments et les substances bioactives (oligosaccharides, cytokines, hormones, facteurs de croissance et acides gras) qui pourraient être impliqués dans le développement de la réponse immunitaire.

Des aliments complémentaires sont nécessaires pendant la deuxième partie de la première année de vie pour des raisons de nutrition et de développement, mais le moment et le contenu du régime sont basés sur des facteurs culturels, la disponibilité des aliments, le statut socio-économique plutôt que sur des preuves scientifiques, d'où une grande hétérogénéité dans la prescription de l'alimentation complémentaire. Au cours des dernières années, les recommandations des organismes scientifiques (OMS, ESPGHAN) ont établi les lignes directrices actuelles. Les aliments complémentaires ne doivent pas être introduits avant 17 semaines

mais au plus tard à 26 semaines d'âge, en garantissant une densité énergétique adéquate, de bonnes sources de protéines, des micronutriments, en évitant le sel, le sucre et les retards dans l'introduction du gluten.

Les pédiatres devraient également être conscients du rôle de la période d'alimentation complémentaire dans l'établissement de bonnes habitudes alimentaires et de préférences alimentaires.

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Michael Fayon

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THE 1000 FIRST DAYS OF INFANT AND PNEUMOLOGY

This presentation is aimed at the following audience : Midwifes, Nurses, Dieticians, Neonatologists, Paediatricians & Obstetricians.

Aim: To enable medical and paramedical carers understand 1) How the lungs develop and mature, 2) Which conditions may affect this process, and 3) How to prevent, monitor and treat the impact of early life diseases in order to improve very long term prognosis

A : Pre-natal and post-natal lung development and growth.

This is composed of 5 stages: embryonic, pseudoglandular, canalicular, saccular, and alveolar stage. Although the process begins early on during fetal development, maturation is not complete till the child child is 8 years old.

-In utero (Important time points)

At 6–8 weeks of gestation, Airway Smooth Muscle (ASM) cells appear in the trachea and bronchi.

In the fetal airway (AW), secretion of mucus begins by 13 weeks of gestation.

Cartilage appears in the 4th gestational week in the trachea, the 10th week in the main bronchi, and the 12th week in segmental bronchi [1].

The trachea and all bronchi are already formed by 16 weeks of gestation.

By 16 weeks, there is a well-defined posterior nervous plexus and an inner plexus [1].

A mature and functional mucociliary epithelium is present by 23 weeks of gestation (including goblet cells) [1].
Surfactant begins to be produced at about 24 weeks of pregnancy. By about 35 weeks gestation, most babies have developed adequate amounts of this substance.

-Post-Natally

Alveoli develop rapidly (85 % of all alveoli) till the end of 2 yrs [2: Merkus, 1996 #651].

After birth, an increase in gland area with age mostly results from increased gland complexity [1].

Approximately 3-5% of the mainstem bronchial wall is occupied by ASM in children, whereas in bronchioli it is 10-20% [1, 3].

Cartilage continues to form peripherally until about 2 months' post-natal age.

At birth the distribution and number of nerves to all airway structures is similar to that in the adult [4].

Functional studies in humans suggest an increase in β-adrenoreceptors and a decrease in muscarinic receptors with age [5].

A. The influence of the following disease states on lung development and growth will be discussed during the presentation: Prematurity and Bronchopulmonary Dysplasia, Lung malformations, Tracheo-bronchomalacia, Aspiration syndromes, Acute Viral Bronchiolitis, Smoke exposure, Allergen exposure preschool asthma and Cystic fibrosis.

Biography:

Professor Michael FAYON was trained as a Pediatrician (Intensive Care, Neonatology, Pediatric Pulmonology) in Bordeaux (FR), Montreal (CA), and Paris (FR). He holds a Master's degree in Clinical and Epidemiological Research (University of Montreal) et a PhD in Health Biology (Bordeaux University). His special interests are preschool wheezing, asthma, cystic fibrosis,pediatric airway diseases, bronchoscopy and health education to patients. He is currently a physician in the Pediatric Pulmonology Unit in Bordeaux University Hospital and has held positions in the Executive Committee of the European Cystic Fibrosis Society (ECFS) Clinical Trials network, the Scientific Committee of the National Pediatric Allergy and Asthma Society (SP2A) and the International Congress in Pediatric Pulmonology (CIPP) Committee. Pr FAYON is also a current member of the French Société de Pneumologie de langue Française (SPLF) and its Indian Ocean counterpart (SPOI), the European Respiratory Society (ERS) and the ECFS .

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(French Version)

Michael Fayon

**Professor Head of Pediatric Pneumology,
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THE 1000 FIRST DAYS OF INFANT AND PNEUMOLOGY

TCette présentation s'adresse au public suivant : sages-femmes, infirmières, diététiciennes, néonatologistes, pédiatres et obstétriciens.

Objectif : Permettre aux soignants médicaux et paramédicaux de comprendre 1) Comment les poumons se développent et mûrissent, 2) Quelles conditions peuvent affecter ce processus, et 3) Comment prévenir, surveiller et traiter l'impact des maladies du début de la vie afin de les améliorer à très long terme pronostic

A : Développement et croissance pulmonaires prénatales et postnatales.

Celui-ci est composé de 5 stades : stade embryonnaire, pseudoglandulaire, canaliculaire, sacculaire et alvéolaire. Bien que le processus commence tôt au cours du développement fœtal, la maturation n'est pas complète avant l'âge de 8 ans. -In utero (Points temporels importants)À 6-8 semaines de gestation, les cellules du muscle lisse des voies respiratoires (ASM) apparaissent dans la trachée et les bronches.

Dans les voies respiratoires fœtales (AW), la sécrétion de mucus commence à 13 semaines de gestation.

Le cartilage apparaît à la 4e semaine de gestation dans la trachée, à la 10e semaine dans les bronches principales et à la 12e semaine dans les bronches segmentaires [1].

La trachée et toutes les bronches sont déjà formées à 16 semaines de gestation.

À 16 semaines, il existe un plexus nerveux postérieur bien défini et un plexus interne [1].

Un épithélium mucociliaire mature et fonctionnel est présent à 23 semaines de gestation (y compris les cellules caliciformes) [1]. Le tensioactif commence à être produit à environ 24 semaines de grossesse. À environ 35 semaines de gestation, la plupart des bébés ont développé

des quantités adéquates de cette substance.-Post-natal

Les alvéoles se développent rapidement (85 % de toutes les alvéoles) jusqu'au bout de 2 ans [2 : Merkus, 1996 #651].

Après la naissance, une augmentation de la superficie des glandes avec l'âge résulte principalement d'une complexité accrue des glandes [1]. Environ 3 à 5 % de la paroi bronchique principale est occupée par l'ASM chez l'enfant, alors que dans les bronches, elle est de 10 à 20 % [1, 3]. Le cartilage continue de se former en périphérie jusqu'à l'âge postnatal d'environ 2 mois. À la naissance, la distribution et le nombre de nerfs dans toutes les structures des voies aériennes sont similaires à ceux de l'adulte [4].

Des études fonctionnelles chez l'homme suggèrent une augmentation des récepteurs -adrénergiques et une diminution des récepteurs muscariniques avec l'âge [5].

A. L'influence des états pathologiques suivants sur le développement et la croissance des poumons sera discutée lors de la présentation : Prématurité et dysplasie bronchopulmonaire, Malformations pulmonaires, Trachéo-bronchomalacie, Syndromes d'aspiration, Bronchiolite virale aiguë, Exposition à la fumée, Exposition aux allergènes, Asthme préscolaire et Mucoviscidose

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THE 1000 FIRST DAYS OF INFANT AND THE NEURODEVELOPMENT

The 1000-day period is crucial for the neurodevelopment of infant. From pregnancy onwards, brain development is subject to its environment but can also benefit from numerous phenomena of cerebral plasticity until the child is 3 years old.

Numerous studies have highlighted the harmful effects of taking toxic substances during pregnancy, such as alcohol, cannabis, which is becoming increasingly commonplace, and therapeutic drugs such as psychotropic or anti-epileptic drugs. In the case of maternal drug use, breastfeeding is often possible and will have a beneficial effect on the neurodevelopment of these children.

Very early in pregnancy, the embryo has sensory abilities that will develop over time. Neurogenesis is extremely active with thousands of synaptic connections which will then be selected according to what is offered to the child. Thus, even if the child may be at risk of neurodevelopmental disorders due to the circumstances of birth (prematurity, perinatal anoxia, severe congenital malformations, etc.), early monitoring and care, particularly in the first year of life, will help guide the child towards better neurodevelopment.

It is therefore essential to have a good knowledge of the normal development of a young child in order to identify possible disorders at an early stage and to put in place care.

We will be particularly vigilant to his early interactions; the child being from the first months of life capable of initiating the relationship. It will be essential to pay attention to his global motor skills, which must be rich and varied, but also to his ability to regulate his emotions and tone. A child who becomes deregulated, in hyper-extended motor patterns, will have difficulty calming down and integrating his space and motor skills to explore his environment.

Identifying and guiding the child at an early stage, thanks to good communication between the different professionals, while supporting the parents and guiding them in what they can do for their little one, is the soul of our profession.

Biography:

Muriel Rebola is Paediatrician doctor in a neonatal intensive care unit in Bordeaux Hospital, France. Also member of the scientific team of the perinatal health network in Nouvelle Aquitaine, one of the biggest French regions.

Main roles : At the hospital :
Accredited in breastfeading and neurodevelopement. Intensive care for extremely preterm babies Follow-up consultations for preterm babies , babies with Fetal alcohol spectrum disorders or exposed to psychotrops during pregnancy.

At the perinatal health network :
Actions with all health professionals to improve healthcare in neonate units and maternities ; screenand help parental vulnerabilities ; organise newborns at risk of neurodevelopment troubles follow-up in Nouvelle Aquitaine.

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(French Version)

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THE 1000 FIRST DAYS OF INFANT AND NEUROLOGY

La période des 1000 jours est primordiale pour le neurodéveloppement des enfants. Dès la grossesse, le développement cérébral est soumis à son environnement mais pourra également bénéficier de nombreux phénomènes de plasticité cérébrale jusqu'aux 3 ans de l'enfant.

De nombreuses études mettent en évidence les effets néfastes des prises de toxiques pendant la grossesse, tels que l'alcool, le cannabis qui est de plus en plus banalisé ou de thérapeutiques comme les psychotropes ou les anti-épileptiques. En cas de prise médicamenteuse maternelle, l'allaitement est cependant souvent possible et aura un effet bénéfique sur le neuro-développement de ces enfants.

Très tôt au cours de la grossesse l'embryon a des capacités sensorielles qui se développeront au fur et à mesure. La neurogénèse est extrêmement active avec des milliers de connections synaptiques qui seront ensuite sélectionnées selon ce qui est proposé à l'enfant. Ainsi, même si l'enfant peut être à risque de troubles du neuro-développement de par ses circonstances de naissance (prématurité, anoxie périnatale, malformations congénitales sévères…) un suivi et une prise en charge précoce, en particulier la première année de vie permettront de guider l'enfant vers un meilleur neuro-développement.

Il est donc essentiel de bien connaitre le développement normal d'un enfant en bas âge afin de repérer précocément d'éventuels troubles et de mettre en place du soin.

Nous serons particulièrement vigilants à ses interactions précoces ; l'enfant étant dès les premiers mois de vie capable d'initier la relation. Il sera essentiel de faire attention à sa motricité globale qui doit être riche et variée, mais également à ses capacités à se réguler sur le plan des émotions et du tonus. Un enfant qui se dérégule, dans des schémas moteurs en hyper-extension aura du mal à s'apaiser et à intégrer son espace et sa motricité pour explorer son environnement.

Repérer, pour guider l'enfant précocement, grâce à une bonne communication entre les différents professionnels, tout en soutenant les parents et en les guidant dans ce qu'ils peuvent apporter à leur tout-petit est l'âme de notre métier

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THE 1000 FIRST DAYS OF INFANTS AND PAEDIATRICS INFECTIOLOGY

The 1000 days between the date of conception and the child's second birthday represent a period of particular susceptibility to infections. This period is related to the immaturity of the immune system but also to the anatomical and physiological specificities of the embryo, the fetus and the child.

The embryonic period is crucial for organogenesis. Infections most often result in early abortion, the exception being the rubella virus, which is a typical example of a teratogenic infectious agent responsible for heart, eye and inner ear defects. In cases of chickenpox, less than 2% of fetuses have malformations, the most characteristic being limb hypoplasia. Toxoplasma infection is often lethal or has very serious consequences: microcephaly, microphthalmia, and hydrocephaly. Regardless of the nature of the infection, hyperthermia may have a teratogenic effect leading to neural tube defects, limb defects, or mid-face hypoplasia, although this cause is difficult to prove after the fact.

During fetal life, the transplacental passage of microbes is generally more important but not systematic. Cytomegalovirus infection responsible for growth retardation, with or without ocular or CNS involvement, is very frequent but still difficult to treat. The fetus does not seem to be at risk of congenital syphilis including sensory impairment and bone and teeth malformations until the 4th month of gestation. Parvovirus should be considered in case of hydrops, even if this complication only occurs in 1% of primary maternal infections.

At delivery, two microbes in particular can threaten the newborn. Streptococcus B, which colonizes half of the children when the mother is a carrier of this bacterium, is only responsible for invasive infection when the mother does not transmit specific antibodies; antibiotic prophylaxis considerably reduces this risk, but the future probably lies with vaccination. The increased permeability of the hemomeningeal barrier explains the frequency of meningitis due to this bacterium during the first month of life. Neonatal herpes infection is rare but very serious, sometimes difficult to prevent, because the risk factors are not always known, and difficult to diagnose, since cutaneous signs are absent 2 times out of 3.

The weakness of humoral immunity, aggravated in premature infants, explains the susceptibility to invasive infections due to encapsulated bacteria during the first 2 years of life. Haemophilus influenzae b used to affect almost exclusively infants, but although the introduction of polysaccharide conjugate vaccines has virtually eliminated this disease, the incidence of pneumococcal and meningococcal meningitis remains highest in early childhood, despite a marked decrease in the number of cases.

The frequency of respiratory infections in infants also corresponds to the "immune gap" between the progressive disappearance of maternal antibodies and the progressive immunization against seasonal viruses; the narrowness of the upper airways and the absence of individualization of the sinus cavities are factors that favor bacterial superinfections.

The potential seriousness of pertussis in young infants justifies the cocooning vaccination strategy to limit the risk of contamination by family or hospital contacts; vaccination at the end of pregnancy is recommended in many countries to increase the level of maternal antibodies that can be transferred to the newborn. This type of preventive intervention is being developed for RSV infection.

Biography:

Jean Sarlangue followed a scientific curriculum, obtaining a Master of Science degree. During his internship, he pursued his orientation towards infectious pathology while completing his curriculum, leading him to the Doctorate in Medicine, specialty Pediatrics in 1980. After the end of his clinical training and his appointment as a Hospital Practitioner, he completed his cursus by obtaining a DEA in Health Biology, option microbial pathology

A founding member of the Pediatric Infectious Pathology Group of the French Pediatric Society in 1983, he was its chairman in the early 2000s. During a stay in 1993 at the CDC (Centers for Disease Control and Prevention) in Atlanta, USA, he was sensitized to epidemiology allowing him to actively participate in the surveillance of infectious diseases in children as a correspondent of the RENACOQ Network and the National Observatory of Meningitis in children.

He was responsible for the Neonatal Intensive Care Unit at the Bordeaux University Hospital for 25 years and was also head of the pediatric department at the Children's Hospital for 7 years.

It is therefore natural that Dr. Sarlangue has conducted numerous studies on the pharmacology of antibiotics and the epidemiology of neonatal and pediatric infections, as well as on hygiene and the prevention of healthcare-related infections.

In addition to initial and post-graduate training activities for health professionals, its efforts have focused for the past ten years on health promotion by participating in numerous regional campaigns on the proper use of antibiotics and the prevention of infectious diseases in children, in particular by leading sessions for elementary school children in Bordeaux on the theme: « Microbes, and us, how to protect ourselves from them.

