

# DAY 1

Keynote Forum



EuroSciCon Event on

# Nursing Diagnosis & Midwifery

September 10-11, 2018 Prague, Czech Republic

## NURSE PRACTITIONER—DRIVEN OPTIMIZATION OF PRESURGICAL TESTING

**Stacey Cuomo**

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**N**urse practitioners play a pivotal role as members of the perioperative team. The evolution of presurgical testing is highlighted from the vantage of generic testing to one that is tailored to the patient's clinical presentation and the type of surgery to be performed, whether it is high, intermediate, or low risk. Emphasis is placed on indicated testing, screening tools to identify patients at risk for perioperative complications, the optimization of patients before undergoing major cancer surgery, and enhanced recovery after surgery. The goal is to bring awareness to our colleagues that evidence-based practice defines the present role of the nurse practitioner in this setting and evidence will shape its future direction.

### Biography

Stacey Cuomo holds a Doctorate of Nursing Practice as a Family Nurse Practitioner. Her background is comprised of working in both inpatient and outpatient settings with a foundation in Critical Care Nursing. Her experience has been gained through teaching, mentoring and providing patient care. She currently works at Memorial Sloan Kettering Cancer Center a leading academic institution located in New York City, NY U.S.A. Most recently, her focus is on the Pre-Surgical Testing department and the patient surgical process. She is passionate about utilizing the pre-operative period as a mechanism to identify, plan and execute a patient care plan. The identification of potential patient problems early in the operative process benefits the patient and institution. She looks forward to continuing to educate, manage and research as a way to contribute to the surgical patient population.

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Standard assessments for all patients	Referrals based on individualized need	Additional required testing based on individualized need	Additional consultations required based on individualized need
Diagnosis	Medicine	Echocardiogram	Pain service
History of present illness	Cardiology	Ultrasound	Lactation specialist
Past medical history	Endocrinology		Head and neck service
Past surgical history	Neurologist		Smoking cessation program
Review of systems	Geriatrician		
Physical assessment	Psychologist		
Anesthesia history			
Airway exam			

Figure 1. NP assessments during the PST visit. PST, presurgical testing. This image is available in color online at [www.jopan.org](http://www.jopan.org).

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## LIMITATIONS AND RISKS IN PROVIDING MIDWIFERY HEALTHCARE IN THE EVENT OF A MASS TERRORIST ATTACK

**Dariusz Wojciech Mazurkiewicz**

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### Biography

Dariusz Wojciech Mazurkiewicz holds scientific degree of Doctor of Medical Sciences in the Discipline of Medicine. He is a Graduate of Medical University, Technical University and Life Sciences University. He is educated and trained in the field of Midwifery, Health Sciences, Mental Health, Life Sciences and Hospital Care Investigation. He is a Member of: the American Association for the Advancement of Science (AAAS); the European Society for Traumatic Stress Studies; European Psychiatric Association. He is a prolific author, as the articles authored and published by him in peer-reviewed scientific journals are raising i.e. the following his scientifically focused vital issues: the neurobiology of addiction, sexual disorders following Ob-Gyn surgeries, cybersex, child sexually abused, the role of forensic sexology and an expert witness in the fight against sexual crimes; the acceptance of homosexuality; the impact of mass terrorist attack on the health of an expectant mother and her foetus as well as the course of pregnancy and delivery; mental health disorders in victims of World Trade Center terrorist attack of September 11, 2001. He is taking an active role in international and domestic conferences as a Keynote Speaker and is an Active Speaker.

