Keynote Forum, Major Issues & Poster Presentations at the 3rd International Conference on Nursing & Midwifery, May 23-24, 2018 in New York, USA

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A- Conception and study design; **B** - Collection of data; **C** - Data analysis; **D** - Writing the paper;
E- Review article; **F** - Approval of the final version of the article; **G** - Other (please specify)

ABSTRACT

The 3rd International Conference on Nursing & Midwifery, held on May 23-24, 2018 in New York, USA was characterized by a multitude of topics addressing professional issues of importance to midwives and nurses. Prevailing subjects focused on the following: * professional functioning of midwives facing the risk of terrorism and terrorist attack, * the role of CEFM on childbirth outcomes, * attitudes of nursing students towards individuals with mental illness, * healing the abuse of nurses, * substance-dependent women and motherhood, *nursing-crisis of maternal and infant mortality in the United States, * nurses and midwives attitudes toward overweight and obese during childbirth, * quality of life of patients undergoing cancer treatment, * effectiveness of spiritual group therapy among women with breast cancer, * prevalence of delayed umbilical cord clamping practices, *problems among women with late pregnancy loss, * current care for older people, * HIV in Sub Saharan Africa, * sexual problems in gynecological cancers and nursing approaches.

Keywords: Terrorism, perimortem Caesarean delivery (PMCD), continuous electronic fetal monitoring (CEFM), maternal death, infant mortality, cancer, pregnancy, abuse of nurses

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The growing threat of global terrorism, increased hazard and escalation of terrorist activities in the European Union, as well as professional functioning of midwives facing active terrorism drew the attention of the organizers of the 3rd International Conference on Nursing & Midwifery held on May 23-24, 2018 in New York, USA. The following subject was considered crucial and qualified for the Keynote Forum of the Scientific Program [1]: „*Co-operation between midwives and medical doctors in the face of a terrorist threa*t." In his over forty-five-minute long Keynote Speech Presentation delivered during the first day of the conference, its author, Dariusz Wojciech Mazurkiewicz, Ph.D. in Medical Sciences, of St. Mark's Place Institute for Mental Health (USA), discussed issues concerning the co-operation between midwives and medical doctors in the face of a terrorist threat. The Keynote Speaker, Dr. Dariusz W. Mazurkiewicz, presented critical problems occurring before, during and after a terrorist attack that limit (and in special cases preclude) the provision of medical services to pregnant women, fetuses and neonates. Among other things, he argued that **it was necessary to strengthen the cooperation between midwives and medical doctors with regard to perfecting the postmortem and perimortem Caesarean delivery (PMCD) techniques in the event of a terrorist attack.** He emphasized that **a properly trained and cognizant of his/her rights and responsibilities midwife is able to render help to a pregnant woman, also in the face of terrorism.** In the case of an advanced pregnancy over 27 weeks of GA , having found - despite intensive CPR - the pregnant woman dead as a result of a terrorist attack, **a midwife should have the right and duty to save a life by removing the fetus from the uterus of the late mother.** Pursuant to *the European Resuscitation Council Guidelines for Resuscitation 2015* [2] , performing a perimortem delivery of a fetus by Caesarean section is recommended in cases of in which the fetus is more than 27 weeks of GA (gestational age), weighs approximately 1000 grams, and has audible heart tones (even singular) per one-minute time unit. Experts believed that a fetus's chances of survival are good after 24-25 weeks GA; if no more than 5 minutes have elapsed since the mother's cardiac arrest and if that cardiac arrest was preceded by advanced resuscitation. Fetuses 30-38 weeks GA extracted more than 5 minutes after the mother's sudden cardiac arrest have a good prognosis for survival. Dr. Dariusz W. Mazurkiewicz spoke about **the need to develop and implement indispensable, necessary and urgent legal regulations extending the professional competencies of midwives in the event of a terrorist attack. Curriculum verification is also a necessity in view of finding a terrorist threat as a gap in the teaching of obstetrics and midwifery on undergraduate and graduate studies [3]. Under Polish medical and legal circumstances, there are no regulations allowing civilian midwives to independently use life-saving drugs (antibiotics for instance) in the event of a terrorist attack, or antidepressants, which under normal circumstances, during peace, are administered exclusively by medical doctors.**