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(French Version)

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THE 1000 FIRST DAYS OF INFANTS AND PAEDIATRICS INFECTIOLOGY

Les 1000 jours entre la date de conception et le deuxième anniversaire de l'enfant représentent une période de susceptibilité particulière aux infections. Cette période est liée à l'immaturité du système immunitaire mais aussi aux spécificités anatomiques et physiologiques de l'embryon, du fœtus et de l'enfant.

La période embryonnaire est cruciale pour l'organogenèse. Les infections entraînent le plus souvent un avortement précoce, l'exception étant le virus de la rubéole, qui est l'exemple type d'un agent infectieux tératogène responsable de malformations cardiaques, oculaires et de l'oreille interne. En cas de varicelle, moins de 2% des fœtus présentent des malformations, la plus caractéristique étant l'hypoplasie des membres. L'infection par le toxoplasme est souvent mortelle ou a des conséquences très graves : microcéphalie, microphtalmie et hydrocéphalie. Quelle que soit la nature de l'infection, l'hyperthermie peut avoir un effet tératogène entraînant des anomalies du tube neural, des anomalies des membres ou une hypoplasie du milieu du visage, bien que cette cause soit difficile à prouver après coup.

Pendant la vie fœtale, le passage transplacentaire des microbes est généralement plus important mais pas systématique. L'infection à cytomégalovirus responsable d'un retard de croissance, avec ou sans atteinte oculaire ou du SNC, est très fréquente mais encore difficile à traiter. Le fœtus ne semble pas être à risque de syphilis congénitale, notamment de troubles sensoriels et de malformations osseuses et dentaires, avant le 4e mois de gestation. Le parvovirus doit être envisagé en cas d'anasarque, même si cette complication ne survient que dans 1% des primo-infections maternelles.

Au moment de l'accouchement, deux microbes en particulier peuvent menacer le nouveau-né. Le Streptococcus B, qui colonise la moitié des enfants lorsque la mère est porteuse de cette bactérie, n'est responsable d'une infection invasive que lorsque la mère ne transmet pas d'anticorps spécifiques ; l'antibioprophylaxie réduit considérablement ce risque, mais l'avenir est probablement à la vaccination. La perméabilité accrue de la barrière hémoméningée explique la fréquence des méningites dues à cette bactérie au cours du premier mois de vie. L'infection

herpétique néonatale est rare mais très grave, parfois difficile à prévenir, car les facteurs de risque ne sont pas toujours connus, et difficile à diagnostiquer, car les signes cutanés sont absents 2 fois sur 3.

La faiblesse de l'immunité humorale, aggravée chez les prématurés, explique la susceptibilité aux infections invasives dues à des bactéries encapsulées pendant les 2 premières années de vie. L'Haemophilus influenzae b touchait autrefois presque exclusivement les nourrissons, mais si l'introduction des vaccins conjugués polysaccharidiques a pratiquement éliminé cette maladie, l'incidence des méningites à pneumocoques et à méningocoques reste la plus élevée dans la petite enfance, malgré une nette diminution du nombre de cas.

La fréquence des infections respiratoires du nourrisson correspond également au "déficit immunitaire" entre la disparition progressive des anticorps maternels et l'immunisation progressive contre les virus saisonniers ; l'étroitesse des voies aériennes supérieures et l'absence d'individualisation des cavités sinusiennes sont des facteurs favorisant les surinfections bactériennes.

La gravité potentielle de la coqueluche chez le jeune nourrisson justifie la stratégie de vaccination par cocooning pour limiter le risque de contamination par les contacts familiaux ou hospitaliers ; la vaccination en fin de grossesse est recommandée dans de nombreux pays pour augmenter le taux d'anticorps maternels transmissibles au nouveau-né. Ce type d'intervention préventive est en cours de développement pour l'infection par le VRS.

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3RD EDITION

NURSING & PEDIATRICS

WEBINAR 2021

Myriam Panard

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THE FIRST 1000 DAYS OF LIFE » WITH A FOCUS ON THE IMPORTANCE OF BREASTFEEDING.

Have you ever heard of « The First 1000 days of life »? Where does this concept come from, what aim does it have? And which role does breastfeeding have during this period?

In 2010, UNICEF officially launched the concept of « The First 1000 days of life » which underlines the emphasis that should be placed on the period including conception, gestation and birth (=270 days) then the first two years of an infant (=730 days).

Malnutrition is not the only concern as the program aims at optimizing children's health and wellbeing, physically, emotionally and intellectually. "Eat, Play, Love" is the slogan of a campaign led by UNICEF, whose mission is the worldwide protection of children, through parenting education and action towards governments.

For several years now, recent important discoveries in neuroscience have pushed healthcare institutions to launch programs to support the health and well-being of young children, particularly paying attention to their brain development, in order to reduce social inequalities. Furthermore, the worldwide increasing incidence of non transmittable diseases like cardio-vascular diseases, type 2 diabetes, obesity, cancer, autoimmune diseases, allergies, leads governments to prioritize the prevention and promotion of health. A good start in life lowers the risk of developing these kinds of diseases, hence a focus on « The first 1000 days».

It is urgent to protect, promote and support breastfeeding, which is a key element in human health. Not only is breastfeeding the biological norm to feed infants, it also contributes to their emotional wellbeing while enhancing the development of their cognitive abilities.

Biography:

Myriam Panard, former Language Teacher, went through a vocational retraining in 2004 in the field of Breastfeeding Support. She became highly motivated in this new career thanks to enriching encounters in London where she was living at the time while raising her two sons, now

aged 20 and 17, both happily breastfed. In fact, she has always been utterly convinced of the importance of breastfeeding for women and children's health and for society's benefit.

She certified as a lactation consultant in 2009, worked in a private breastfeeding support team and at Queen Charlotte's Milk Bank in London, then moved back to France in 2013. Particularly interested in premature babies and human milk banking, she worked for a year in Necker Milk bank with Dr Virginie Rigourd while also developing her private practice in breastfeeding support, which is now well established. She provides antenatal and postnatal classes as well as private consultations, mainly in the Paris region but also on the web. Since 2017, she has been the breastfeeding advisor for the well-known company Lansinoh for which she has written many articles and booklets on different breastfeeding issues. Her next project is the publication of a book on breastmilk and its different uses, along with mothers' own experiences with breastfeeding, which should be released in early 2022.

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(French Version)

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THE FIRST 1000 DAYS OF LIFE » WITH A FOCUS ON THE IMPORTANCE OF BREASTFEEDING

C'est officiellement en 2010 que l'UNICEF * a lancé ce concept des « 1000 premiers jours » soulignant l'importance à accorder à la période allant de la conception comprenant les 270 jours de gestation aux deux ans de vie de l'enfant (730 jours). Il s'agit non seulement de lutter contre la malnutrition mais aussi d'optimiser la santé globale c'est-à-dire physique, mentale, émotionnelle et cognitive.

« Manger, jouer, aimer » sont les mots clés d'une campagne de l'UNICEF dont la mission est de protéger les enfants, éduquer les parents, et agir auprès des pouvoirs publics pour le bien-être des familles et le respect de leurs droits.

Depuis quelques années, suite à d'étonnantes découvertes dans le domaine des neurosciences, les grandes instances de santé nationales et internationales mettent en œuvre des programmes pour montrer leur engagement en faveur de la santé du jeune enfant et notamment du développement optimal de son cerveau, afin de réduire les inégalités sociales, et cela commence dès la conception. De plus, vu l'incidence croissante des maladies non- transmissibles comme les maladies cardio-vasculaires, le diabète de type 2, l'obésité, les cancers, les maladies auto-immunes, dégénératives, les allergies, qui font de plus en plus de ravages dans les sociétés occidentales, priorité est donnée à la prévention et la promotion de la santé. Là-encore cela commence in-utéro et se poursuit durant la petite enfance. Un bon départ dans la vie diminue les risques de développer de telles maladies.

Un bon accompagnement des familles est primordial pour la réussite de ce programme de santé publique. Tous les acteurs de la périnatalité devraient être mobilisés avec un travail en réseau pour permettre au plus grand nombre de parents d'avoir accès à des informations fiables et être guidés pour améliorer leur santé et celle de leur famille.

1. Comment enrichir votre propre capital santé pour la santé de votre bébé ?

Si vous envisagez de fonder une famille ou si vous êtes déjà au tout début de votre grossesse, le

fait de porter votre attention sur votre mode de vie et de l'améliorer est un premier cadeau que vous offrez à votre futur bébé. La qualité de votre placenta n'en sera que meilleure.

-En effet, tout agent toxique est à bannir : l'alcool, le tabac, les drogues. L'eau que vous buvez et l'air que vous respirez devraient être le moins pollués possible (difficile dans les grandes métropoles, je vous l'accorde mais il est toujours possible de minimiser votre exposition aux microparticules nocives). Attention également à l'automédication et aux plantes, demandez toujours l'avis d'une personne compétente (votre médecin, sage-femme ou naturopathe)

– Votre alimentation devrait être variée, riche en micronutriments et bien équilibrée avec un rapport adapté en protéines, glucides et lipides. Privilégiez les fruits et les légumes (bien lavés), attention durant la grossesse à ne pas consommer de produits au lait cru, de charcuterie artisanale, de viande crue ou peu cuite, de poisson cru et de fruits de mer à cause des risques de listériose et de toxoplasmose , minimisez les sucres raffinés, ennemis de vos intestins et pensez à varier les huiles de cuisine pour un bon rapport en Omégas 3-6-9. Si vous n'avez pas beaucoup d'appétit durant votre grossesse pensez aux compléments alimentaires adaptés à votre état. Si vous êtes végane, n'oubliez pas de vous supplémenter en vitamine B12. Comme le disait si bien Hippocrate considéré comme le père de la médecine moderne, il y a des milliers d'années « Que ton aliment soit ta seule médecine ! »

-L'activité physique favorise également un bon développement de votre bébé in-utéro et un sommeil de bonne qualité améliore votre métabolisme

-Le stress au travail ou à la maison devrait être réduit au minimum quitte à vous faire aider par une personne extérieure qui saura vous écouter et vous guider pour gérer les sources de mal-être psychologique.

2. Comment optimiser les conditions de naissance et l'accueil de votre nouveau-né ?

-Vous avez le droit de faire part à votre obstétricien ou à l'équipe de la maternité où vous avez prévu d'accoucher, de vos souhaits en terme d'accouchement et des premiers moments que vous passerez avec votre bébé. Vous pouvez rédiger votre projet de naissance après vous être renseignée sur les protocoles usuels que vous pourrez questionner. Les professionnels commencent à être plus réceptifs à ce genre d'initiative. L'idée est de favoriser le dialogue pour éviter les frustrations.

-Votre bébé dès sa naissance devrait être posé en contact peau à peau sur votre corps ou sur celui de son papa si vous n'êtes pas en mesure de le tenir dans vos bras. Les bienfaits de ce premier contact sont indéniables. C'est la meilleure transition après le stress de la naissance. Voir à ce propos notre article dédié : La magie du peau à peau

-On devrait vous laisser le temps de faire connaissance avec votre bébé et de le laisser chercher le sein pour la tétée de bienvenue, c'est une expérience unique Voir à ce propos notre article dédié : La première tétée de bébé

-Sauf en cas d'urgence médicale vitale, votre bébé ne devrait pas être séparé de vous. Cette proximité renforce le lien qui vous unit et favorise le maternage qui vous incite à protéger votre petit.

3. Pourquoi choisir l'allaitement maternel ?

-Toutes les instances de santé (ex : OMS, HAS..) se sont basées sur de nombreuses études scientifiques à échelle mondiale pour recommander un allaitement exclusif durant les 6 premiers mois de vie puis l'introduction d'une nourriture solide en parallèle à la poursuite de l'allaitement jusqu'aux deux ans(ou plus)de l'enfant . Voir à ce propos quelques-uns de nos articles dédiés : Allaitement et diversification alimentaire, 5 bonnes raisons pour continuer l'allaitement après 3 mois

– L'allaitement maternel qui, rappelons-le, est la norme biologique de l'alimentation d'un petit être humain, présente de nombreux bénéfices santé à courts, moyens et longs termes, optimisant le développement du système immunitaire et diminuant considérablement les risques de développer certaines pathologies. Aucune préparation industrielle ne peut répliquer la complexité du lait maternel qui est un fluide vivant et changeant puisqu'il s'adapte aux besoins du bébé en fonction de son âge, de son environnement et de son état de santé. Voir à ce propos notre article dédié : Les bienfaits de l'allaitement

-La proximité et les interactions induites par le fait même d'allaiter contribuent au bon développement émotionnel de votre enfant qui se sent ainsi sécurisé. Voir notre article sur l'importance du lien mère-enfant

-Si vous n'êtes pas encore sûre de la manière dont vous allez nourrir votre bébé à sa naissance et durant les deux années qui suivent, mieux vaut se préparer en participant à un cours alors que vous êtes encore enceinte. Voir à ce propos notre article dédié :Cours de préparation à l'allaitement. Cela vous aidera à prendre une décision éclairée et vous donnera les outils nécessaires à un bon démarrage.

L'allaitement maternel s'inscrit admirablement bien dans le programme de prévention et de promotion de la santé globale représenté par le concept des 1000 premiers jours car non seulement les qualités nutritionnelles du lait maternel en font un élixir de santé incontesté mais l'acte lui-même d'allaiter favorise l'attachement propice à un bon équilibre mental et émotionnel chez l'adulte en devenir.

UNICEF =United Nations International Children's Emergency Fund, soit Fonds des Nations unies pour l'enfance – est une agence des Nations unies, créée en 1946. Elle est chargée, dans le monde entier, de défendre les droits des enfants, de répondre à leurs besoins essentiels et de favoriser leur plein épanouissement.

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CHALLENGES IN THE MANAGEMENT OF LACTATION AND HUMAN MILK BANKING DURING THE COVID-19 PANDEMIC

If mother's milk is not available, the World Health Organisation recommends that the first alternative should be pasteurised donor human milk (DHM). Human milk banks (HMBs) screen and recruit milk donors, and screened DHM principally feeds very-low-birth weight babies, protecting them from a range of complications. Underlying these crucial roles is the more important task of protecting, promoting, and supporting breastfeeding. While precise data are lacking, the newly formed Global Alliance of Milk Banks and Associations (GAMBA) has estimated ~800,000 infants annually receive DHM worldwide each year, meaning over 1.2 million low birth weight neonates. The COVID-19 pandemic has presented major challenges to HMBs worldwide, and highlighted a range of vulnerabilities in service provision. COVID-19-specific challenges will be discussed, in terms of their impact on DHM access and neonatal health, with the mitigation strategies proposed globally to ensure DHM safety. Also, we explore the most appropriate responses worldwide and in local HMB service settings to emergency-preparedness, and the impacts on maternal care in general during the pandemic.

Biography:

Dr Natalie Shenker is a UKRI Future Leaders Fellow at Imperial College London examining the public health impacts of human milk banking and the complexity of human milk composition. She is a doctor with a PhD in epigenetic risk biomarkers, and more recently the cofounder of the Human Milk Foundation, a charity that supports research, education and access to donor milk. At the centre of this work, the Hearts Milk Bank (established 2017) is now the largest non-profit milk bank in the UK, providing screened donor milk to babies whose own mothers need time to establish breastfeeding, or where breastfeeding is impossible, at home or in hospital.