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A terrorist threat is a new challenge for midwives. The lack of research on this topic represents a gap in the teaching of obstetrics and the scope of knowledge unavailable to midwives. Authorizations under a midwife license shall be extended in a manner enabling midwives to extend their knowledge and awareness to develop the methods, expertise and confidence to provide medical services to a pregnant, birthing or postpartum woman and her newborn in precisely such a situation as acts of terrorism. Therefore, morally and ethically, when living under a threat such as terrorism, a midwife should have the right and the duty to order, prescribe and administer pharmacological agents that, on a daily basis, are prescribed at the discretion of an OB/GYN specialist. Providing obstetrical services in crisis situations must include the statutory extension of authorizations for midwives to perform procedures such as peri-mortem and post-mortem caesarean deliveries. A midwife must be prepared for a sudden cardiac arrest and irreversible fatal injuries in a pregnant woman, and be prepared to address the moral dilemma of saving a foetus living in a dead mother's womb. The best scheme to adopt is the 4+1 plan, in which after 4 minutes of intensive CPR (cardiopulmonary resuscitation) to a pregnant woman, her child is extracted within 1 minute. Terrorism in the modern world is not limited to sudden violence with firearms, bombs, or suicide bombings causing immediate fatalities in the immediate strike area and shock, fear, PTSD and depression in the victims, their families and many other people. Bioterrorism is a more insidious form of terrorism with a much larger striking distance if no effective treatment is applied. It is possible, that without proper preparation, midwives and nurses providing emergency and medical care during a terrorist attack may become victims of such incident themselves and symptoms of negative effects resulting from the traumatic impact on the mental and somatic health of midwives and nurses may occur immediately or may be delayed, as was the case with WTC responders after the attack in 2001.

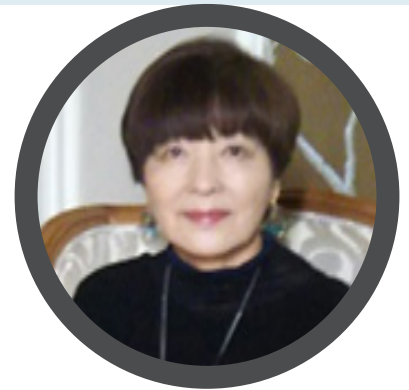
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## STUDY ON THE DEVELOPMENT OF LIFE WORLDLY COMMUNICATION SCALE (LWCS) FOR ELDERLY WHO NEED LONG-TERM CARE

**Yasuko Fukaya, Ritsuko Wakabayashi and Keiko Oomoto**

Kanto-Gakuin University, Japan



In our previous studies, we clarified that there were two types of linguistic communications between elderly people who need long-term care and care providers: "Type I communication: Task oriented communication" and "Type II communication: Life-worldly communication". In geriatric care facilities, the average speech duration of the elderly people was 4 minutes per day, which was extremely short. It was because, much of the conversation was occupied by type I communication and the speech of the elderly was restricted. On the other hand, Type II communication was proved to increase the elderly speech duration. The lack of type II communication not only affects the quality of life of the elderly, but also may affect the deterioration of the mental activity and the occurrence of dementia of the elderly. Therefore, this study aimed to develop Life Worldly Communication Scale for evaluating type-II communication in geriatric facilities and home care. The survey consisted of 75 participants (24 in home care, 51 in geriatric care facility). The average age was 83.0 years (SD 5.44). The survey contents were: basic participant attributes, utterance duration by elderly people, LWCS, motor function (FIM), cognitive function (HDSR), depression score (CESD), and life satisfaction (PGC). As the interim LWCS, we chose 16 items consisting of: provided topics that fit the elderly (9), spontaneous utterance by elderly (3), and conversations prompted by care providers (4) and created a four-point Likert scale. We excluded 2 items from the results of item analysis, and created LWCS of 14 items. We examined the stability of test-retest, construct validity and criterion-related validity of LWCS.

### Biography

Yasuko Fukaya has engaged in education and research on gerontological nursing and home care nursing. Her research themes are exploring how to communicate between the elderly and the care staff and searching the way of support for the elderly ADL independence. In particular, global concern was given to her research on elderly communication. Her article (Fukaya, et al. 2016) will publish as chapter in eBook "Top 10 Contributions on Nursing and Health Care". Her research article (Fukaya.2017) got the World Academic Championship-2018 in Nursing (Clinical Communication).

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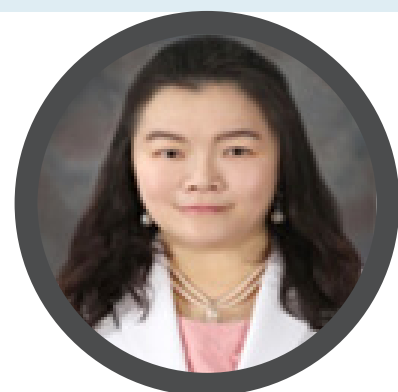
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## MYOFASCIAL PAIN SYNDROME AND SENSITIZATION IN NURSING CARE

