

Keynote Forum



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Clinical experience with synthetic osmotic dilators in cervical preparation to abortion

Introduction: Reducing maternal morbidity and mortality related to pregnancy termination is one of the main objectives of female reproductive health preservation. Cervical preparation is an important aspect of safe abortion practice. Forceful cervical dilatation increases the risk of traumas, hemorrhages, and other complications. Thus, the searching of safe methods of cervical preparation remains relevant. Dilapan-S is a hygroscopic cervical dilator, which does not contain any pharmacological agents. The aim of our study is to assess the results of pregnancy termination in the second trimester using synthetic osmotic dilators.

Materials and methods: The study included 216 women who had medical pregnancy termination in the second trimester in gestational age over 12 and up to 21 weeks 6 days. Group 1 included 135 patients who underwent medical abortion. Surgical abortion was performed in group 2 (n=81). Three Dilapan-S for nulliparous women and four for parous women provided sufficient cervical preparation. In group 1, we used two doses of sublingual misoprostol (400 microg) in 4hour intervals after removing of Dilapan-S. The mean duration of cervical preparation by Dilapan-S was 12±0.5 hours.

Results: The interval between the misoprostol intake and pregnancy termination in group 1 averaged 8.8±0.5 hours: 9.5±0.8 hours in nulliparous and 7.8±0.6 hours in multiparous. In group 2, neither woman required additional mechanical dilatation. There were no difficulties associated with the insertion of Dilapan-S in any of the patients. Infectious or inflammatory complications have not been recorded in any of the patients both in the early and late post-termination period.

Conclusion: The additional use of Dilapan-S for cervical preparation allows for faster pregnancy termination and reduces the length of hospital stay without increasing complications rate and side effects.

Biography

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Reproductive health of adolescent girls, global challenges

Around 1.2 billion population of world is adolescents. They contribute to 16% of global population. There are 340 million adolescents in South Asia and more than 50% of world's population of adolescents live in Asia. As nature and science help adolescents become survivors of risky infancy or childhood and they march towards adulthood, they face many challenges of right development and right functions. While even normal physiological functions affect adolescent's life, there are possibilities of variations / deviations, trivial too dangerous in the development of reproductive health system, and susceptibility to various dangers which affect their reproductive and future health.

The concept of health of adolescents, as a special group, characterized by many rapid, interrelated changes of body, mind, and social relationships is relatively new. Problems related to adolescence are being put in the agenda of policy makers, health planners and health professionals since recent past. The way adolescents experience the transition from childhood to adulthood and the advocacies of do and do not vary widely depending upon socioeconomic and environmental milieu around their lives and the society they are part. Therefore, the social and cultural recognition of the concept and values during adolescence vary substantially between populations around the globe. For many girls in developing countries, the onset of puberty marks a time of heightened vulnerability to leaving school, marriage, sexual exploitation by relatives, employers, pregnancy, HIV infection, violence and so on. They face, many such problems related to sexuality, with too little factual information, too little guidance and too little access to health care. Due to stigma, of pregnancy, honor killings and suicides go on. There are variations in numbers but teenage pregnancy, safe / unsafe abortions, safe / unsafe births are global public health problems. Some countries have restricted laws others do not permit induced abortion. Girls are not immune to other disorders. Gynecological disorders including cancers are not uncommon with possibilities of major impact on reproduction and their future life.

Ideally adolescents should have significantly lower mortality rates, relative to older and younger age groups in both developing and industrialized countries. Consideration of mortality rates alone has resulted in young people being seen as predominantly healthy age group, so are accorded a low priority for health interventions because traditionally, mortality has been the main health indicator used by health planners, policymakers, and program managers. However, realities of adolescent's health are far from it. More than 33 percent of the disease burden and almost 60 percent of premature deaths among adults

can be associated with behaviors or conditions that begin or occur during adolescence. The absolute age specific death rates for young people are also much higher in developing countries, largely because of the combination of higher incidences of diseases and higher case fatalities.

Adolescence is a crossroad to the promotion of future health and should be gateway. The benefits, which occur in meeting the challenge of promoting health and development of adolescents, far outweigh the costs saved by neglect of adolescents needs. Their health is not only important for their sake, but for the health of communities and generations to come. However, despite urgent needs, program efforts have been slow surrounded by controversies. In some countries of the world there are still controversies in relation to information to unwed girls about sex related matters. Sex education in many societies is often a challenging and difficult issue for both youth and adults. Little is known about overall reproductive morbidity, during and outside the child bearing, but is estimated to be of large magnitude. What is visible is only the tip of the iceberg. Adolescent cancer survivors need to have safe future. The need is of modalities of the rigorous implementation of health programs for the adolescents with concept of prevention, early case detection, cure, rehabilitation, and health promotion. Helping adolescents protect their own health should be a public health priority. Beyond benefiting young people, themselves, increased investment in adolescents sexual and reproductive health contributes to broader development goals, especially improvement in the overall status of women, eventually, reduction in poverty and further development.

Biography

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