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(French Version)

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CHALLENGES IN THE MANAGEMENT OF LACTATION AND HUMAN MILK BANKING DURING THE COVID-19 PANDEMIC

Si le lait maternel n'est pas disponible, l'Organisation mondiale de la santé recommande que la première alternative soit le lait humain pasteurisé de donneuses (DHM). Les banques de lait humain (BML) sélectionnent et recrutent les donneurs de lait, et le lait humain pasteurisé alimente principalement les bébés de très faible poids à la naissance, les protégeant ainsi de toute une série de complications. Ces rôles cruciaux sont sous-tendus par la tâche encore plus importante de protéger, promouvoir et soutenir l'allaitement maternel. Bien qu'il n'existe pas de données précises, la nouvelle Alliance mondiale des banques de lait et des associations (GAMBA) a estimé que ~800 000 nourrissons reçoivent chaque année du lait maternel dans le monde entier, soit plus de 1,2 million de nouveau-nés de faible poids de naissance. La pandémie de COVID-19 a posé des défis majeurs aux banques de lait maternel dans le monde entier et a mis en évidence une série de vulnérabilités dans la prestation de services. Les défis spécifiques à la pandémie COVID-19 seront discutés, en termes d'impact sur l'accès au DHM et la santé néonatale, avec les stratégies d'atténuation proposées au niveau mondial pour garantir la sécurité du DHM. Nous explorerons également les réponses les plus appropriées à l'échelle mondiale et dans les contextes locaux de services de soins palliatifs en matière de préparation à l'urgence, ainsi que les impacts sur les soins maternels en général pendant la pandémie.

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ASSOCIATED FACTORS TO EARLY BREASTFEEDING ATTACHMENT AFTER C-SECTION IN A THIRD LEVEL MATERNITY IN YAOUNDÉ CAMEROON.

Introduction: Exclusive breastfeeding(EBF) is the reference for infant feeding during the first months of life. Early breastfeeding attachment is a key predictive factor of EBF duration. However, caesarean section significantly hinders breastfeeding and the rate of EBF.

Objective: to describe the practices of breastfeeding initiation after caesarean section at the maternity ward of the Essos Hospital Center Yaounde.

Materials and Methods: our prospective cross-sectional study was conducted over a period going from January 2020 to July 2020 at the maternity ward. Were included live birth baby delivered after C-section and their mothers. Main measurement: % of those who were breastfed during the first hour of life, delay of the first breast attachment and associated factors. Data were collected using CSPro software version 7.3.1. The odd ratio with 95% confidence interval, was used to assess the association between the different variables. Any difference was considered statistically significant when P value was less than 0.05.

Results: We recruited 70 women who gave birth by caesarean section, 42.8% of whom intended to breastfeed exclusively for up to six months. All the mother-child couples had been separated, and none of the mothers had breastfed during the first hour of life. Furthermore, the first attachment occurred within 1-24h after birth for 42.9% of women, and after 24 h of life for the remaining 52.9%. Based on our results, there was a statistically significant association between separation time and the delay to breastfeeding (24-hour separation time (OR=0.07; CI=0.00-0.42; p=0.016); 48h (OR=0.02; IC=0.00=0.18; p=0.002); 48h-72h (OR=0.03; IC=0.00-0.28; p=0.007)).

Conclusion: After caesarean section, the duration of mother and child separation played a significant negative role in the delay in the first breastfeeding attachment in Yaoundé thus requiring new service delivery model.

Biography :

Anne Esther Njom Nlend is pediatrician and neonatologist, with a mixed profile both clinician and public health. After her training in France, she came back in her country in the early 1990s. There, she has been a pioneer in the fight against transmission of HIV from mother-to-child, and later on involved in documenting survival of HIV perinatally infected HYPERLINK "http://children.in/"children.in Cameroon. As neonatologist, her key interests are preterm birth, breastfeeding and the fight against neonatal asphyxia through training on primary resuscitation of newborn using simulation. In addition, she has been a frontline advocate for the establishment of perinatal networks in her country.

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FACTEURS ASSOCIÉS À L'ATTACHEMENT PRÉCOCE À L'ALLAITEMENT MATERNEL APRÈS UNE CÉSARIENNE DANS UNE MATERNITÉ DE TROISIÈME NIVEAU À YAOUNDÉ AU CAMEROUN.

Introduction: L'allaitement maternel exclusif (AME) est la référence pour l'alimentation du nourrisson pendant les premiers mois de la vie. L'attachement précoce à l'allaitement est un facteur prédictif essentiel de la durée de l'EBF. Cependant, la césarienne entrave significativement l'allaitement et le taux d'EBF.

Objectif: décrire les pratiques d'initiation de l'allaitement maternel après césarienne à la maternité du Centre Hospitalier d'Essos Yaoundé.

Matériels et Méthodes: notre étude prospective transversale a été menée sur une période allant de janvier 2020 à juillet 2020 à la maternité. Ont été inclus les bébés nés vivants et accouchés après césarienne et leurs mères. Mesure principale : % de ceux qui ont été allaités pendant la première heure de vie, retard de la première prise du sein et facteurs associés. Les données ont été recueillies à l'aide du logiciel CSPro version 7.3.1. L'odd ratio avec un intervalle de confiance de 95%, a été utilisé pour évaluer l'association entre les différentes variables. Toute différence a été considérée comme statistiquement significative lorsque la valeur P était inférieure à 0,05.

Résultats: Nous avons recruté 70 femmes ayant accouché par césarienne, dont 42,8 % avaient l'intention d'allaiter exclusivement pendant six mois. Tous les couples mère-enfant avaient été séparés, et aucune des mères n'avait allaité pendant la première heure de vie. En outre, la première prise de sein a eu lieu dans les 1-24h après la naissance pour 42,9% des femmes, et après 24 h de vie pour les 52,9% restants. D'après nos résultats, il existe une association statistiquement significative entre le temps de séparation et le retard à l'allaitement (temps de séparation de 24 heures (OR=0,07 ; IC=0,00-0,42 ; p=0,016) ; 48h (OR=0,02 ; IC=0,00=0,18 ; p=0,002) ; 48h-72h (OR=0,03 ; IC=0,00-0,28 ; p=0,007)).

Conclusion: Après une césarienne, la durée de la séparation mère-enfant a joué un rôle négatif significatif dans le retard de la première mise au sein à Yaoundé, nécessitant ainsi un nouveau modèle de prestation de services.

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BREASTFEEDING COMPLICATIONS MANAGEMENT PROTOCOL FOR THE LACTATING BREAST ABSCESSES MANAGEMENT-A VERY BAD FORM OF MASTITIS

It's about 41 yeas old Asian woman , with a breast abcess , beginning during the last week of the pregnancy. Breast clinical samples reveal a granulomatous mastitis, with Corynebacterium Kropstendtii. Echo-guided punctions, surgery , many antibiotics treatments had to be used. Despite the treatments, a long duration was observed with recurrent abcesses in the same location. The patient had to stop breast feeding (persude at the time with the other breast) because of great fatigue, and pain, though she was eager to.

Biography:

Marianne Coicaud is an ob-gyn , part of the Bordeaux CHU team (Pr Loïc Sentilhes) .Previously, she worked in differerents locations ,for several years each times, including the french West indies and a private hospital. Those very different ways to practicing obstetrics and gynecology lead her eventually to the centre Alienor d'Aquitaine, Chu de Bordeaux; There, with the support of a very large team and the trust of Pr Loïc Sentilhes, she manages the post partum unity , and the medic -psychiatric and social coordination. She is commited to the psychiatric perinatal Care, coworking everyday with the psychiatric perinatal web ; she is also in charge for the special care to the disadvantaged population groups and undocumented migrant people. She is part of the scientific comity of the perinatal web of Nouvelle Aquitaine (Réseau Périnatalité Nouvelle Aquitaine), which coordinates the health care between the 44 maternities in the new extented region. Mother of four, she is also happily a grand mother of three very young grand children.

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BREASTFEEDING COMPLICATIONS MANAGEMENT PROTOCOL FOR THE LACTATING BREAST ABSCESSES MANAGEMENT-A VERY BAD FORM OF MASTITIS

Il s'agit d'un abces du sein chez une femme de 41 ans , d'origine asiatique , se révélant dans la derniere semaine de grossesse.
Des biopsies du sein sont réalisées révélant des lésions à type de granulomatose giganto epithelioide, associées à la présence de corynebacterium kropstendtii.
Ponctions echoguidée, chirurgie et drainage ,traitements antibiotiques prolongés ont été combinés pour la prise en charge ;malgré cela, l'évolution a été trainante, avec récidives durant plusieurs semaines au même endroit .
La patiente a du ,en conséquence , arrêter l allaitement maternel (avec le sein controlateral) en raison d une alteration de l'état général, de douleurs, malgré une spécialement forte motivation pour l'allaitement maternel .

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BREASTFEEDING COMPLICATIONS MANAGEMENT PROTOCOL FOR THE LACTATING BREAST ABSCESSES MANAGEMENT-A VERY BAD FORM OF MASTITIS

Breast abscess is a relatively rare complication of breastfeeding and often leads to early weaning. An inventory of their care was carried out during a midwife's dissertation presented in June 2020. 29 cases were retained from January 2016 to April 2019. Incision-drain was the first-line treatment in 22 cases (71%) and puncture in only 6 cases (19%). While the latest studies show the advantages of puncture in particular to encourage breastfeeding, the slow development of practices in the care of these abscesses in Nouvelle-Aquitaine has led us to draw up a protocol aimed at improving information provided to the care teams about puncture treatment and involving patients in the choice of their treatment.

This protocol requires informed consent from the patients on the choice of possible treatments, presents the advantages and disadvantages of these treatments, the diagnostic criteria, a description of surgical care and ultrasound-guided puncture-drainage, a choice of antibiotics aimed at preserving the maternal and infant microbiotes as much as possible, and finally the follow-up of these abscesses until they heal.

But a very specific case has disrupted our practices. It’s about 41 years old Asian woman , with a breast abcess , beginning during the last week of the pregnancy. Breast clinical samples reveal a granulomatous mastitis, with Corynebacterium Kropstendtii. Echo-guided punctions, surgery , many antibiotics treatments had to be used. Despite the treatments, a long duration was observed with recurrent abcesses in the same location.

The patient had to stop breast feeding (persude at the time with the other breast) because of great fatigue, and pain, though she was eager to .

Biography :

Catherine graduated as a midwife in 1982 at the University of Bordeaux. She works in post-natal care. Since 2012, she is IBCLC certified. Trained in adult education practices (ISFORM 2018), she animates several training courses on breastfeeding for midwives and childcare assistants. She contributed to World Breasfeeding Week In Bordeaux in 2016, 2017 and 2018; She participates to RMEF (Mother/child Frenchspeaking Network); and initiated the creation of a support group for carers and parents in their breastfeeding project ("Cordiallaitement vôtre"). She also conducts monthly professional practice assessments on the rhythms and needs of the newborn baby.

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BREASTFEEDING COMPLICATIONS MANAGEMENT PROTOCOL FOR THE LACTATING BREAST ABSCESSES MANAGEMENT-A VERY BAD FORM OF MASTITIS

L'abcès du sein est une complication relativement rare de l'allaitement et conduit souvent à un sevrage précoce. Un état des lieux de leur prise en charge a été réalisé lors d'un mémoire de sage-femme présenté en juin 2020. 29 cas ont été retenus de janvier 2016 à avril 2019. L'incision-drain était le traitement de première intention dans 22 cas (71 %) et la ponction dans seulement 6 cas (19%).

Alors que les dernières études montrent les avantages de la ponction notamment pour favoriser l'allaitement, le lent développement des pratiques de prise en charge de ces abcès en Nouvelle-Aquitaine nous a conduit à élaborer un protocole visant à améliorer l'information des équipes soignantes sur le traitement de la ponction et impliquer les patients dans le choix de leur traitement.

Ce protocole requiert le consentement éclairé des patientes sur le choix des traitements possibles, présente les avantages et les inconvénients de ces traitements, les critères diagnostiques, une description des soins chirurgicaux et ponction-drainage échoguidées, un choix d'antibiotiques visant à préserver la santé maternelle. et les microbiotes infantiles autant que possible, et enfin le suivi de ces abcès jusqu'à leur guérison.

Mais un cas bien particulier vient bouleverser nos pratiques. Il s'agit d'une femme asiatique de 41 ans environ, avec un abcès du sein, débutant au cours de la dernière semaine de la grossesse. Les prélèvements cliniques mammaires révèlent une mastite granulomateuse, à Corynebacterium Kropstendtii.

Ponctions écho-guidées, chirurgie, de nombreux traitements antibiotiques ont dû être utilisés. Malgré les traitements, une longue durée a été observée avec des abcès récurrents au même endroit. La patiente a dû arrêter d'allaiter (se persuader à l'époque avec l'autre sein) en raison d'une grande fatigue et de douleurs, alors qu'elle était impatiente de le faire

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Christophe Elleau

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Osteopathy and painful breastfeeding

Breastfeeding is the natural way of feeding, but it has been replaced by artificial milk (1960s). It took decades to realise the benefits of breastfeeding for individual and public health. It is recommended by all the world's major medical bodies, including the WHO.

It is difficult to put into practice and many factors shorten its duration: the first cause of breastfeeding cessation is pain and the second is the resumption of labour (Kent 2015). Osteopathy is very poorly evaluated: reports (INSERM, 2012 - AP-HP, 2012) conclude that evaluation is necessary. The latest update on osteopathy in perinatology and paediatrics (Bagagiolo, 2016) highlights that the vast majority of studies carried out to date point to a benefit; the level of evidence remains low but is improving: on the length of hospitalisation of premature babies and on their weight gain (Ceritelli), on changes in cerebral perfusion (Tamburella), on changes in functional MRI (Ceritelli, 2021) As osteopathy is based on the principle of the globality of the person, it is illusory to want to show an action on a symptom or a localised pathology, the causes being multiple; on the other hand, the evaluation of the state of discomfort or the quality of life has more sense; for example, as the length of hospitalisation of a premature newborn depends on his autonomy, there is indeed an evaluation of the global impact of the care on the baby. It was on the basis of this reflection that we introduced such care in our maternity unit 10 years ago, in the event of painful breastfeeding and when the carers are at a loss and the mother is thinking of stopping breastfeeding.

An internal evaluation on 27 consecutive care showed that 85% of patients are breastfeeding at 1 ½ months. The evaluation is carried out at 1 ½ months because from 2 months, the resumption of labour by the mother, becomes a major cause of cessation of lactation in France. We also evaluated the pain in both breasts before and after the treatment: the difference was very clear with a disappearance or clear improvement after the treatment.

Another evaluation was carried out on a group not treated due to lack of availability despite pain scores of more than 7 out of 10 (analogue scale) at latching: at 1 ½ months, the breastfeeding rate was 15% in patients who did not use osteopathic care after discharge and 85% in those who did.

The pain and/or discomfort of the newborn makes it difficult for him/her to latch on in an adapted and, above all, painless way for the mother. The hypothesis is that the newborn is in a physical state that does not allow normal mobility of the mandible to take the nipple without damaging it and to mobilise the tongue to suckle correctly. For her part, the mother is herself uncomfortable or even painful, and is unable to be totally available to allow a perfect fit between the baby and her breast, which is aggravated by the pain generated by inadequate sucking. A vicious circle can set in and lead to the decision to stop breastfeeding.

Biography:

Christophe ELLEAU is born in January 30, 1961 Current situation: neonatologist in Aliénor d'Aquitaine maternity hospital (Bordeaux) Main areas of interest: fetal medicine and prenatal center diagnostic, neonatal resuscitation (education and training), perinatal transmission of HIV (prevention and follow-up of babies), parental education, breastfeeding, osteopathy.

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OSTÉOPATHIE ET ALLAITEMENT MATERNEL DOULOUREUX

L'allaitement maternel est le mode d'alimentation naturel mais il a été remplacé par le lait artificiel (années 60). Il a fallu des dizaines d'années pour se rendre compte des bienfaits de l'allaitement maternel pour la santé individuelle et la santé publique. Il est recommandé par toutes les grandes instances médicales mondiales notamment l'OMS.