**Areerat Suputtitada**

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**M**yofascial pain syndrome (MPS) is a major musculoskeletal pain that occur in every age group, and has been associated with numerous pain conditions including radiculopathies, osteoarthritis, disc syndrome, tendonitis, migraines, tension type headaches, computer-related disorders, spinal dysfunction, pelvic pain and pain during pregnancy. Myofascial pain is identified by palpating skeletal muscle for myofascial trigger points (MTrPs). An MTrP is classically defined by Professor Janet G Travell and Professor David G Simons as "a hyperirritable spot in skeletal muscle that is associated with a hypersensitive palpable nodule in a taut band" Although the specific pathophysiological basis of MTrPs development and symptomatology is unknown, there are evidences of histological, neurophysiological, biochemical, and somatosensory abnormalities. These emerging findings suggest that myofascial pain is a complex form of neuromuscular dysfunction consisting of motor and sensory abnormalities involving both the peripheral and central nervous systems. Sensitization in corresponding spinal segments plays a major role in the formation of continuous pain in a given part of the body. The term called by Professor Andrew A Fischer for this phenomenon is "spinal segmental sensitization" (SSS). SSS is a hyperactive state of the spinal cord caused by irritative foci sending nociceptive impulses from a sensitized damaged tissue to dorsal horn neurons. The clinical manifestation of dorsal horn sensitization includes hyperalgesia of the dermatome, pressure pain sensitivity of the sclerotome and myofascial trigger points within the myotomes, which are supplied by the sensitized spinal segment. There are significant elevated levels of substance P, calcitonin gene-related peptide (CGRP), bradykinin, tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) and interleukin-1 $\beta$  (IL-1 $\beta$ ), serotonin, and norepinephrine in the vicinity of the active myofascial trigger point. Overall, pH was significant lower in the active trigger point. The mechanism consists of the nociceptive stimuli generated in the sensitized areas bombarding the dorsal horn of the spinal cord. This causes central nervous system sensitization with resultant hyperalgesia of the dermatome and sclerotome and spreads from the sensory component of the spinal segment to the anterior horn cells, which control the myotome within the territory of the SSS. The development or amplified activity of MTrPs is one of the clinical manifestations of SSS. The Segmental Desensitization treatment consists of injection of local anesthetic agents in the involved dermatome to block the posterior branch of the dorsal spinal nerve along the involved paraspinal muscles. In addition, local anesthetic injection is applied peripherally near the foci of irritation in local soft tissue, directly into taut bands and trigger points, using a needling and infiltration technique. Stretching exercises, local heat application and additional transcutaneous electrical nerve stimulation (TENS) treatment complete the muscular relaxation after the injections. Extracorporeal shockwave therapy (ESWT) and High Intensity Laser (HTL) also play a role as desensitization. Prevention of recurrence should focus on appropriate ergonomic changes common in patients' day-to-day activities to avoid repetitive stress to the injured muscles. In conclusion, MPS, a common pain syndrome consists of local pathology and SSS. Hence therapeutic approaches require varieties of techniques for eradication of trigger point and desensitization of the whole related spinal segment, Therapeutic exercises and proper postures during daily activities are important for prevention of recurrence.

### Biography

Areerat Suputtitada is Professor of Rehabilitation Medicine, full time working faculty at Chulalongkorn University and King Chulalongkorn Memorial Hospital in Bangkok, Thailand. She received 14 national awards, 7 international awards, and published more than 60 international and 20 national articles in the areas of her experts including neurological rehabilitation, spasticity and dystonia, gait and motion, and Pain. She has also been invited to lecture as the keynote speakers, parallel and symposium speakers and be chairpersons for over 100 international conferences.

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## NURSING QUALITY PROJECT: MAKING A DIFFERENCE BY ROUNDING IMPLEMENTATION OF PURPOSEFUL HOURLY ROUNDS (PHR) AT SECURITY FORCES HOSPITAL – MAKKAH

**Raiza Jaafar Jumah**

Security Forces Hospital, Saudi Arabia



**S**ecurity Forces Hospital Program Makkah (SFHM) – Male Surgical Unit (MSU) is a unit with 31 bed capacity and situated on the 4<sup>th</sup> floor of the SFHM building on the Eastern side. The client of the unit are adult male patients with Medical-Surgical cases specifically needed for Vascular, Orthopedic, Urology, ENT, Ophthalmology, General Surgery, and all types of surgical management and treatment.

