

JOINT EVENT



23rd Edition of International Conference on

Neonatology and Perinatology

&

4th International Conference on

Pediatrics and Pediatric Surgery

April 23-24, 2019 London, UK

Keynote Forum Day 1

Neonatology 2019 & Pediatrics Surgery 2019

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Clare Gilbert

London School of Hygiene & Tropical Medicine, UK

The third epidemic of blindness from retinopathy of prematurity: Where next?

Retinopathy of prematurity (ROP) is a vaso-proliferative disease of preterm infants. Visual loss from ROP is potential avoidable through strategies which reduce preterm birth, high quality neonatal care from immediately after birth and screening infants at risk followed by timely treatment if indicated. The first epidemic of blindness due to ROP, which occurred in the 1940s and 50s in the USA and Western Europe, came to end when the use of 100% supplemental was curtailed. In the 1980s a second epidemic was described, which came about as a result of increasing survival of extremely preterm infants. The third epidemic was first described in Latin America in the 1990s, arising as a consequence of expansion of neonatal care and lack of awareness of the need for screening and treatment coupled with less than optimal neonatal care. Over the last 20 years the epidemic has spread and is now affecting countries in South Asia, particularly India. South Africa has already established a national ROP screening program, but blindness from ROP will increase in other countries in the Africa region, as neonatal care services will inevitably expand. Policies, national guidelines, training and greater awareness are urgently needed to prevent ROP blindness in this region.

Biography

Clare Gilbert is an Ophthalmologist with a Masters in Epidemiology and an MD in Surgical Retina. She has 28 years experience of research and education in low and middle income countries and co-directs the International Centre for Eye Health, London School of Hygiene & Tropical Medicine. Her research interests are blinding eye diseases of children: She has 300 peer reviewed publications, has written 24 book chapters and has received several awards for her work including from the American Academy of Ophthalmology, the International Council of Ophthalmology, L'Occitane Foundation and the Royal National Institute for the Blind's Lifetime Achievement Award.

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David James Riddell Hutchon

Darlington Memorial Hospital, UK

Mother side neonatal resuscitation with intact cord: The why and how

Physiological transition at birth involves a range of changes in the neonatal circulation and use of the lungs as a respiratory organ for the first time. The sequence of these changes is important to maintain in resuscitation of the apnoeic neonate. The first change in physiological transition is the expansion of the lungs with air. This leads to an increase in pulmonary blood flow and all the other changes, closure of the cardiac shunts and closure of the placental circulation. Traditional clamping of the cord at birth disrupts these changes but the apnoeic neonate can maintain the sequence if ventilation is achieved with an intact cord. Mother side resuscitation with an intact cord requires a change in delivery room practice and co-ordination between the obstetric team and the neonatal team. Regular training and simulation of customized procedures with modified equipment can result in a seamless transition at birth for the compromised neonate.

Biography

David James Riddell Hutchon has 28 years of experience as a Consultant Obstetrician. In 2003, he realized that clamping the umbilical cord quickly after birth severely disrupted neonatal circulation and interfered with transition. He has published and lectured extensively on the subject and co-operating with UK and international colleagues developed equipment and ways of providing neonatal resuscitation at the side of the mother without clamping the cord. He has Co-authored a chapter on neonatal care immediately after birth, co-authored two Cochrane systematic reviews and has organized five international conferences on the subject of mother side neonatal resuscitation.

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