La mise en pratique est difficile et de nombreux facteurs en raccourcissent la durée : la première cause d'arrêt de l'allaitement est la douleur et la deuxième est la reprise du travail (Kent 2015). L'ostéopathie est très peu évaluée : les rapports (INSERM, 2012 - AP-HP, 2012) concluent à la nécessité d'une évaluation. La dernière mise au point sur l'ostéopathie en périnatalogie et pédiatrie (Bagagiolo, 2016) met bien en exergue que la grande majorité des études effectuées jusqu'à maintenant vont dans le sens d'un bénéfice ; le niveau de preuve reste bas mais s'améliore : sur la durée d'hospitalisation des prématurés et sur leur prise de poids (Ceritelli), sur les modifications de perfusion cérébrale (Tamburella), sur les modifications à l'IRM fonctionnelle (Céritelli, 2021). L'ostéopathie ayant pour principe la globalité de la personne, il est illusoire de vouloir montrer une action sur un symptôme ou une pathologie localisée, les causes étant multiples ; par contre, l'évaluation de l'état d'inconfort ou de la qualité de vie a plus de sens ; par exemple, la durée d'hospitalisation du nouveau-né prématuré dépendant de son autonomie, il y a bien là évaluation de l'impact global du soin sur le bébé. C'est à partir de cette réflexion que nous avons instauré un tel soin dans notre maternité depuis 10 ans, en cas d'allaitement maternel douloureux et lorsque les soignants sont dans l'impasse et que la maman pense arrêter l'allaitement.

Une évaluation interne sur 27 soins consécutifs a montré que 85% des patientes allaitent à 1 mois ½. L'évaluation est effectuée à 1 mois ½ car dès 2 mois, la reprise du travail par la maman, devient une cause majeure d'arrêt de la lactation en France. Nous avons aussi évalué la douleur aux 2 seins avant et après le soin : la différence a été très nette avec une disparition ou nette amélioration après le soin.
Une autre évaluation a été menée sur un groupe non traité par manque de disponibilité malgré des scores de douleur à plus de 7 sur 10 (échelle analogique) à la mise au sein : à 1 mois ½, le taux d'allaitement est de 15% chez les patientes qui n'ont pas eu recours à un soin ostéopathique

après la sortie et 85% chez celles qui y ont eu recours.

Les douleurs et/ou inconfort du nouveau-né le mettent en difficulté pour prendre le sein de façon adaptée et surtout non douloureuse pour la maman. L'hypothèse est que le nouveau-né est dans un état physique qui ne lui permet pas une mobilité normale de la mandibule pour pouvoir prendre le mamelon sans le léser et de mobiliser sa langue pour téter correctement. De son côté, la maman étant elle-même inconfortable voire douloureuse, elle n'arrive pas à être totalement disponible pour permettre un parfait ajustement entre le bébé et son sein, ceci aggravé par la douleur générée par la succion inadéquate. Un cercle vicieux peut s'installer et aboutir à la décision d'arrêt de l'allaitement.

L'ostéopathie est un traitement dont le but est de permettre le relâchement de muscles ou fascias contracturés et entre autre, une libération de la mobilité de la mandibule. Les manipulations étant douces et sans contrainte, il n'a jamais été décrit d'accident dans ce type de soin appliqué à un nouveau-né. Le seul risque est l'inefficacité du soin dans l'objectif fixé.

L'intervention manuelle est mécaniquement minime : il s'agit d'une recherche précise et tout en douceur de la position de confort du patient pour permettre un relâchement local voire plus large ; il n'y a aucune impulsion ; de relâchements en relâchement, l'obtention d'une détente globale peut permettre d'améliorer le comportement de bébé jusqu'à modifier totalement sa possibilité et façon de téter. L'amélioration du confort du bébé est perçue par la maman, qui, en général, se détend et parfois, le soin de la maman peut survenir ou, en posant le bébé sur sa maman, le traitement continue en prenant en compte les deux ensembles, toujours avec les mêmes principes. La fin du traitement est définie par la perception par l'ostéopathie d'un relâchement total et d'une sensation d'équilibre global du bébé et de sa maman.

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POSSIBLE ROLE OF ANTIOXIDANTS/FREE OXYGEN RADICALS RATE IN CELLS ON EARLY PREVENTION OF CHRONIC INFLAMMATORY ILLNESSES OF YOUNG PEOPLE

Oxygen stress caused by free oxygen radicals may cause damage of different cell functions. If not enough antioxidant capacity is present some inflammatory factors are made by the cell and sent to the circulation. In the case of frequent repetition of the oxygen stress in childhood and adolescent ages without enough antioxidant answer inflammatory factors cause chronic illnesses as different malignancies, atherosclerosis, inflammatory bowel diseases or others in early adulthood.

Antioxidants given earlier to patients with coronary heart disease, or some malignancies failed to cure these patients because the therapy happened too late. However, the preventive effect of these materials given to children and adolescents with high risk family background was proven in a lot of cases regarding to malignancies, or atherosclerosis, too.

Biography :
Tamas Szamosi MD,PhD,FACN born Sept 30,1936 Budapest Hngary Education: Med. Univ. Budapest medical doctor 1961- Spec.: clinical pathology 1965, pediatrics 1975, med. habil. 2005, lipidology and obesitology 2014 Working places: Biochem dpt Univ. of Budapest (1961-1972), 2nd Dpt of Med. Fac. Semmelweis Univ 1972- presently, too) (from resident to full professor-2006) Two times in Lybia Tajoura (1976-79 and 1988-90) chief of pediatrics in Tajoura Cardiac Center Current responsibilities: care and cure of pediatric patients, teaching of nurses and medical students and research work about the prevention of athrosclerosis in pediatric ages, coordinator of „pediatric prevention of atherosclerosis" network in Hungary Membership in scientific societies: American College of Nutrrition (past president of Eur Chapter), Ass. Paed. Edu Eur (EC member), Hungarian Acad. Sci, H. Atheroscler Soc (president of pediatric section), H. Pediatric Soc.,

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POSSIBLE ROLE OF ANTIOXIDANTS/FREE OXYGEN RADICALS RATE IN CELLS ON EARLY PREVENTION OF CHRONIC INFLAMMATORY ILLNESSES OF YOUNG PEOPLE

Le stress oxygéné causé par les radicaux libres d'oxygène peut endommager différentes fonctions cellulaires. Si la capacité antioxydante n'est pas suffisante, certains facteurs inflammatoires sont fabriqués par la cellule et envoyés à la circulation. En cas de répétition fréquente du stress oxygéné dans l'enfance et l'adolescence sans réponse antioxydante suffisante, les facteurs inflammatoires provoquent des maladies chroniques telles que différentes malignités, athérosclérose, maladies inflammatoires de l'intestin ou autres au début de l'âge adulte.

Les antioxydants administrés plus tôt aux patients atteints d'une maladie coronarienne ou de certaines tumeurs malignes n'ont pas réussi à guérir ces patients parce que le traitement est arrivé trop tard. Cependant, l'effet préventif de ces matériels donnés aux enfants et adolescents issus de familles à haut risque a été prouvé dans de nombreux cas concernant des malignités ou l'athérosclérose également.

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KEYPOINTS TO A SUCCESSFUL NEWBORN HEARING SCREENING. THIRTY YEARS OF EXPERIENCE AND INNOVATIONS

Congenital deafness is a major pediatric problem, affecting about 1.5 per 1000 newborns. Until the end of the last century, most of these children achieved their social communication through sign language. The early treatment of these children through cochlear implantation and auditory rehabilitation programs for learning sound processing has been a historic milestone. Early diagnosis of congenital deafness is an essential requirement to achieve the best results, which is achieved through neonatal screening, a diagnostic practice that we began systematically at the Hospital Clínico in Valencia 30 years ago.

Neonatal hearing screening is successful in most developed countries. Its implementation has been slow due to the multiple difficulties that its universal application entails since it involves several medical personnel and must be carried out in a short time interval. In addition, since it is universal, it must have a good performance that prevents the overload of other services and that requires experience and continuous adjustments in search of proper protocols. At this time, there is controversy about the technique equipment and protocols to be used, but all the programs manage to increase the early detection of neonates with congenital hearing loss, which has made it possible to reduce the age of treatment since its implantation, achieving a better prognosis for children affected with congenital hearing loss with a better psychosocial adaptation.

In this talk we are going to discuss the key points to achieve a satisfactory neonatal hearing screening, highlighting the solutions to the problems that usually appear. We are going to also talk about techniques, protocols and neonatal or nutritional factors that can influence the screening results.

Specifically, we are going to discuss the importance of early diagnosis of deafness and its universal approach, the available techniques and tricks that can make correct screening possible, the different protocols with their drawbacks and advantages, how to do an adequate screening based on hearing risks with special mention to cytomegalovirus infection, how to

reduce losses to follow-up, the legislative needs inherent to the program, quality controls and finally the research of perinatal and nutritional factors that may influence the result of the test. It is a summary of our experience over 30 years and current experience with the objective of sharing our problems and our solutions so that it can serve those programs that are starting or have similar problems to solve them.

Biography:

JM Sequi Canet is a Pediatrician and Doctor of Medicine in the University of Valencia, his thesis about Otocaoustic Emissions in newborns was granted with cum laude and extraordinary award 1992-93. He has supervised a doctoral thesis and a master's thesis. He is Corresponding Academician of the Royal Academy of Medicine of the Valencian Community since June 2013. Since 2006 he is Head of the Pediatrics Service in the Fco. Borja hospital in Gandia (Spain). He has served as a pediatrician both in the field of primary and specialized care since 1991. He has been a member of the spanish national commission for the early detection of hearing loss (CODEPEH) since 2009 and a national representative in the European program EUSCREEN since 2018. Member for Spain of the Concerted Action of the European Union for the application of acoustic Otoemissions since 1995, continued by the European project AHEAD I from 1997-2000 and AHEAD II from 2000-2003. Teaching collaborator of practices at the University of Valencia since 2017. He belongs as an associate to various pediatric societies. Scientific production is summarized in more tan 80 scientific publications, 1 complete books on rotavirus and 13 book chapters on pediatrics, more than 200 presentations at national and international conferences, more than 200 hours of teaching in multiple pediatric activities, stays abroad in pediatric hospitals, participation in 7 projects of research funded by public and private administrations at national, international and European level, in 3 of them having participated as IP. He frequently participates in various activities at the University of Valencia in Gandia (CIG) and is Coordinator of the "Continuing Education and Integration Course in Pediatrics" in health training program (EVES) since 2006. Co-director of "Certificate of specialization in advances in Pediatrics". Postgraduate course at the University of Valencia (CIG) since 2011. Co-director of the Doctoral Course 290-049 (Univ. Valencia), entitled "Practical orientation to Biomedical research". Faculty of Medicine of Valencia. from 2000 to 2005. He has received 20 awards from various entities for pediatric studies performed.

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LES POINTS CLÉS D'UN DÉPISTAGE AUDITIF RÉUSSI CHEZ LE NOUVEAU-NÉ. TRENTE ANS D'EXPÉRIENCEETD'INNOVATIONS

La surdité congénitale est un problème pédiatrique majeur, touchant environ 1,5 nouveau-né sur 1000. Jusqu'à la fin du siècle dernier, la communication sociale de la plupart de ces enfants était assurée par la langue des signes. Le traitement précoce de ces enfants par l'implantation cochléaire et les programmes de réhabilitation auditive pour l'apprentissage du traitement des sons a été une étape historique. Le diagnostic précoce de la surdité congénitale est une condition essentielle pour obtenir les meilleurs résultats, ce qui est possible grâce au dépistage néonatal, une pratique diagnostique que nous avons commencée systématiquement à l'Hospital Clínico de Valence il y a 30 ans.

Le dépistage auditif néonatal est un succès dans la plupart des pays développés. Sa mise en œuvre a été lente en raison des multiples difficultés qu'entraîne son application universelle puisqu'il implique plusieurs personnels médicaux et doit être réalisé dans un intervalle de temps court. De plus, étant donné qu'il est universel, il doit avoir un bon rendement qui empêche la surcharge d'autres services et qui exige de l'expérience et des ajustements continus dans la recherche de protocoles appropriés. À l'heure actuelle, il existe une controverse sur la technique, l'équipement et les protocoles à utiliser, mais tous les programmes parviennent à augmenter la détection précoce des nouveau-nés atteints de déficience auditive congénitale, ce qui a permis de réduire l'âge du traitement depuis son implantation, obtenant un meilleur pronostic pour les enfants atteints de déficience auditive congénitale avec une meilleure adaptation psychosociale.

Dans cet exposé, nous allons aborder les points clés pour réaliser un dépistage auditif néonatal satisfaisant, en mettant en évidence les solutions aux problèmes qui apparaissent habituellement. Nous parlerons également des techniques, des protocoles et des facteurs néonatals ou nutritionnels qui peuvent influencer les résultats du dépistage.

Plus précisément, nous allons discuter de l'importance du diagnostic précoce de la surdité et de son approche universelle, des techniques et des astuces disponibles qui peuvent rendre possible un dépistage correct, des différents protocoles avec leurs inconvénients et leurs avantages, de

la manière de réaliser un dépistage adéquat basé sur les risques auditifs avec une mention spéciale pour l'infection au cytomégalovirus, de la manière de réduire les pertes de suivi, des besoins législatifs inhérents au programme, des contrôles de qualité et enfin de la recherche des facteurs périnataux et nutritionnels qui peuvent influencer le résultat du test.

Il s'agit d'un résumé de notre expérience de plus de 30 ans et de notre expérience actuelle avec l'objectif de partager nos problèmes et nos solutions afin qu'il puisse servir aux programmes qui débutent ou qui ont des problèmes similaires pour les résoudre.

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Ana Lopez

Pediatrics Surgeon, Valencia University, Spain

NEW SURGICAL APPROACH OF NECROTIZING ENTEROCOLITIS OF PRETERM INFANT.

Preterm infants associate several life-threatening conditions related to the immaturity of organs and systems. Of them, necrotizing enterocolitis (NEC) is the most common gastrointestinal emergency in neonatal intensive care units. It is mainly defined by ischemic bowel necrosis, with associated intestinal wall inflammation and inlet of gas into the portal system. This disease entails a variety of challenges for neonatologists, pediatric surgeons, nurses, and all the rest of components of pediatric team at third level hospitals. It is considered a multifactorial process in which concur infectious agents, asphyxia, bowel ischemia, shock, hypothermia...

Several medical and surgical approaches have been postulated in order to avoid short-bowel syndrome (SBS) which, in the context of NEC, appears secondary to massive surgical resection due to extensive bowel necrosis, being the most critic long-term complication of NEC. As in other fields of medicine, the fact of the varied extent of necrosis and severity of accompanying infection and shock, and the existence of many surgical possibilities constitute an important topic for discussion

We expose our experience in a new technique that has shown successful in avoiding SBS in preterm infants with extensive bowel resections due to ECN. On the basis of growth potential of neonatal bowel, we propose the maximum length preservation trying to include at least a small part of each functional unit of the neonatal bowel, even though it may involve the performance of multiple enterostomies with non-ischemic bowel fragments. The postoperative care includes transferring intestinal fluids from the more proximal enterostomy to the next to stimulate bowel lengthening.

The closure of the enterostomies is performed at about 3 months after the initial surgery. This timing must be individualized counting on personal conditions (weight, estimated bowel length...) It may be postposed, but we don't recommend to make it sooner, in order to achieve good bowel length. We found a growth up to ten times the initial length of the bowel fragments. One of our patients with an initial overall residual intestinal length of 23 cm, having small fragments of at least each of all the functional bowel units went under reconstruction accomplishing

enough bowel length to get normal growing up without nutritional restrictions or difficulties in his development after more than 14 years.

The follow-up of these infants must be carefully assisted by a trained team (nurses, neonatologists, gastroenterologists and nutritionists) to be successful, but with this multidisciplinary and coordinated approach our results have avoided SBS in patients with very short bowel lengths. In those cases in which the necrosis spares several intestinal loops we propose this technique as an efficient surgical alternative to complete intestinal resection and thus avoiding parenteral nutrition for life or intestinal transplantation.

Biography:

Ana Lopez is PhD Pediatric Surgeon. Hospital Clínic Universitari. Valencia. Spain, since 1998. Assistant Professor of Medicine. University CEU – Cardenal Herrera. Valencia. Spain.. More than 20 publications, 50 communications to congresses, and two book chapters. Best communication prize at XXXV Congress of Spanish Society of Pediatric Surgery.