During the early months after the commencement of the hospital in 2013, the SFHM administration received complaints from the patients regarding the health care services provided to them. In order to improve patients' satisfaction, the quality of services and patient experience; the project team proposed to implement the Purposeful Hourly Rounding Project at MSU as Pilot Phase, and then the project was generalized to all inpatients.

The implementation of Purposely Hourly Rounding (PHR) System was commenced by our SFHM Director General Advisor and Executive Director of Nursing Affairs. It was adopted from the Hourly Rounding Supplement – Best Practice at Sacred Heart Hospital, Pensacola, Florida, United States and Sultan Bin Abdulaziz Humanitarian City, Riyadh, Saudi Arabia.

PHR by definition is the process of caring for patients round the clock of the assigned nursing staff in in-patient units through checking on an hourly basis for day shift and once every 2 hours for night shift. Day shift visits start from 6am until 10pm, while the night shift covers 10pm up to 6am.

Aside from the usual routine of nurses, the Patient Rounding System emphasizes the importance of Therapeutic Nurse-Patient Relationship, support patient centered care, promote safety and surveillance mechanism, anticipate needs proactively, and structuring the nursing process. Every nurse must always introduce him/herself to the patient, explaining the scope and limitation of care and the importance of the patient's participation in the Rounding System. Thus, these uphold overall patient satisfaction and pain-free hospital experience.

Significantly, with the immediate attention given by the nurses, prominent impacts on patient safety and satisfaction after the application of the Rounding System were observed. Furthermore, there were no reports of patient fall and pressure ulcer, less patient call or call bell observed unless urgent attention, and most of the time patient did not interrupt nurses unnecessarily and wait for the next nurses' visit. Additionally, patients can recognize their primary nurse, and finally, good patient-nurse interpersonal relation was seen.

Pre PHR System	Post PHR System
<b>Patient Satisfaction</b>	
8.30	8.83
<b>Patient Call Bell (3 months)</b>	
3076	1679
Drop of call bell: 55%	

This table was taken from the Quality Program and Safety Patient Satisfaction Survey conducted at MSU 2015

The figure above illustrates the Patient Satisfaction before and after the implementation of the Patient Rounding System in Male Surgical Unit (MSU). It clearly shows that the program had an impact toward achieving patient safety and satisfaction. The Patient Relation representatives did the survey process and the Quality and Patient Safety Department (QPSD) tabulated the outcome.

Furthermore, the evident improvement in the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) scoring since the beginning of the pilot study in 2015. The results supported that, the result of the HCAHPS responsiveness improves response from 78% to 90% in the first quarter 2015. The nurse communication improved from 84% to 90% in the same period of time. There is a clear decrease in using medication pain from 52% to 29% moreover, the control of pain is still better after implementing PHR.

Meanwhile, further recommendations for the following can be initiated: (1) Doctor's participation in the Rounding System, (2) Sufficient number of Nursing and Medical staffing to facilitate the system effectively and efficiently and teamwork, (3) and Support from all the staff and management.

Finally, this was one of the many great initiations of the Nursing Affairs to improve the care delivery system and uplift the Hospital purpose in fostering continuum quality care and satisfying the needs of our clients, family, and their significant others. There will be a lot of challenges and adjustments, but imposing a culture pro for good change and continuous improvement will inspire hospital staffs and others to pursue and support the project.

## Biography

Raiza Jaafar Jumah is registered nurse in the Philippines and finished her Master in Nursing at Ateneo de Zamboanga University, Philippines. She has an extensive experience dealing with clinical teaching and supervision as a clinical nurse instructor. Furthermore, she is interested in surgical nursing, health care research, leadership and management. Currently, she is working as a surgical head nurse at Security Forces Hospital – Makkah, Saudi Arabia and pursuing her Master in Health Care Administration at Bellevue University, U.S.

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# DAY 2

Keynote Forum



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## TACKLING EMERGENCY DEPARTMENT RECIDIVISM, UNNECESSARY HOSPITAL ADMISSIONS AND RE-ADMISSIONS

### Dawn G Moeller

Advocate Good Shepherd Hospital, USA



**Purpose:** Proactive care planning is an integrated and innovative interdisciplinary -designed care management approach that leads to reduced healthcare costs and readmission rates, while maximizing hospital reimbursement. Developing individual care plans (ICP) in an emergency department (ED) produces solid partnerships with patients, health care providers, post-acute providers, and external agencies, and builds a community of support for the patient.