Photography 1. Dr. Dariusz Wojciech Mazurkiewicz

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. Pursuant to research conducted by Dr. Dariusz Wojciech Mazurkiewicz [4]: a distribution between the time of initiation of contact with the stressor (terrorist attack) to the onset of the first symptoms of the victims of the WTC attack range varies from 1 day to 50 months. As per figure 1, the patients called „ level I" (who survived the WTC terrorist attack and/or the persons who observed the incident) exhibit fewer traumatic symptoms and a lower percentage of suicidal thoughts in comparison with the group of called „ level II" (which means individuals working as rescuers or cleaning staff the area after said attack). The greatest frequency of the first symptoms was observed in the period of 2-4 months from experiencing that traumatic event, a little lower one was in the period of 2-4 weeks, and even lower one in the period of 5-8 months. Primary rescuers or cleaning staff the area after said attack (level II) rendering help to the victims of a terrorist attack, are particularly exposed to traumatic experiences and their destructive psychological and psychiatric consequences confirmed by clinical diagnostics even after over 10 years following such an act of terror.

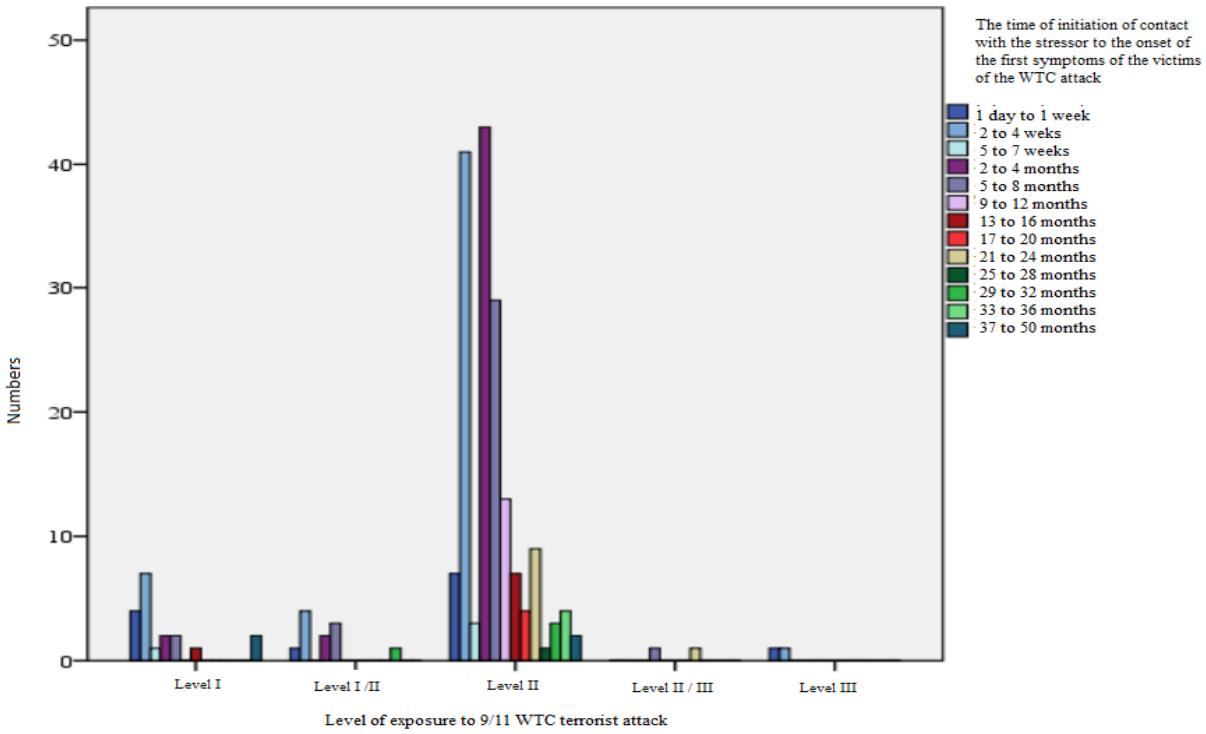

Figure 1.Correlation between the time of initiation of contact with the WTC 9/11 stressor to the onset of the first symptoms of the victims in level I – III of exposure to the terrorist attack [4]

Dr. Lisa Heelan-Fancher, University of Massachusetts Boston (USA) presented an issue regarding the role of continuous electronic fetal monitoring (CEFM) on childbirth outcomes. The analysis of 1989 certificates of live birth which occurred in two states of the USA between 1992 and 1994 confirms that the **use of CEFM in term pregnancies was not associated with improved outcomes in newborn morbidity (Apgar scores, p=.927), seizures (p=.101), or neonatal mortality: early (p=.398), late (p=.718), and post (p=.124), but was associated with primary cesarean deliveries (p=.003)** [5] .