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(French Version)

Ana Lopez

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NEW SURGICAL APPROACH OF NECROTIZING ENTEROCOLITIS OF PRETERM INFANT.

Les enfants prématurés sont associés à plusieurs conditions potentiellement mortelles liées à l'immaturité des organes et des systèmes. Parmi elles, l'entérocolite nécrosante (ENC) est l'urgence gastro-intestinale la plus fréquente dans les unités de soins intensifs néonatals. Elle se définit principalement par une nécrose intestinale ischémique, associée à une inflammation de la paroi intestinale et à une entrée de gaz dans le système porte. Cette maladie pose de nombreux défis aux néonatologistes, aux chirurgiens pédiatriques, aux infirmières et à tous les autres membres de l'équipe pédiatrique des hôpitaux de troisième niveau. Elle est considérée comme un processus multifactoriel dans lequel concourent agents infectieux, asphyxie, ischémie intestinale, choc, hypothermie...

Plusieurs approches médicales et chirurgicales ont été proposées afin d'éviter le syndrome de l'intestin court (SBS) qui, dans le contexte de la NEC, apparaît comme secondaire à une résection chirurgicale massive due à une nécrose intestinale étendue, étant la complication à long terme la plus critique de la NEC. Comme dans d'autres domaines de la médecine, l'étendue variable de la nécrose et la gravité de l'infection et du choc qui l'accompagnent, ainsi que l'existence de nombreuses possibilités chirurgicales constituent un sujet de discussion important.

Nous exposons notre expérience d'une nouvelle technique qui s'est avérée efficace pour éviter le SBS chez les prématurés ayant subi des résections intestinales étendues en raison d'une ECN. Sur la base du potentiel de croissance de l'intestin néonatal, nous proposons de préserver la longueur maximale en essayant d'inclure au moins une petite partie de chaque unité fonctionnelle de l'intestin néonatal, même si cela peut impliquer la réalisation de multiples entérostomies avec des fragments d'intestin non ischémiques. Les soins postopératoires comprennent le transfert de fluides intestinaux de l'entérostomie la plus proximale à la suivante pour stimuler l'allongement de l'intestin.

La fermeture des entérostomies est effectuée environ 3 mois après la chirurgie initiale. Ce moment doit être individualisé en fonction des conditions personnelles (poids, longueur intestinale estimée...) Il peut être reporté, mais nous ne recommandons pas de le faire plus tôt,

afin d'obtenir une bonne longueur intestinale. Nous avons constaté une croissance jusqu'à dix fois la longueur initiale des fragments d'intestin. L'un de nos patients, dont la longueur intestinale résiduelle totale initiale était de 23 cm et qui présentait de petits fragments d'au moins chacune des unités intestinales fonctionnelles, a subi une reconstruction qui lui a permis d'obtenir une longueur intestinale suffisante pour grandir normalement, sans restrictions nutritionnelles ni difficultés de développement, après plus de 14 ans.

Le suivi de ces nourrissons doit être soigneusement assisté par une équipe formée (infirmières, néonatologistes, gastro-entérologues et nutritionnistes) pour être couronné de succès, mais grâce à cette approche multidisciplinaire et coordonnée, nos résultats ont permis d'éviter le SBS chez les patients ayant une longueur d'intestin très courte. Dans les cas où la nécrose épargne plusieurs boucles intestinales, nous proposons cette technique comme une alternative chirurgicale efficace à la résection intestinale complète, évitant ainsi la nutrition parentérale à vie ou la transplantation intestinale.

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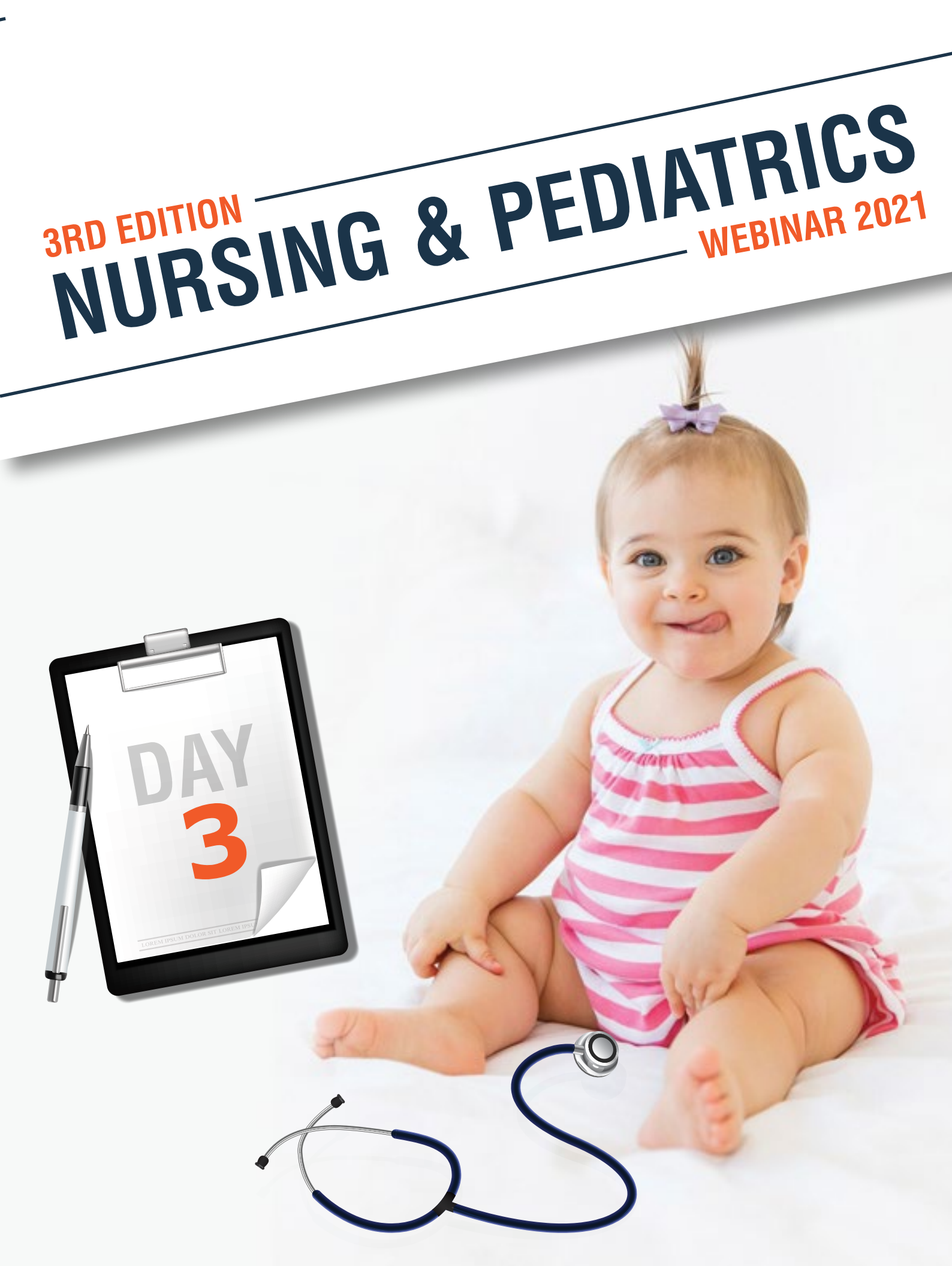

Rana S. Abdel Malak

Ph.D., NEA-BC* Healthcare Consultant & Appraiser (American Nurses Credentialing Center-ANCC)

EMOTIONAL INTELLIGENCE ABILITY TESTING IN NURSING: PROGRESS AND GAPS

Despite being extensively studied, the definition of emotional intelligence (EI) greatly varies among different theoretical frameworks. Some models define EI as a set of cognitive abilities (ability models) while others define EI as a mixture of behaviors, beliefs, and attitudes (mixed models). The purpose of the current study is to explore the progress in EI ability measures and the remaining gaps in research.

Part of a larger study, The brief versions of the Situational Test for Emotional Understanding (STEU-B) and the Situational Test for Emotional Management (STEM-B) were tested among a convenience sample of Lebanese registered nurses (N= 93) to measure higher order EI abilities of emotional understanding and management. Alpha reliabilities scores for STEU (19 items) dropped to .48, whereas STEM-B (18 items) recorded.62. Despite a drop from the original alpha score (.84), STEM-B remained in the borderline alpha score range acceptable for ability measures.

The emerging EI measurement trend (situational tests) provides a promising research stream requiring further psychometric validation. Situational tests offer a short and more manageable alternative compared to other much longer measures, carrying heavy subject burden factors such as Mayer-Salovey-Caruso test. With robust psychometric studies, situational measures would serve as brief ability testing for emotional understanding and management answering many research needs.

Biography:

Dr. Abdel Malak is based in Beirut with a long standing experience in clinical and executive leadership in acute care nursing; Board certified as nurse executive advanced level and Ph.D. holder from the University of Texas. Her research focus is clinical leadership and followership in professional nursing. She works since 2011 in healthcare consulting in the Middle East and is an international appraiser with ANCC. She has a particular passion for nursing leadership development with a diversified portfolio as a nurse leader coach. Recipient of many awards namely the Buie Presidential Scholarship for Doctoral Studies.

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Amin Gohary

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ROLE OF NURSING IN PEDIATRIC SURGERY

Pediatric surgery is the only specialty that coins with age. Other specialties deals with system (urology, neurology ,etc). In this presentation I would discuss common pediatric surgical problems and the role of nursing in the overall management.

The role of nursing in pre and post-operative care is discussed. The nurse should be an integral part of the baby care and should contribute positively to welfare of the child and their families.

The history tells us about the contribution of 3 nurses

1. Rofida
2. Florence nightingale
3. Sister Mary Josef

The role played by these nurses in patient care is highlighted

Biography:

Mohamed Amin El Gohary is a Chief, Department of Paediatric Surgery, Burjeel Hospital, Abu Dhabi. He worked as a President of Pediatric Surgical Association of UAE in 2012-2014, Chief, Department of Pediatric Surgery, Al- Noor Hospital, Abu Dhabi in 2009-2014, Deputy Chair of the Department of Surgery, Mafraq Hospital in 2008-2009, Head of Pediatric Surgery Mafraq Hospital in 1983-2009. He is Executive member of the ISHID (International Society of Intersex 2007-to present. He completed his F.R.C.S. (Eng.) in 1980 England, F.R.C.S. (Edin.) in 1979 Scotland, F.R.C.S (Glsg) in 1997 and Diploma in Gen. Surgery at Cairo University in 1975, MBBCh at Cairo University in 1972.

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INQUIRY-BASED LEARNING IN NURSING EDUCATION: EDUCATOR'S PERSPECTIVES ON INTEGRATING INQUIRY PEDAGOGY AND ITS EFFECTS ON CRITICAL THINKING.

The aim of the study is to investigate to what extent nurse educators' employ inquiry-based learning, and to identify the challenges that face them upon introducing inquiry pedagogy. Moreover, it aimed to examine the correlation of inquiry-based learning on the development of students' critical thinking, and to compare the difference in critical thinking skills of nursing students who are following IBL approach and a traditional lecture-based approach. The study employed a sequential explanatory design to answer the research questions. The sample included 275 participants divided into 158 nurse educator and 117 nursing students in 6 public and private nursing institutions. Using census method, 158 nurse educators who teach both undergraduate and technical nursing students, participated in the study, and 117,2nd and 3rd year, nursing students participated in the study using a convenience sampling. Data from the selected participants was collected using questionnaires; the Cornell Critical Thinking Test Level Z was used to test students' Critical thinking skills. This was between September and November 2018; the data was then analyzed using SPSS- 23. To validate the questionnaires and the Cornell Critical Thinking Test, prior to distributing them, meetings were held with two nurse head department with respectable reputations in the field of nursing education and one academic education professor. To complete the research, interviews were conducted with head nurse departments to discuss the outcomes of the study and set up future directions and the recommendations needed. Results showed that IBL is rarely used by nurse educators due to many challenges, and this method is fundamental in the development of students' critical thinking skills. The researcher recommends Inquiry-Based Learning in Nursing Education: Educator's Perspectives on Integrating Inquiry Pedagogy and Its Effects on Critical Thinking.

this study to directing nursing faculties towards the importance of integrating inquiry pedagogy in nursing education.

Biography:

A highly driven, sympathetic, and very flexible professional with positive work ethics and high regards to continuing professional education. A nurse educator with combined experience in clinical education and teaching who is passionate about giving students quality education and focusing on the development of students' 21st century skills. Holds a master's degree in educational management and Leadership, and a Bachelors' degree of Nursing Sciences. Won the Award for the best Master Thesis provided by the Scientific Committee of Arab Nursing Faculties (2020). Currently, Hala is the chairperson of the Nursing Department at Jinan University-Lebanon, and she is always engaged in continuous learning to broaden her knowledge and experience in virtual learning and nursing education. Hala is looking for a vacancy to apply for the PhD program.

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Nour El Hoda Ezzeddine
Lactation Consultant IBCLC, Lebanon

MEDICATION USE IN BREASTFEEDING WOMEN

"Concern about potential harm to the nursing infant from maternal medications is often cited as a reason to advise discontinuation of breastfeeding. Overwhelming evidence demonstrates the benefits of breastfeeding and the deleterious effects that can result from premature weaning" (AAP). A study shows that odds of not reaching pre-set breastfeeding goals is 2.2 times higher when mothers take medicines.

As Health Care Professionals in different sectors, it might not be within their scope of practice to prescribe medications. However, HCPs might encounter breastfeeding women during their routine practice. In this case, it's not their duty to influence mothers' opinions, rather deliver objective facts that would enable them to make informed decisions. Whether they have a pharmaceutical background or not, a competent service of care is only provided by understanding medications' compatibility with lactation. This presentation aims to explain this relationship in a simplified manner, highlights the importance of breastfeeding and proper benefit-risk assessment.

The following points will also be covered:

- Overview on medications' pharmacokinetics and essential features that affect their compatibility with lactation. This will explain how drugs enter breast milk, their effect on infant safety and milk supply. Some examples will be covered.
- How to collect the information needed: important references, lactation risk categories.
- Read and analyse the compiled data by utilizing the theoretical basics learned in the first point. Assess the risk versus benefit.

At the end of this session, participants will have an overview on the theory of medications' compatibility with human lactation and how to apply it in practice.

Biography:

Dr. Nour El Hoda earned her B.Sc in pharmacy, 2015 and Pharm.D, 2016 from Saint-Joseph University in Beirut. A breastfeeding advocate since 2014, she became a Certified Breastfeeding Specialist from Lactation Education Resources, USA in 2015. She integrated a breastfeeding centred project into her clinical hospital residency program where she successfully implemented a lactation objective into the central pharmacy operational goals. This project included counselling and supporting women in breastfeeding post-partum, providing the pharmacy with resources on medications' compatibility with lactation, training the pharmacy staff on navigating these resources as well as learning breastfeeding essentials. She continued her contribution to the community as a volunteer with different local NGOs: lactation educator with Lactica, 2018-2019, breastfeeding specialist with LAECD, 2019, Lactica board member since 2019. She became an International Board Certified Lactation Consultant, IBCLC in 2020 currently working in private practice.

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Mawass Marie rose

Nurse Manager Hazmieh Municipality Medical Center, France

NURSING AND PATIENT SUPPORT PROGRAMS

When nursing began it had little to do with formal medical training and everything, today Nursing became a scientific field with many new career paths, more training programs, better Hospital, more responsibility, and focus on patient care (in hospital and after discharge) in the Nursing industry that has saved lives and created generations of dedicated medical Professionals.

Patient care is now extremely important factor in the medical field for all medical professionals. The advancements in technology also have created an environment that makes patient care More efficient and helpful for the patient.

The patient centered care is today not only during hospitalization but also after the patients Discharge, you can see many forms of patient care or support after discharge, we can see Center that are educating new parents taking care of the new baby born (they teach them About the bath technique, feeding, what to do in emergencies …) Other center or company created special program to support patients financially or to help the Patients take their medication correctly, improve adherence, better manage disease, reduce Complications.