**Relevance:** ED over-utilization causes overcrowding, strains resources, increases costs and waits times. The ICP program achieves successful quality outcomes, manages ED recidivism and unnecessary admissions. It exemplifies how leadership driven by the front-line staff is the most optimal approach to problem solving. This has been cited as a best practice across an 11-hospital system. Inclusive of the patient, engage and partner to improve the patient experience, optimize market performance, and manage healthcare costs.

**Strategy & Implementation:** Since 2011, patients are enrolled in the ICP program based on specific selection criteria. Operational guidelines promote the fair and equitable treatment of all patients, and identify essential medical personnel to create a culturally sensitive, holistic, and diverse team. Patients are categorized into one of seven different demographic groups. Pediatric and adult patients are eligible to partake. The individualized care plan is dynamic rather than static, always evolving as the needs of the patient dictate. The importance of shared information by leveraging EMR (electronic medical record) technology to provide consistent care and messaging from visit to visit is key to the ICP. Engaging senior leadership and corporate level teams to make further improvements resulted in system integration. This program is easily replicable in other emergency departments, inpatient and outpatient settings.

**Evaluation:** The results are remarkable and are evident of a significant shift in patient care and improved outcomes. Since the program's inception, 850 (ICPs) have been created. To date, results have shown a projected cost savings of over 4 million dollars with a reduction in recidivism of about 63% and readmissions by 54%.

**Implications:** This patient centric designed program exemplifies how changing the paradigm of moving from fee-for-volume to fee-for-value demands that patients not only receive quality care, but also care in the right setting. The program has demonstrated exceptional outcomes each year and an increase in popularity beyond this organization.

### Biography

Dawn Moeller has 30 years of experience in the field of Emergency Medicine. She currently serves at Advocate Good Shepherd Hospital as Clinical Manager for Emergency and Trauma Services. She has recently published an article in the Journal of Emergency Nursing on eliminating blood culture contaminations by engaging her front line staff. She has presented nationally on topics such as reducing emergency department recidivism and readmissions, and on how emergency department operational efficiency promotes a positive patient experience.

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## O-SHOT: PLATELETS RICH PLASMA IN INTIMATE FEMALE TREATMENT

**Joao Brito Jaenisch Neto**

Clinical Mother of God, Brazil

**A** new and exciting treatment involves the use of PRP to enhance female sexual function and activate the female orgasm system. 40% of women have psychological distress from female sexual dysfunction and only 14% will consult a physician about sex. 5% of women have difficulty or complete inability to experience orgasm. PRP has been shown to have no serious side effects and to be effective in multiple studies for the treatment of soft tissue wounds such as joint injury, dental surgery and a variety of cosmetic procedures. Pluripotent stem cells exposed to PRP activate and develop into new tissue, nerve collagen and blood vessels. The purpose of this presentation is to demonstrate the efficacy of this new non surgical tool to treat patients with female sexual dysfunction and urinary incontinence.



### Biography

Joao Brito Jaenisch Neto has completed his graduation in General Surgery 1982 (FFCMPA School of Medicine, Porto Alegre, Brasil); Training in Vaginal Surgery: Italy (Florence); Training in Gynecological Laparoscopy: Germany (Kiel), France (Perigueux), U.S.A (Cleveland Clinic, Ohio). He is a member of American Academy of Cosmetic Surgery (AACS); International Society of Cosmetic Gynecology (ISCGYN) - First President of Brazil (2010-2011); American Association of Gynecology Laparoscopy (AAGL); Latin American Society of Aesthetic and Functional Gynecology (SOLAGEF) - Delegate of Brazil; Pioneer of Brazil in O-Shot and Vampire Facelift Technique (Platelet Rich Plasma); Responsible for Launching Thermiva in Brazil; Technical reviewer in Portuguese of Female Cosmetic Vaginal Surgery book.