The results published at *Lancet* [6] and their graphical analysis performed by Nina Martini and Renee Montagne confirm that the **U.S. has the worst rate of maternal deaths in the developed world ; more American women are dying of pregnancy-related complications than any other developed country. Only in the U.S. has the rate of women who die been rising [7].**

Photography 2. CPT Susanne N. Richterich, RN, US Army NYC Medical Recruiting Center (USA); Dr. Nancy Peer, Central Connecticut State University (USA); Dr. Dariusz Wojciech Mazurkiewicz, St. Mark's Place Institute for Mental Health, New York (USA)

Photography 3. Dr. Lisa Heelan-Fancher

Deaths per 100,000 live births

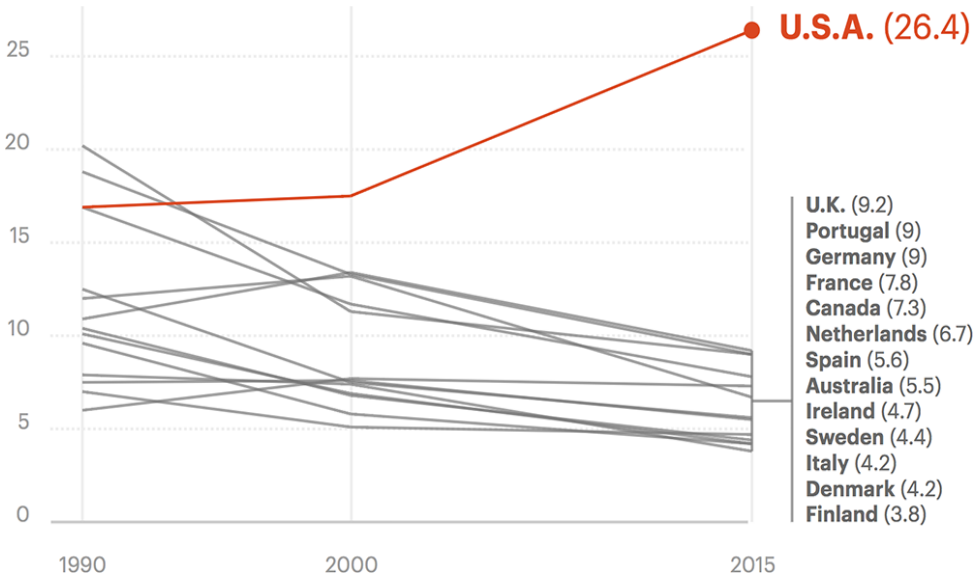

Figure 2. U.S. has the worst rate of maternal deaths in the developed world [7]

Ms. Andrea Pusey Murray from the Caribbean School of Nursing-University of Technology (Jamaica) discussed issues dealing with attitudes of nursing students towards individuals with mental illness before doing the mental health nursing course. A total of 110 undergraduate students were selected using the stratified random method. A questionnaire method to collect data was used. The study results confirmed, among other, the following opinions of respondents: lack of comfortable environment at work with a mentally treated colleague (61% respondents); the best method of patient treatment is long-term hospital treatment (30% respondents). The author of the study advocates a change in teaching strategy and a modification in mental health curriculum taught in nursing schools [8].

Photography 3. CPT Susanne N. Richterich, RN

The issue of „Healing the abuse of nurses " was addressed by CPT Susanne N. Richterich, US Army NYC Medical Recruiting Center (USA). The participants of the conference had an opportunity to learn about the tendency of violence against nurses, also US Army nurses, which has been increasing over the last 20 years. That tendency is especially visible in the superior – subordinate relations. Nurses experience violence in the workplace three times more often than other groups of professionals. It is necessary to establish guidelines for counteracting aggression and bullying behavior. Violent behavior is not always easy to identify [9].

Dr. Eli Marie Wiig, University of Oslo (Norway) emphasized that the **use of coercion against pregnant substance abusing women to prevent drug exposure for the unborn child, was legalized in 1996 in Norway. Despite promising experiences no other country has adopted a similar Act** [10]. Based on her own research, Dr. Wiig confirms that in the opinion of female addicts, prison isolation helps in staying abstinent and in building a relationship with the child staying with the mother. The issue of nursing-crisis of maternal and infant mortality in the United States was presented in the form a poster. Ms. Betty Bowles and co-authors, Midwestern State University (USA) are astonished, among other, by the fact that **for the United States, that spends more than any other country on health care and more on childbirth related care than any other area of hospitalization, this is shockingly poor return on investment [11].**

Photography 4. Dr. Eli Marie Wiig

Associate Professor Salwa Obeisat, Jordan University of Science and Technology (Jordan) addressed the issues relating to nurses and midwives attitudes toward overweight and obese during childbirth. Her studies confirm that **the majority Jordanian nurses and midwives held negative attitudes toward overweight and obese women during childbirth. Midwives held less negative attitudes than did nurse.** Such attitude towards the problem of excess weight and obesity forces the necessity of introducing modifications and expanding the education on the problem for student as well as nurses and midwives who are already working [12].