In this conference I will be taking about:

1. Principles of patient support program (understand the reasons, challenges and benefits for relevant stakeholders)
2. Available services in the market
3. Discuss all the roadmap for successful patient support programs
4. Setting up a patient support program (define key actions points in setup phase)
5. PSP implementation and execution

Biography:

Marie rose MAWASS is an In- charge Nurse in one of the biggest hospitals in France, responsible for the patient management, member of the quality department. Prior to that she was a program manager at Axios international, a global healthcare access Company with 20 years of specialized experience developing countries. Located in Dubai, United Arab Emirates, Marie rose was working

on the adherence programs, including patient and physician management and engagement, she was also In-charge Nurse in one of the biggest Hospital in Lebanon, responsible for patient management, member of the quality and accreditation comity in the JCI accreditation for two consecutive years, a registered nurse in Neonatology Unit, and Educator in the LEAM center for emergency medicine, training nurses from different hospitals on BLS, ALS and PALS.

Marie rose holds:

- MBA Degree in the health sector form St Joseph University in collaboration with Sorbonne University ParisUniversity Diploma in Quality and hospital and Accreditation from St Joseph University in Beirut
- University Diploma in Pediatric and Neonatology from St Joseph University in Beirut
- BS Degree in Nursing form St Joseph university in Beirut. Marie rose is fluent in Arabic, French and English

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Huang Wei Ling

Medical Acupuncture and Pain Management Clinic, Brazil

WHY DO PATIENTS STILL CATCH HOSPITAL INFECTIONS DESPITE THE PRACTICE OF INFECTION PREVENTION AND CONTROL PROGRAMS?

Statement of the problem: Very few publications provide sound scientific data used to determine which components are essential for Infection Prevention and Control (IPC) programs in terms of effectiveness in reducing the risk of infection. In recent years, a range of regional best practice or policy principles have been developed that address what could be considered as core components of IPC programs. However, there remains a major gap in relation to the availability of international best practice principles for core components of IPC programs.

The purpose of this study was to show why patients still catch hospital infections despite IPC programs. A better understanding of a variety of theories is needed that could explain the physiopathology of diverse diseases described in the medical past history, which are usually disregarded clinically today. A broader view seems to show the necessity of seeing the patient as a whole; not only focusing on the disease in the prevention of these hospital infections.

The methodology used was a review of these theories such as those presented by Hippocrates ("Natural forces within us are the true healers of disease."), as well as others from oriental medicine, which explain that diseases originate from three factors: external (exposure to Cold, Heat, Humidity, Wind and Dryness), internal (emotional) and dietary.

Findings: Having a broader view of the patient as a whole (Yin, Yang, Qi, Blood energy and Heat retention), we can understand better the formation of hospital infection which is a systemic energy reaction of our body undergoing normal hospital treatment.

Conclusion: To understand better why a patient is still catching hospital infections, despite these IPC programs, we need to broaden our view observing all emotional, environmental and dietary factors, as well as studying his energy situation now of admittance identifying his risk of hospital infection.

Biography:

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she has been presenting her work worldwide, working with the approach and treatment of all diseases of all systems of the human body in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates.

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Victor Oti E.

University of Portharcourt Teaching Hospital, Nigeria

THE FACTORS AFFECTING THE UTILIZATION OF INFORMATION AND COMMUNICATION TECHNOLOGY

With increasing innovation sweeping into different sphere by information and communication technology, the health sector has also benefited from this technological advancement in our world. This study has examined the factors affecting the utilization of information and communication technology in paediatric Departments University of Port Harcourt Teaching Hospital (UPTH) Rivers Sate, Nigeria. The research is aimed at finding measures to improve utilization of information and communication technology among nurses and cutting all negative factors undermining utilization in the above mention hospital. A descriptive survey design was used. Target population were all nurses in paediatric department, and a total of 51 questionnaires were retrieved. Four research questions were raised and with a corresponding hypothesis were posed to guide the researcher. Data collected were analysed statistically using weighted mean and were represented on a table and bar charts. Chi-Square was used to test hypothesis which revealed x2Cal = 28.4> xtab=3.84 P=0.05 and null hypothesis rejected. Findings reveal that information and communication equipment are not available and others not sufficiently distributed in the wards. Which include apnoea monitor, digital thermometer and incubators on question on barriers to utilization respondents, said that lack of electricity, lack of internet connection etc. the study also revealed that measures to improve on utilization include training and retraining of nurses on ICT programmes, provision of internet facilities, capacity building programmes like seminars and workshops. Recommendation made towards improving on the utilization of information and communication technology among nurses in paediatric department.

Biography :

Victor Oti E. 31 year old professional nurse with the nursing and midwifery Council of Nigeria a certificate obtained in 2014 and continued to obtain a specialist certificate in the Paediatric Nursing in 2017, an aspect of nursing in Nigeria that had produced few male professionals Paediatric nurses. Have served in the National body as a preceptor for the Nursing and Midwifery Council of Nigeria in 2018(As Chief examiner) a positioned that helped score and select best nursing candidates for certification after the exam in the country. Have volunteered for several organisations, International Center for Vision and Health, Docas Foundation and Nursing world

Nigeria, just to mention but a few. Involved in community mobilization and coordination of health care programmes for the Nigerian people and most beneficial to children love the African child. Completed a certification from the University of Washington in 2020. Won award. Was named the best nurse in University of Port-harcourt Teaching Hospital Nigeria (UPTH) 2020 by the Association of Resident Doctors.

Has worked with several professionals like Dr S.L Harcourt who exposed me to orthopaedic surgeries and protocols I can badly say I have been part of team that have completed more than 20 spine surgeries in 4years.

I am grateful to the contribution of Odita HN of the blessed memory, a colleague and a mentor in the profession(Can't finish without writing and mentioning her contribution and rapid growth in my journey in the profession).

I am currently in the Paediatric Emergency Unit of the University of Port-harcourt Teaching Hospital as a Paediatric nurse and first responder. An entrepreneur currently leading an innovation in Health Care business especially in Emergency Response Service (An personal innovative business idea conceived during the covid 19 wave). I also take delight to collaborate with Colleagues, Dr's and other professionals within and outside to conduct research studies. Love to teach and lecture students in my leisure time.

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LUTEOLIN MITIGATES TAMOXIFEN ASSOCIATED FATTY LIVER AND COGNITIVE IMPAIRMENT IN RATS VIA MODULATING BETA CATENIN

Background and Aim: Tamoxifen (TAM) therapy has been linked to the development of fatty liver. Recently, multiple reports have also associated TAM with cognitive impairment in breast cancer patients. Luteolin, a natural flavonoid, has been traditionally used for treating various inflammatory disorders including liver diseases, cognitive impairments and cancer. This study aimed to evaluate the potential protective effect of luteolin in TAM-induced cognitive deficits and liver steatosis.

Experimental Approach: Rats were subjected to daily s.c injections of TAM at a dose of 1 mg/kg for 7days. Treated groups received oral gavage of luteolin at a dose of 20 and 40 mg/kg concomitantly with s.c injection of TAM (1 mg/kg) for 7days. Twenty-four hours after the last injection, behavioral tests were conducted on all studied groups. Rats were sacrificed after 3 days from the last injection.

Results: Luteolin significantly alleviated behavioral defects in TAM-induced cognitive impairment rats. Assertively, luteolin significantly reversed histopathological neurodegeneration in the cortex and the hippocampal areas in TAM induced models. Furthermore, luteolin attenuated hepatic steatosis. Luteolin cotreatment decreased hepatotoxic serum markers (AST and ALT). Besides, it reversed increased hyperlipidemia (TG). As an anti-inflammatory agent, luteolin improved increase hepatic inflammatory markers (TNF-□, IL-1□, TGF-□) accompanied by increasing □-catenin protein expression in TAM induced fatty liver.

Conclusions: Luteolin improved cognitive impairment and hepatic steatosis induced by TAM through alleviating inflammation and modulating β-catenin protein expression.

Abbreviations:

TAM, Tamoxifen; SERM, selective estrogen receptor modulator; NAFLD, non-alcoholic fatty liver disease; PPARγ, proliferator-activated receptors-gamma; AD, Alzheimer's disease; DMSO, dimethyl sulfoxide; SAP, spontaneous alternation percent; TAE, total number of arm entries, ANOVA, Analysis of variance; CA, Cornu Amonis; DG, dentate gyrus; TC, total cholesterol; TNF-α, tumor necrosis factor-alpha; IL 1-β, interleukin-1 beta; TGF-β, transforming growth factor-beta; ELISA, enzyme linked immunosorbent assay.

Keywords: TAM, Fatty liver, cognitive impairment, luteolin, β-catenin, inflammation

Biography :

Prof. Hala El Mesallamy works as Head of Biochemistry Department (since 2001) Professor of Biochemistry since 2006 and served as Vice Dean for Postgraduates Affairs and Scientific research (2013-2015),), ExVice Dean for Community and Environmental Affairs (2007-2009), Member in the permanent committee (since 2013), Faculty of Pharmacy, Ain Shams University. Member in Council Patent of Academy of Scientific Research and Technology in Ministry of Scientific Research (2009-2011), Lecturer and Consultant in Unesco (since 2008), Reviewer in Some International Journals,) Member in the Counseling committee for special prices (since 2012).

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PAEDIATRIC CANCER: A NEW APPROACH IN CARE

In the absence of screening recommendations to decrease children cancer burden, accurate and on time diagnosis along with patient focused treatment and supportive care will improve clinical outcome. Restructuring of the paediatric cancer plan of care approach would allow an improvement in clinical efficacy, treatment safety and quality of life of children and parents.

A multi-disciplinary approach of care that integrates multiple healthcare providers to meet the following aspects through providing : advanced patient centred anticancer treatment that can incorporate molecular testing, therapeutic drug monitoring and pharmacogenomics, ensure medication safety in a vulnerable high risk paediatric oncology population, symptom management and supportive palliative care, parents' education on treatment side effects and management, safe handling of hazardous medications at home, counselling clinics , and address survivorship aspects.

The following approach is to be accompanied by measuring key clinical variables to integrate into quality care analysis for development, benchmarking, education and implementation.

Biography:

Nadine Ziad Zeinab is Oncology pharmacy unit manager, pain and palliative pharmacist, ethics and research committee member, and medication safety group member at Clemenceau Medical Center Affiliated with Johns Hopkins Medicine International, with a seven years of experience in oncology pharmacy practice. An active member at the European Society of Oncology Pharmacy (ESOP) and a part of the educational board at the European Specialization in Oncology Pharmacy (EUSOP). Completed the following certificates: Clinical Pharmacy Virtual Internship Course at Children Cancer Hospital Egypt- 57357, ASHP Pain Management Certificate, ASMP-ISMP Medication Safety Certificate, ASHP Clinical Skills for International Pharmacist, and Masterclass certificate "Pharmacy Services on Cytotoxic Drug Preparation and Safe Handling" "Clinical Oncology Pharmacy Service". Completed M.S. in Pharmacology and Therapeutics at the American University of Beirut by 2013, and a B.S. in Pharmacy at the Lebanese International University by 2009.

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IN THE NICK OF TIME : RESPONSIVE PATIENT CARE WITH WEARABLE TECHNOLOGY

Advancement in technology changes the world in a warp speed. Wearable devices holds great potential in reshaping the health provision and has a positive impact on the wearer's health. We are seeing growing numbers of users actively changing their behavior for the better with the adoption of wearable devices. Integrating them in our lifestyle enhances the quality of life, improves healthcare delivery and medical education.

Wearable devices have evolved and there is an increasing interest in their application in medical settings. It can provide information on patient's behavior like blood pressure, breathing patterns and blood glucose levels. It can also generate signals detecting activity. Wrist-worn accelerometers assist in the evaluation of sleep quality in healthy subjects as well as in in-patient and ICU settings where poor sleep has been linked with adverse outcomes. There are also wearable devices that can provide information on heart rhythm. Frequent heart rate tracking as a means of enhancing routine monitoring for early detection may enable the wearer to seek medical guidance, otherwise these conditions would likely go undetected for some time. This can also be a component of an early warning system to detect clinical deterioration for patients with chronic diseases. Furthermore, it could enable detailed and near-continuous characterization of recovery following critical illness. It is a means of recording useful information and incredible amount of data.

Advancement in the area of wearable systems will continue to transform and enhance the quality of our nursing care. Responsive patient care, challenges and opportunities, and future innovations will be explored in this presentation.

In the near future, NURSES, will inevitably care for patients with wearable technology.

Biography:

Elvessa Narvasa has completed Master of Science in Nursing from Montreal University, Canada. PH.D (c). She is the Quebec Provincial Director of Canadian Council of Cardiovascular Nurses. Served as Co- President of Quality Assurance ; Team Leader for Hospital Accreditation, Founder of ICU Intermediary care. She had been selected to write the exam for Cardiovascular Certification by the Canadian Nurses Association. Furthermore, she does both in-service as well as invited nurse educator of different hospitals ICU-CCU; PACU/OR and Consultant of College Nursing Faculty. Organizing committee executive of International Society of Pituitary Surgeons; Multidisciplinary Perioperative Medicine , Montreal University. Invited speaker of Quebec Intensive Care Association as well as 2018 -2019 Keynote speaker ; Honourable Chief Guest of different International and World Nursing Conferences ; 2019 International RFCCN. SAARC ,Critical Care Society.

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Anwar AL Souheil

Beirut Arab University – Master in Infection Control & Prevention, Lebanon

ISOLATION PRECAUTIONS – LIMITATIONS & CHALLENGES A UNICENTRIC STUDY

This study was carried out in order to identify possible limitations of isolation precautions among nurses in the Lebanese Italian hospital and outline steps that can be taken to manage these limitations through recommendations.

Nurses can become easily infected through exposure to infected patients if proper precautions are not used. They may then transmit these infections to susceptible patients or other hospital personnel, members of their households, or other community contacts. On the opposite side, nurses play a vital role in disease prevention and provide coordination, leadership as well as guidance in identifying and overcoming possible limitation that weakens them in maintaining proper isolation precautions. Questionnaires were distributed in the Lebanese Italian hospital to assess limitations that weakens the nurse in performing the correct isolation precautions. Interviews were set to avoid biases that may occur by misunderstanding, carelessly fill the questionnaire. Also it was an opportunity to check the nurses' willingness, as well as the motivation for any changes in isolation practices from their point of view.

So many studies showed major changes in isolation precautions as new knowledge arise as well as the epidemiology of infectious diseases can change, newly described syndromes appeared. For that periodic revisions and proper implementation of isolation precautions by all nurses is mandatory.

As a result, limitation can be seen in different forms especially when there are nurses who are not committed to know, follow, implement these up-to-date when needed in case of performing isolation precautions and that due to many reasons. This study was conducted in the Lebanese Italian hospital for 3 Months period in 2019 just before the CoViD 19 Pandemic.

Biography:

Mr Anwar AL Souheil has completed his BS Nursing from the Lebanese University in Beirut, 2007 and he is currently finishing his Master's in Infection Prevention & Control from the Beirut Arab University. He is a member at several associations Association of professionals in Infection Control & Epidemiology (APIC), American Association of Occupational Health Nurses (AAOHN), and International Association of Forensic Nurses (IAFN).

He is running the international nosocomial Infection Control consortium (INICC) program in several hospitals in Lebanon. He is working as the Director of the Infection Control in Lebanese Italian hospital with 10+ years' experience in developing and implementing facility-wide infection prevention and control measures to protect patients, staff and visitors. His research interests in Creating and enforcement of Infection Control Policies & Procedures to make hospital meets their strategic goals, as well as Running a readiness assessment programs to bring new technologies into the hospital, specifically ATP Machine, Ultraviolet torch, Rapid Biological indicator machine, Air Sampler, Vein Viewer, Thermal & Face Recognition Cameras for CoViD 19 Pandemic as well as other new technologies.