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## ASSESSMENT OF SURGICAL NURSES' COMPLIANCE WITH HEALTH EDUCATION ON PERI-OPERATIVE CARE AND MANAGEMENT AMONG MORBID OBESE PATIENTS IN THE 35 FILES REVIEWED

**Raiza Jaafar Jumah**

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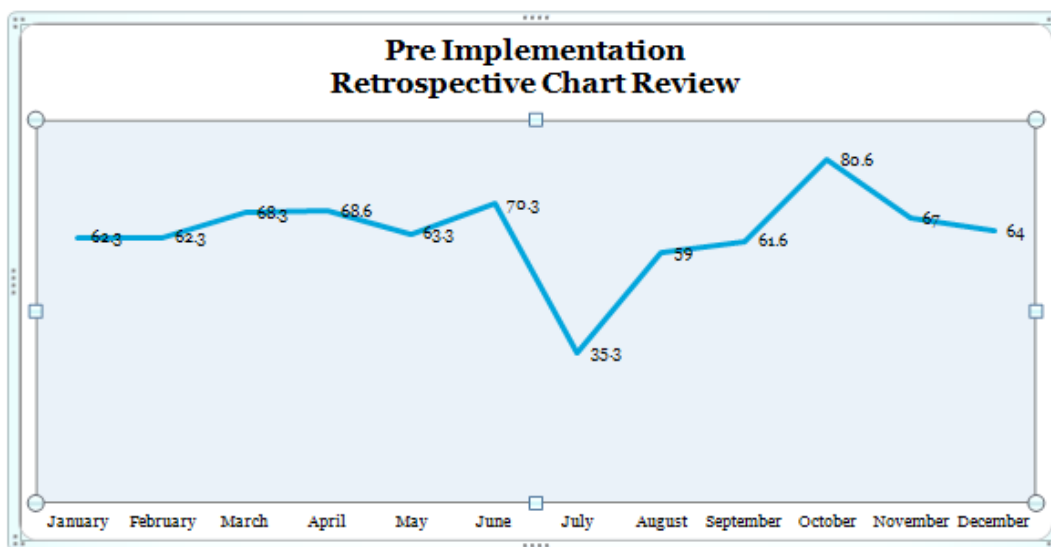
**Statement of the Problem:** As defined by the World Health Organization (2017), Morbid Obesity is considered to be a major risk factor for a number of chronic diseases, which includes diabetes, cardiovascular diseases and cancer. Several factors were evident to influence the development of obesity, among them: lifestyle, diet, ethnicity, socioeconomic background, and genetic susceptibility. Furthermore, Morbid Obesity, once considered a problem only in developed and high income countries, overweight and obesity are now dramatically on the rise in low- and middle-income countries, particularly in urban settings. Saudi Arabia, is a Middle Eastern country that has gone through significant change in nutritional habits, norms, health, education and practices, and ways of life for the past decades. Such changes are expected to have a huge impact on the magnitude of chronic diseases, including obesity (Al-Nuaim, Al-Mazrou, Al-Rubeaan, & Khoja, 1996). In the Western region of Saudi Arabia, Security Forces Hospital Makkah (SFHM) is considered as one of the most important Ministry of Interior (MOI) health projects. The hospital commenced in the last quarter of 2013 and is located in Makkah Al-Mukarrama, Al-Awali Region with 262 bed capacity. As per Male Unit Surgery department's January – October 2017 statistics, Morbid Obesity is consistently ranked to be the no. 1 most admitted cases in the unit, only during the month of June 2017 ranked as the top 3. Furthermore, as per cross sectional and retrospective method review of the 35 patient files, surgical nurses' initial assessment, post-operative reassessment, and discharge health teaching, there were inconsistencies of practice on health education, teaching methods, and documentation of care among these patients. Among the 35 random and reviewed patient files, the total average in percentage of surgical unit's health teaching focused documentation is only 63.57%. Although there were documented health teachings, but the variations and non-compliance with the complete nurses' assessment, post-operative reassessment, and discharge health teaching documentations are evident. **Methodology & Theoretical Orientation:** the initiation of the improvement project through the utilization of FOCUS-PDCA (Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act) aims to specifically achieve the following concepts within twelve (12) months duration:

1. Improve patient and family knowledge deficit on Morbid Obesity as a disease and perioperative compliance.
2. Reinforce nursing-tailored health education and teaching focused through integrated technology and audio-visual methods.
3. Standardized the nursing health teachings as per SFHM policy and evidence-based teaching initiated by nurses.
4. Conduct a more organized information dissemination to the patients and their families in perioperative compliance with the disease intervention.
5. Reinforce compliance and awareness throughout the hospitalization period and be reflected in the documentation and patient's post-hospitalization interview.
6. Improve patient experience through the effective and efficient use of technology and audio-visual teaching.