Based on the results of their own research, Ms. Radha Acharya Pandey and co-authors, Kathmandu University School of Medical Sciences (Nepal) think that the quality of life of patients undergoing cancer treatment involves many factors and, among other things, may depend on the following: site of cancer, stage of cancer, time elapsed since diagnosis and Eastern Co-operative Oncology Group (ECOG) performance status. The most frequent complaints reported by the patients are: loss of appetite, dyspnea, nausea/vomiting , fatigue, pain, financial problem, emotional and functioning problems [13].

Dr. Leyla Fallahi, Karaj Azad University (Iran) and Farah Lotfi Kashani & Shahram Vaziri, Roudehen Azad University (Iran) conducted a research in a group of 11 females concerning the effectiveness of spiritual group therapy on serum levels of cytokine interleukin 10 among women with breast cancer. The results of this study confirm that **a positive correlation was noted in relation with the reduced anxiety levels among women with breast cancer and reduced serum levels of cytokine interleukin-10 as a result of spiritual group therapy.** Therefore, spiritual group therapy may be successfully applied in the healing process of women with breast cancer [14].

The poster "Prevalence of delayed umbilical cord clamping practices" authored by Ms. Girija Madhavanprabhakaran and co-authors , Sultan Qaboos University (Oman) was developed based on conducted studies. A descriptive survey using questionnaire was used among of 210 maternity care providers. 70-72.6% providers were clamping umbilical cord within one minute of birth. 87.4-89.6% of them defined early cord clamping timing as within one minute for both term and preterm newborns [15]. In fact, the most listed **benefits of delayed cord clamping are reduced risk of infant anemia, decreased need for infant transfusions, and increase in infant iron stores.** The studies confirmed that despite the developed and adopted guidelines advocating benefits for neonates resulting from the delayed umbilical cord clamping, said guidelines are still not complied with in Oman.

Photography 5. Poster Presentation on "Building reflection in nursing education". Ms. Mary Chen Xiaorong, Singapore Institute of Technology (Singapore) [18]

Ms. Christy Simpson, Christian Institute of Health Sciences and Research (India), presented her poster titled "Assess the level of grief and its related problems among women with late pregnancy loss". The study group consisted of primi and multi para women who delivered stillborn babies after 22 weeks of gestation. **Grief was highly significant (p Value <0.01) in women with gestational age between 29-37 weeks and working women compared to house wives.**

The following were noted: symptoms of physical grief (i.e. wishing to hold the baby, sleeplessness, feeling of having empty space), psychological grief (i.e., upset feelings, guilty mood, and longing for the baby) and social ones. **To prevent health complications due to (and during) the period of mourning following a loss of a baby, it is necessary to provide therapeutic support and to diagnose problems accompanying the situation as soon as possible** [16].

According to Şengül Yaman, Gazi University Faculty of Health Sciences (Turkey), **it is necessary for the nurse to care the gynecologic cancer patient with a holistic approach.** Nurses should be aware their personal values and beliefs on sexuality for not being obstacles in dealing with problems which is an important issue for women with gynecological cancer. Culturally sensitive interviews shall be provided especially to patients with different cultural backgrounds. Psycho-education and counseling are important and recommended [17].


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NEW YORK, USA
We're so glad
you're here!


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Nursing & Midwifery
Certificate
OF ACHIEVEMENT
Conference Series LLC Ltd and the Editors of Journal of
Nursing & Care, Advanced Practices in Nursing and
Journal of Women's Health Care wish to thank
Prof/Dr. Dariusz Wojciech Mazurkiewicz
St. Mark's Place Institute for Mental Health, USA
for his phenomenal and
worthy Keynote Presentation on
"Co-operation between midwives and medical doctors
in the face of a terrorist threat"
at the "3rd International Conference on
Nursing & Midwifery"
held during May 23-24, 2018 in New York, USA
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Conflicts of interest

The author declare that there are no conflicts of interest of this paper.

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