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QUALITY OF LIFE IN LEBANESE PATIENTS IMPLANTED WITH A LEFT VENTRICULAR ASSIST DEVICE: A MIXED METHOD STUDY

Quality of life is an important indicator in heart failure studies, as is mortality or hospitalization rate, thus improving quality of life (QOL) has become an important goal in left ventricular assist device (LVAD) therapy.

Purpose: To assess the effect of an implantable Left Ventricular Assist Device(LVAD) on patients' quality of life and to explore the lived experience of Lebanese patients with LVAD.

Methods: A mixed method research design was used. Twenty-four patients with implanted LVAD participated in this study. Data was collected using The Minnesota Living with Heart Failure Questionnaire. Qualitative data were collected via interviews and analysed. The statistical test such as t-test, correlation and ANOVA were used.

Results: The results showed significant difference on the level of the physical dimension where a p-value of P=0.03 was recorded, as well as the emotional quality of living dimension (P= 0.02). Six sub themes were identified:4: (1) Physical Suffering and Frequent Hospitalization, (2) Limited Physical Mobility and Quality of Life, (3) Negative psychosocial and emotional experiences, (4) Adapting to new challenges (5) Reclaimed Mobility, Independence and Quality of Life and (6) Support System.

Conclusion: Having an implantable LVAD improves patients' QOL. Both Physical and emotional factors are influence QOL after LVAD implantation.

Biography:

Mr Ibrahim Ayoub has completed my Master degree from Beirut Arab university , in 2016 MBA in Nottingham university in England. I m working as tutor in Beirut Arab university in critical care and manager of cardiology department and transplant .I have many certificate in speaking with international council of nursing in Europe.

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Zeliha Selamoglu

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BEE PRODUCTS IN NUTRITION AND HEALTH: AN UPDATE ON APITHERAPY

Therapeutic natural foods products are expressed in a variety of terms like pharmafoods, medifoods, vitafoods, or medicinal foods. Health has become the forefront of scientific research for finding novel foods and strategies to tackle such public health burden. With rapid advances in pharmacological research, active ingredients which served as prototype molecules for possible development of novel drugs such as honeybee natural products. Honeybee products have attracted clinical interest due to their favorable pharmacological and biological properties. Apitherapy, is the medicinal use of products made by honeybees, is used to treat many illnesses and to alleviate pain from injuries both chronic and acute. The presence of several important phytochemical classes, such as flavonoids, aromatic acids and phenolic components have been attributed to the beneficial effects of hese products. These days, it is also used in many medical formulas to treat infections, allergies, inflammatory diseases, asthma, diabetes, hypertension and many model systems of several human diseases. Today, growing scientific evidence suggests that various bee products promote healing by improving circulation, decreasing inflammation, and stimulating a healthy immune response.

Biography:

Zeliha Selamoglu is a Professor in Medical Biology department of Nigde Ömer Halisdemir University, Turkey. She earned her PhD in Biology from Inonu University, She has published over 160 peerreviewed journal articles with over 2200 citations and many technical reports. She is a member of Society for Experimental Biology and Medicine: Associate Membership and European association for cancer research. She has served as Editorial Board member for many Journals.

Research Interest: Medical Biology, Molecular Biology, Biochemistry, Biotechnology, Oxidative stress, Antioxidants, Cancer.

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Süleyman Yıldız*[1] , İrem Aktar[2]

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2- İstanbul University/Turkey

NEW HORIZONS IN MEDICAL EDUCATION: CHANGES IN MEDICAL EDUCATION IN THE LAST 10 YEARS THROUHG THE EYES OF A YOUNG EDUCATOR

Recent years have seen a greater focus in medical schools on social sciences&medical humanities, increased attention to social accountability&globalization, widespread uptake of longitudinal integrated clerkships, and recognition of the importance of student engagement. However, it was shown that medical education was more unprepared than other fields of education after the corona epidemic.

With the start of my medical education journey as medical education director of EMSA (European Medical Students' Association) in 2009, it always surprises me to look back and track the trends in medical education last years. What has not changed is that medical education continues to respond to a variety of challenges. Namely, the increase in medically related information, the role of mobile technologies that allow access to this information, changes in the healthcare delivery models, and the evolving role of the patient who has more information about their illness than ever before.

There appear to be four major trends over these 10 years. There is more emphasis on: Integration of information, Changing learning situations, An authentic curriculum, Students, and student engagement.

Biography:

Süleyman Yıldız: is a pediatrician in Mardin-Turkey. He is past executive committee member of AMEE (Association for Medical Education in Europe). Apart from daily clinical works, he is actively working on the medical education activities. He previously worked as European student representative at the European Parliament and as a secretary general at European Medical Students' Association.

İrem Aktar:

İrem Aktar is fourth year medical student at Istanbul University Faculty of Medicine who is always eager to learn, grow and contribute actively. So far, she have been working in European Medical Students Association (EMSA) for 4 years with a great interest in medical education in various settings and I am currently serving EMSA as Medical Education Director for the term of 2020/21. she is an active medical education trainer and soft skills trainer by EMSA. I had the honor of attending AMEE conferences several times as a part of the Student Task Force where she gained a broad perspective about different topics in medical education by attending sessions and meeting with medical education enthusiasts from all over the world. she also completed the Essential Skills in Medical Education (ESME) course at AMEE'19. Studying medicine and medical education are my greatest passions. she is also particularly interested in internal medicine&nephrology and she is participated in several congresses as well as clinical studies. Besides medicine, she also worked voluntarily in associations like LIONS Club and AIESEC.

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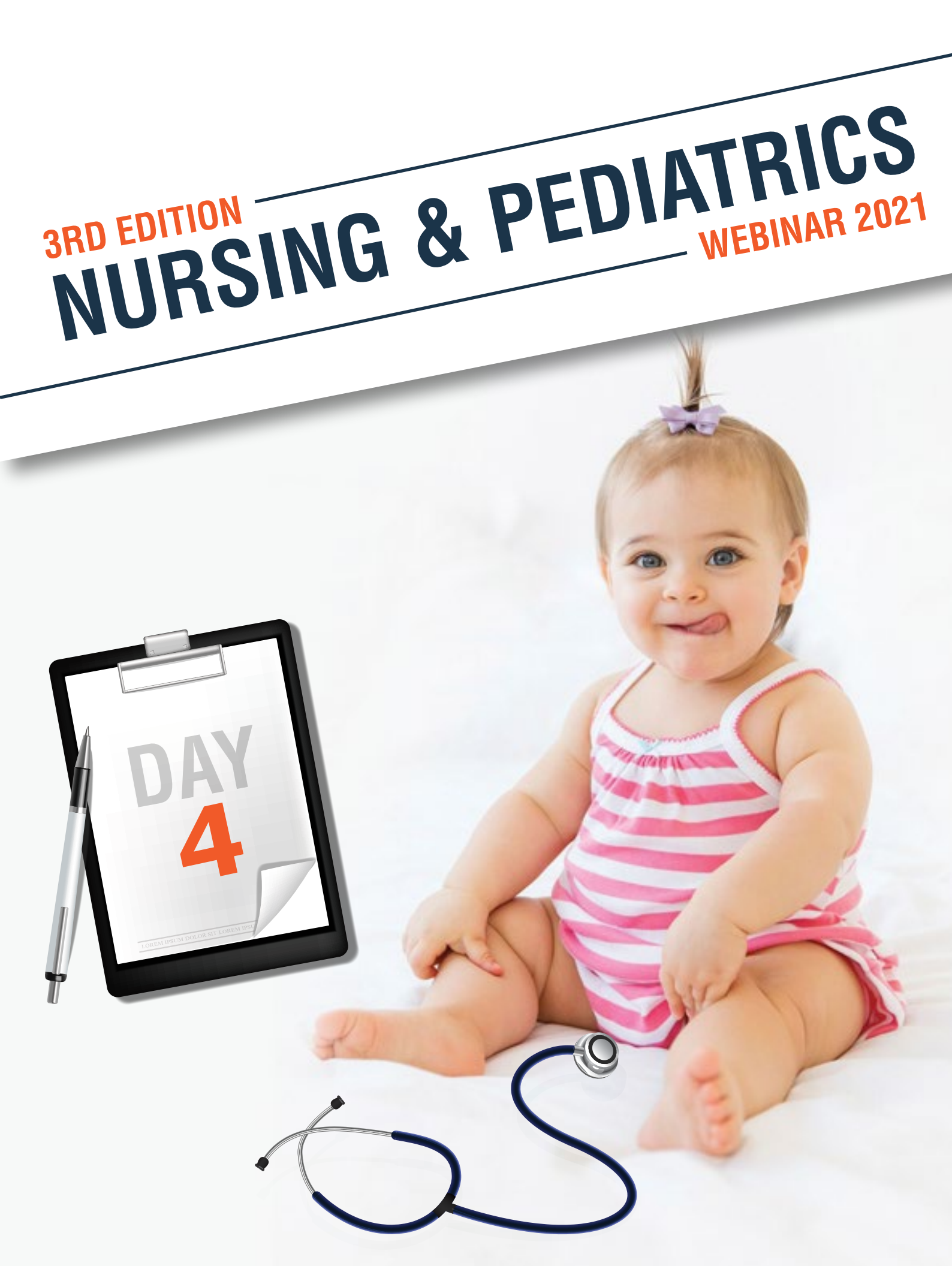

Aline Nassar

Board Chairman, CEO Stochos- Sydney, Australia

EFFECTIVE NURSING LEADERSHIP: TRANSFORMING TOXIC WORK ENVIRONMENTS

Toxic work environments are disheartening! Toxic co-workers create stress to everyone around them and, beyond that, generate infectious work environments. However, toxic cultures cannot profoundly root unless there is a fertile environment. It is only when leaders tolerate toxic behavior, problems become predominant and damaging. It is amazing what nursing leaders can do to transform the negative energy and mend the dramatic flare! Acknowledging that there is a situation and having the audacity to address it, are crucial to limiting this malignancy from growing and spreading.

Biography:

Dr Aline, an established Healthcare Executive, is specialized in organizational excellence and capacity building. Her expertise and proficiency in analyzing and understanding the foresight of organizations and translating it into insights- to build organizational capacity and advance performance- have been a differentiator. Dr Aline has a sound track record in driving Organizational Transformation through exploiting her expertise as a Leadership Development Specialist and a Licensed Emotional Intelligence Expert. Over the past 20 years, Dr Aline has been instrumental in substantiating strategic growth and transforming under-performing organizations, as well as, enhancing the efficiency of the productive ones. She has had the opportunity to work with organizations around the world, in the United States of America, Germany, Lebanon, United Arab Emirates, Kingdom of Saudi Arabia, Kuwait, Bahrain, Qatar, Oman and Egypt- all of which enforced her expertise in international systems and multicultural Leadership Environments. During her 20-year service, as a Senior Healthcare Executive and in appreciation to her accomplishments, Dr Aline achieved 25 Awards from various sectors- Governmental, Regulatory body, Public and Private. She was namely recognized by the UAE Nursing & Midwifery Council, for co-founding the council in 2010. In addition to that, Dr Aline received awards for Successful Organizational Capacity Building, her Skilled Leadership, Advancement of Leadership Teams, and Enhancement of Service Quality. Dr Aline organized, chaired, directed and served as faculty on more than 60 International conferences. She has several publications on Leadership and Capacity Building

and is an Editorial Board Member at the Open Access Journal of Clinical Surgery Dr Aline holds a Doctorate Degree in Educational Administration, a Masters in Psychology of Education and a Bachelor's Degree in Nursing. Throughout her career, Aline has served as a CEO, Executive Director of Health Affairs, Executive Consultant & Advisor, Corporate Chief Nursing Officer and Chief Quality Officer.

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Füsun TERZIOGLU

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ENHANCING THE CAPACITY OF HEALTH SYSTEMS TO OVERCOME CHALLENGES AND STRENGTHENING NURSES AND OTHER HEALTHCARE PROFESSIONALS IN COVID-19 PROCESS

Nowadays, leaders and executives are faced with a complex set of problems that do not have a complete solution, threaten their career and the future of their institutions, and that the parties are harmed. When evaluating ambiguous information that contradicts each other, the priority of the manager and leader should be to implement the solution that gives the least harm to the majority. When a process such as COVID-19, which caused a pandemic and left our lives under uncertainty, more than one crisis situation emerged, which we had to manage both personally and as healthcare professionals. The important point here is related to how we manage and lead these extraordinary situations we encountered in the Quantum era.

How we keep pace with change and how we can lead this planning process is an important issue. Because people faced a risk in the context of the most important human right and constitutional right “right to live”. Therefore, how to protect ourselves and stay healthy during this process have been our top priorities. The first thing that comes to mind when it comes to protecting and strengthening health is undoubtedly the health professionals who have adopted this issue as a professional principle. Health professionals have important responsibilities in planning this crisis in terms of planning, speed, compliance and trust. This article, prepared in a compilation style, discusses what can be done within the scope of the COVID-19 process, by improving the capacity of managers and leaders to overcome difficulties in the health system they are in and strengthening nurses and health professionals.

Biography:

She graduated in the first place from Hacettepe University in 1989. She won the ?hsan Dogramac? Superior Merit Award and Science Incentive Award. She earned her pilot’s license from Republic of Turkey Ministry of Transport. She studied about counseling on assisted reproductive techniques at Liverpool Women’s Hospital Reproductive Medicine Unit in the United Kingdom on the British Council Research Scholarship. She earned a certificate in management and leadership in

nursing. She is an active member of the Thematic Network leadership workgroup. She studied as a research scholar at Kent State University College of Nursing in 2006. In 2007, she worked on a project named "Development of Leadership Skills in Nursing Doctoral Students" at University of Michigan Faculty of Nursing on an international research scholarship which was supported by International Network for Doctoral Education in Nursing (INDEN) and Sigma Theta Tau and provided to only three people around the world every year. She worked as a research assistant at Hacettepe University School of Nursing in the Maternity and Women's Health Nursing Division from 1990 to 1997. She was promoted to assistant professor in 1998, associate professor in 2006 and professor in 2012. She worked as a Co-Head of Nursing Department, Erasmus Department Coordinator, Head of Strategic Planning Group and board member of Hacettepe University Women's Research and Implementation Center (HUWRICH) between 2009 and 2011. Her interest subjects are sexuality and reproductive health and management and leadership. She is a member of national and international nurse's organizations such as INDEN and Sigma Theta Tau. She has been working as a Director of Nursing Services at Hacettepe University Hospitals between 2012-2016 and Founding Dean of Faculty of Nursing. She has published more than 90 papers, 20 grant projects, eight books as an editor and author, and more than 120 presentations in the national and international. She has also invited speaker more than 60 congresses and symposium. She had a founder Dean Faculty of Health Science in ?stinye University and Director of Nursing of MLPCare between 2016-2018. She currently works as a Dean of the Faculty of Health Science and Head of Department of Nursing in Atil?m University.

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SERUM LEVELS OF FAK AND SOME OF ITS EFFECTORS IN ADULT AML: CORRELATION WITH PROGNOSTIC FACTORS AND SURVIVAL

Focal adhesion kinase (FAK), human myofibrillogenesis regulator-1 (MR-1), ephrin receptor type A4 (EphA4), proto-oncogene tyrosine kinase Src (Src), and protein kinase C (PKC) are important markers in proliferation, survival, and migration in some cancers. However, the significance of each is still unclear in different malignancies, including acute myeloid leukemia (AML). Therefore, this study was conducted to investigate their serum levels in Egyptian adult de novo AML patients with median age of 31 years old (n = 70) against healthy volunteers with median age of 39 years old (n = 20). We managed to study the correlation between each pair and to investigate their association with diagnosis, prognosis, and survival. Serum levels were analyzed using enzyme-linked immunosorbent assay (ELISA). We found that FAK, MR-1, Src, and PKC serum levels were significantly higher in AML patients compared to control ($p < 0.0001$), and this was associated with significantly lower EphA4 level ($p < 0.0001$). Interestingly, we also observed a significant negative correlation of FAK ($p = 0.027$), MR-1 ($p = 0.003$), Src ($p = 0.038$), and PKC ($p = 0.03$) with patients' overall survival (OS) while there was a positive significant correlation between EphA4 and OS ($p = 0.007$). In conclusion, this study suggests that FAK, MR-1, EphA4, Src, and PKC may be used as early diagnostic and prognostic markers with high sensitivity and specificity in AML patients and thus may be incorporated into the patients' early diagnostic and prognostic panels.