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**Findings:** On November 2017 the core team was organized and were consisted of project sponsor (Nursing Director), 2 project managers (Quality Nurse Specialists), project leader (Surgical Unit head nurse) and 3 project members (staff nurses). Essentially, the project focus on the improvement of nursing staff compliance in health teaching through a standard education, training and methodology among Morbid Obese patients admitted in SFHM – Surgical Unit. Initially, the Ischikawa diagram (Fish Bone) was utilized to review the current practice and came up with the supportive evidences, proposed interventions, supplies, and barriers were identified and categorized (based from different features, such as environment, equipment, method, material, measurement, and man).

Consequently, the strategy for the improvement process' Matrix: Impact versus Difficulty was used to plot for the topmost and impactful strategic solutions: 1.) to provide standard education materials (pamphlets, poster, and videos) to be accessible for the nurses in doing health teachings and will be uploaded in the Health Information System (HIS) for efficient documentation; 2.) to integrate teaching skills competency and to conduct orientation program on effective bedside teaching, specifically for morbid obesity patients in coordination with the Nursing Education team; and 3.) to provide evaluation tool or form for the patient on efficiency of health teaching provided, respectively. As of the moment, the project implementation is still ongoing



The Line graph illustrates the Retrospective Chart Review from the Thirty-five (35) Morbid Obese patient files at MSU starting from January – December 2017.

### Biography

Raiza Jaafar Jumah is registered nurse in the Philippines and finished her Master in Nursing at Ateneo de Zamboanga University, Philippines. She has an extensive experience dealing with clinical teaching and supervision as a clinical nurse instructor. Furthermore, she is interested in surgical nursing, health care research, leadership and management. Currently, she is working as a surgical head nurse at Security Forces Hospital – Makkah, Saudi Arabia and pursuing her Master in Health Care Administration at Bellevue University, U.S.

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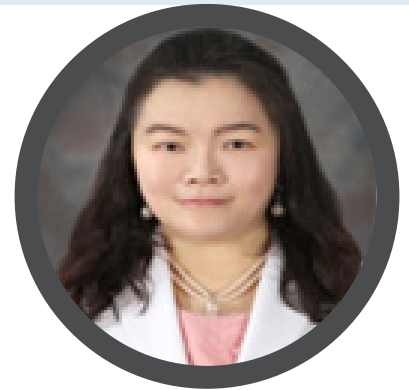
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## EXERCISE IN PREGNANCY: EVIDENCES AND EXPERIENCE

### Areerat Suputtitada

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**P**hysical exercise is beneficial for women during pregnancy and postpartum period; it is not associated with risks for the newborn and can lead to changes in lifestyle that imply long-term benefits. Exercise in pregnancy associated with higher cardiorespiratory fitness, prevention of urinary incontinence and low back pain, reduced symptoms of depression, gestational weight gain control, and for cases of gestational diabetes, reduced number of women who required insulin. There is no association with reduction in birth weight or preterm birth rate. The type of exercise shows no difference on results, and its intensity should be mild or moderate for previous sedentary women and moderate to high for active women. The exercise recommendations still are based on the current guidelines on moderate-intensity, low-impact, aerobic exercise at least three times a week. New guidelines propose increasing weekly physical-activity expenditure while incorporating vigorous exercise and adding light strength training to the exercise routine of healthy pregnant women. In the case of other chronic diseases like hypertension, there are still few data, and therefore more studies should be performed to assess the safety of the intervention. My experiences of a multicenter, prospective, quasi-experimental study comparing the effects and safety of exercises during pregnancy and postpartum in 539 primigravida from every region of Thailand (i.e., northern, eastern-north, central and southern part): 307 women in the control group who did not perform any exercise and 232 women in the experimental group who performed exercises will be included in this session as well.



#### Biography

Areerat Suputtitada is Professor of Rehabilitation Medicine, full time working faculty at Chulalongkorn University and King Chulalongkorn Memorial Hospital in Bangkok, Thailand. She received 14 national awards, 7 international awards, and published more than 60 international and 20 national articles in the areas of her experts including neurological rehabilitation, spasticity and dystonia, gait and motion, and Pain. She has also been invited to lecture as the keynote speakers, parallel and symposium speakers and be chairpersons for over 100 international conferences.

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