Keywords: AML, FAK, MR-1, EphA4, Src, PKC.

Biography:

Prof. Hala El Mesallamy works as Head of Biochemistry Department (since 2001) Professor of Biochemistry since 2006 and served as Vice Dean for Postgraduates Affairs and Scientific research (2013-2015),), ExVice Dean for Community and Environmental Affairs (2007-2009), Member in the permanent committee (since 2013), Faculty of Pharmacy, Ain Shams University. Member in Council Patent of Academy of Scientific Research and Technology in Ministry of Scientific Research (2009-2011), Lecturer and Consultant in Unesco (since 2008), Reviewer in Some International Journals,) Member in the Counseling committee for special prices (since 2012).

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Huang Wei Ling

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HOW CAN WE REDUCE HOSPITAL INFECTIONS IN PEDIATRICS PATIENTS?

Introduction: The hospital infections(HI) in paediatrics patients are important causes of morbidity and mortality in pediatric hospitals. The incidence of nosocomial infections in this population is 2,5% in one study.

Purpose: is to demonstrate that the use of some kinds of diets (Cold water and cow´s milk) and the influence of some external pathogenic factors (Wind, Cold, Humidity, Heat, Dryness)can influence the development of hospital infection in paediatrics patients and the avoidance of some kinds of foods and the observation and controlling the entrance of the external pathogenic factor in the body of the child can reduce or control the hospital infection symptoms.

Methods: two cases reports: one baby girl born on April 11, 2003, the nurses took the first bath of this baby in front of the open window in the night during the bath. When the baby was taken to the mother's room, her nose was running and making the first breast feeding difficult. The second case was a 3 years-old boy who was admitted in the hospital due to knee pain and fever. The orthopaedic doctor said that probably was an infection in the knee and did procedure to drain the abscess and started the use of intravenous antibiotics. The patient's grandmother said that even with the use of antibiotics, the fever does not reduce and called to an infectious disease doctor with background in traditional Chinese medicine. The doctor orientates by telephone to do not allow the use of cold water, caw´s milk and close the windows, mainly during the night when the children is sleeping, and protecting all the skin with light clothes.

Results: the first case improves the cold symptom when the mother cover the baby and protects from the Wind and Cold. The second case improved the fever and the drainage of the secretion after following the recommendations avoiding dairy products, cold water and closing the windows.

Conclusion: in pediatric patients, it is very important to consider the influences of diet and the entrance of external pathogenic factors as inducers of hospital infection and the orientations

and control of the entrance of these factors inside the body of the patient is crucial for controlling the symptoms of hospital infection.

Biography:

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she has been presenting her work worldwide, working with the approach and treatment of all diseases of all systems of the human body in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates.

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PAEDIATRIC NURSING AND HEALTH CARE

Recent years have shown a growing recognition of children's rights and the need to listen to and consult with children, especially at an international level, including in the hospital setting. Children's views should be considered in the planning and delivery of paediatric nursing care. However, previous work has tended to concentrate on medical rather than nursing care.

Method: The CCQH **(Child Care Quality at Hospital)** instrument was developed in three phases. First, in 2004 following a literature review and interviews/drawings by hospitalized children (n = 40), the items were designed and an expert panel (n = 7) assessed the instrument's content validity (phase I). Revisions were made based on children's interviews (n = 8), children's questionnaires (n = 41, 16) and nurses' evaluations (n = 19, 198) in phases II and III in 2004 and 2005 respectively. Construct validity was assessed in phase III by means of principal component analysis. The instrument's reliability was statistically tested in phases II and III.

Findings: The main quality categories were nurse characteristics, nursing activities and environment. For each category, Cronbach's alpha values improved during the development process. Principal component analysis supported the theoretical construct of the subcategories in the nursing activities

Conclusion: The CCQH questionnaire is a promising instrument for use among children. Future research is needed to evaluate its suitability for completion by children of varying ages and in different cultures and healthcare settings.

Biography:

Samy A. Abdel azim is Professor of molecular biology and Biochemistry At University of Cairo in 2010, In 2008: National research center of Functional and Molecular Biology. Completed his Bachelor degree in Biochemistry from University of Cairo 1982 and his Professional experience 2011. in 2009: Consultant for Clinical Analysis, 2006: Senior Specialist for Clinical Analysis, 1992: Resident in Clinical Analysis , Kasr eleini Pharmacy College Now, research focus on nanoparticles and cell biological and biochemical biomarkers utilized for early diagnosis of diseases by detection of serum microRNA

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Charmaine Co-Enarsico

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A TOOL TOWARDS DEVELOPING A PROFESSIONAL IDENTITY IN NURSING

Professional identity is the nurse's collection of beliefs about what it "means to be" and to "act like" a nurse, this represents his/her "philosophy of nursing" and it has a direct influence on how actual "roles and responsibilities" are followed. In other words, professional identity is the "foundational reference" in the nurse's cognitive process to which decisions are being made. Moreover, these are the values and beliefs held by the nurse as guiding principles in thinking, behaving, acting, communicating and interacting with patients, the patient's family and other members of the healthcare team.

As a practical science, nursing education has introduced the importance of reflective learning in the clinical setting when providing care to patients and in building nurse-patient relationship. This means that, there is a developing awareness of assisting, encouraging and teaching both students and professional nurses to become thoughtful individuals, capable of critical thinking and analogy to come up with innovative ideas. Reflection in this mode of instruction is considered as a tool for the analysis of nursing practice nurturing both the understanding of professional nursing and the building of important thoughtful approaches essential for providing nursing care in multifaceted and dynamic working conditions. As a result, reflection as an instructional method, has been included in many nursing curricula.

However, the concept of reflection within the context of developing a professional identity has scarcely been defined to adequately identify research and educational indicators.

This presentation aims to describe attributes, antecedents and consequences of reflection in development of a professional identity in nursing and to provide clear evidence for nursing educators/faculty that support the systematic development for professional nurses as they advance in practice from the undergraduate to the graduate programs.

Biography:

Charmaine Co-Enarsico, Master in Nursing, Major in Nursing Administration in Education; is a Certified Healthcare Simulation Educator (CHSE) working at the Simulation and Skills Development Center (SSDC), Princess Nourah Bint Abdulrahman University (PNU), Riyadh, KSA. She is a member of SSDC Curriculum Review Committee and the Coordinator for Simulation of the College of Medicine and Dentistry. She is a Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Instructor-American Heart Association (AHA). She is passionate about lifelong learning and teaching and is in the field of education since 2005. Starting young as a faculty in Saint Louis University, School of Nursing, Baguio City, Philippines. Her humble beginnings made her believe that education must be nurturing that torturing. She was given the "Innovative Idea Award" in the 1st SimGhosts Conference 2020 held at Princess Nourah Bint Abdulrahman University, Riyadh KSA.

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Malak Halawy

Administrator at American University of Beirut, Lebanon

WHO SHOULD FIGHT THE CORONAVIRUS? A PUBLIC HEALTH PERSPECTIVE

Drawing on the five steps of policy making in public health, we will re-imagine how the world can face a pandemic if world governments were more aligned with public health principles. It is hard to think of a time where public health experts had a similar influence on the general public views. People are intrigued and actively seeking knowledge about the emerging COVID-19 pandemic. It is a golden opportunity to incorporate public health practices and make them a driving force that dictates everybody's daily actions.

Cdc.gov

The main aim of any public health authority is to maintain the overall health of the population and try to improve it. The efforts should focus on prevention, early detection, rapid containment, absolute control and eradication. This entails clear guidelines for a comprehensive plan that involves all shareholders from political leaders, to research centers, Pharmaceutical, Nurses, Doctors and a wide arrange of support agencies. Without denying the effect and importance of economic, social and political factors, we will present a principal-based approach to confront future pandemics.

Prevention	Early Detection	Containment	Control and Eradication
Government	Research testing	Precaution Level Determination	Vaccination Discovery
WHO	DNA Sequencing	Communication	Vaccination production
Community Centers	Rapid Test Protocol	Awareness	Dissemination
Pre-schools	Routine Sampling	Reward System	Equity and surveillance
Schools			
Armed Forces			
Airlines			
Public transport			
Legislative Policies			
Certification Processes			

Biography:

Malak Halawy has completed a Master in Public Health from the American University of Beirut (AUB) in 2004 with a concentration in Healthcare Management and Policy Development. He also holds a Bachelor Degree in Medical Laboratory Technology from the same university obtained in 2002.

Malak works as a Clinical Department Administrator in the American University of Beirut Medical Center, one of the largest private hospitals in Lebanon that is currently in the midst of the fight against the Covid-19 pandemic. His research interests span Public Health policies and their economic impacts, Creating efficiencies in the Healthcare systems and Re-engineering future medicine practice to cope with emerging global threats.

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HOPELESSNESS, ANXIETY, DEPRESSION AND TREATMENT ADHERENCE IN CHRONIC HEMODIALYSIS PATIENTS

Background: Noncompliance with hemodialysis (HD) increases hospitalization and mortality risks. Depression and anxiety are common for HD patients. It was found that the negative effects of anxiety and depression on adherence to treatment. However, none of these studies analyzed the relationship between hopelessness on treatment adherence.

Objective: This cross-sectional descriptive study aims to evaluate the patients' adherence to HD treatment by using objective and subjective data and to determine the relationship between anxiety, depression, hopelessness, sociodemographic factors and treatment adherence.

Material and Methods: The study was conducted in February 2018 Istanbul, Turkey. All the patients that received HD treatment (N=170) at the HD center constituted the universe of the study. 90 out of 170 patients that agreed to participate in the study and that met the inclusion criteria constituted the sample of the study. The data were collected using a patient information form, End-Stage Renal Disease Adherence Questionnaire (ESRD-AQ), Hospital Anxiety and Depression Scale (HADS), Beck's Hopelessness Scale (BHS) and medical records of the patients. The descriptive statistics, Mann-Whitney U, Spearman correlation and Regression coefficients tests were used for analyzing data.

Results: The participants had an average age of 53.7±12.69 (19-81), 54.4% of the participants were female, HD period of the patients was 63.51±49.39 (6-192) months on average. Especially in hopelessness, there were a significant relationship between the levels of anxiety, depression, and the adherence parameters.

Conclusions: Further studies on HD patients may evaluate not only depression but also hopelessness levels of the patients. Future studies to increase treatment adherence may consider the efficiency of practices to decrease hopelessness and analyze the effects of these practices on treatment adherence.

Key Words: Adherence to treatment; Hopelessness; Consultation Liasion Nursing; Hemodialysis.

Biography:

Elif OK, completed her bachelor's degree at Gülhane Military Medical Academy School of Nursing and her Doctoral degree in Istanbul University Health Science Institute. Her research areas include in consultation-liaison psychiatry nursing such as adherence to treatment process, anxiety, depression, sleep and sexuality in chronic illnesses. Also, she is interest in simulation-based education in nursing. She is a Member of the Turkish Psychiatric Nurses Association.

F. Yasemin KUTLU, is Professor of Mental Health and Psychiatric Nursing at Istanbul University-Cerrahpasa Florence Nightingale Nursing Faculty and She has been working in same university since 1989. She completed her nursing degree at Istanbul University Florence Nightingale School of Nursing and her master's degree and Doctoral degree in Istanbul University Health Science Institute. Her interests are more related to developmental and situational crisis, consultation-liaison psychiatry nursing, violence, ageing and elderly person, ageism, substance use, sexuality and, more broadly, mental health and psychiatric nursing. She was the President of the Turkish Psychiatric Nurses Association (2009–2013). Also, she is a Member of the Horatio (European Association for Psychiatric Nurses) Expert Panel (Education Working Group).

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THE ROLE OF RELIGION IN THE SOCIETY'S VIEW OF CURETTAGE

Background: Unwanted pregnancies are either delivered or terminated with optional abortion, which negatively affects women's health.

Aim: This research was planned in order to determine the role of religion in society's perception of curettage.

Materials & Methods: This descriptive and cross-sectional study was conducted between June and August 2018 via a digital questionnaire form. Of the 678 participants with internet access who were invited to participate in the study, 574 filled out the questionnaires. The questionnaire consists of 36 questions about perspectives on curettage. Descriptive statistics were used in the analysis of the data.

Results: The average age of the participants is 26.14 ± 8.13 (min = 18; max = 60 years), and 22.9% (n = 132) of them are male. 69.8% of the participants (n = 403) were single and 52.7% reported that they have never had sexual intercourse until now. When the participants were asked about their thoughts on abortion; 40.7% (n = 233) is neutral; 38.2% (n = 219) of them stated that they had negative thoughts and 21.1% (n = 121) had positive thoughts. 6.6% (n = 32) stated that they or their partner had to have an curettage. Individuals who have a female gender, have a high level of education, have a positive general opinion about curettage, advocate that abortion should be legal, and who have previously had an curettage either themselves or their partners think that curettage is not a religious problem.

Conclusions: The opinions of the participants who find curettage religiously objectionable towards curettage are negative.

Biyography:

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EFFECT OF ASYMPTOMATIC HEAVY METAL POISONING ON ADOLESCENT HEALTH

Asymptomatic heavy metal poisoning causes non-specific symptoms such as behavioral disorder in children, difficulty in learning and aggressive behaviors. There are various publications indicate that heavy metal exposure has increased the tendency to crime and violence, especially in adolescence. According to studies, there is an increase in the frequency of social introversion, depression, atypical body movements, neurological problems, aggression, sleep disturbance, even substance abuse and forensic incidents in those who were exposed to heavy metal in the prenatal or postnatal period.

Although there are studies on determining heavy metal levels in children, there are a few studies specific to adolescent age group. As a result of our work, we determined the correlation between the heavy metal level in blood, plasma and urine and the aggression level in adolescents.

According to the results of our study, the general aggression tendency increased as the level of lead (blood, plasma, urine), mercury (blood, urine) and manganese (blood, plasma, urine) increases in adolescents. However, there was no significant relationship between cadmium (blood, plasma, urine) and mercury in plasma with aggression tendency.

There is an undeniable relationship between child health and environmental pollution caused by heavy metals. For this reason, it is vital for public health to take the necessary measures to prevent environmental pollution caused by heavy metals.

Biography:

Süleyman Yıldız is a pediatrician in Mardin-Turkey. He is past executive committee member of AMEE (Association for Medical Education in Europe). Apart from daily clinical works, he is actively working on the medical education activities. He previously worked as European student representative at the European Parliament and as a secretary general at European Medical Students' Association.

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NEONATAL LUPUS ERYTHEMATOSUS WITH A CUTANEOUS NEVUS CASE

Neonatal Lupus Erythematosus (NLE) is an uncommon autoimmune disease characterized by cutaneous, hepatic, hematological, neurological, and cardiac involvement. Here we report a NLE with a cutaneous nevus.

3 days old newborn was referred to our hospital because of 2nd degree AV block. He was born with C/S and 2500 grams. His mother was previously diagnosed with SLE. The patient had a normal parmal grasping reflex but the moro reflex was weak. He had a nevus extending to the level of the hairline in the left head region, eyelids were edematous, and capillary filling time was normal. Heart rate was bradycardic (60-70 / min). The laboratory findings were normal and no evidence of inflammation was found. The baby's serum was tested positive for ANA of more than one in 1380 and the anti-SSA/Ro and anti-SSb/La antibodies. Echocardiogram control showed 2nd degree AV block.

Biography:

Dr. Süleyman Yıldız is a pediatrician in Mardin-Turkey. He is past executive committee member of AMEE (Association for Medical Education in Europe). Apart from daily clinical works, he is actively working on the medical education activities. He previously worked as European student representative at the European Parliament and as a secretary general at European Medical Students' Association.

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