



Neonatal 2022

Neonatology



Tracks

Neonatology

March 25, 2022 | Webinar

The role of magnesium sulfate in the treatment of persistent [pulmonary hypertension](#) in the [neonate](#): our experience in King Hussein Medical Centre (KHMC).

Persistent pulmonary hypertension in neonates (PPHN) is a critical condition caused by a failure in normal cardiac-pulmonary adjustment after birth; many factors can interfere with this process, such as meconium aspiration, Parenchyma lung disease, sepsis, intrauterine and/or [prenatal hypoxia](#), and abnormal pulmonary development.

Objectives:

The treatment of persistent acute pulmonary hypertension of newborn remains controversial and has been tried in various treatment modalities. This study was conducted to evaluate the effect of magnesium sulfate (MgSO₄) as a treatment for persistent pulmonary hypertension of the newborn (PPHN) and its outcome

Methods:

This study is a retrospective review of a neonate with PPHN treated with magnesium sulfate (MgSO₄) in the Neonatal Intensive Care Unit (NICU) during the period of January

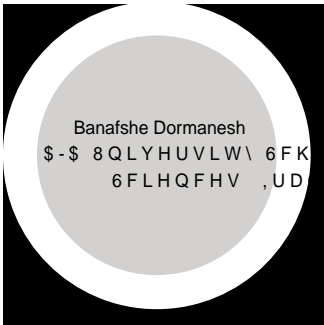
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A Model for analyzing the results of Surfactant administration in neonatal wards

Surfactant has been increasingly popular for treatment of diverse neonatal pulmonary diseases including long term side effects though. This researched was aimed to investigate all neonates treated by Surfactant. The order of international ones. Survanta showed better outcomes comparing to Curosurf. Risk of lower

UHVSLUDWRU\ GLVWUHV V\QQGURPH PDQ\ TXHVWLRQV DUH VV
 LQ .KDQHYDGHK KRVSLWDO IURP WR DQG IROORZ WKHP
 PRGHO QHRQDWHV JRW W\K\KHLU\ S\H\XPRWKRUD\ SUREDELOLW\ ,QFLGHQFH RI ORZHU U
 RI DQG UHVSHFWLYHO\ ZHUH WUHDWHG E\ 6X
 others. Death rate calculates to be 29.1% and 20.8% patients suffered from **pneumothorax** as a major
 side effect &XURVXUI DFWHG ZRUVH DV LW FDXVHG VLJQL\ FDQWO\
 KL\KHLU\ S\H\XPRWKRUD\ SUREDELOLW\ ,QFLGHQFH RI ORZHU U
 LV PHDVXUHG ZKLFK LV VLJQL\ FDQWO\ PRUH WKDQ WRWDQ
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 UHVSLUDWRU\ WUDFW LQIHFWLRQV XQGHU PRQWKV RI DJH ZD



Biography:

Banafshe Dormanesh has completed her medicine in 1993, completed her **pediatric** specialty in 1997 and **Pediatric Nephrology** subspecialty in 2002 from the Tehran University of **Medical Sciences**. She is Professor in pediatric nephrology and is the Head of Pediatric Department in Faculty of Medicine

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Peers supporting peers: [Preterm mothers](#) post discharge WhatsApp Support group experience

[Preterm births](#) are unanticipated demanding experience for families. Despite integration of mothers into WKHLU SUHHPLH FDUH GXULQJ DGPLVVLRQ DQG GLVFKDUJH FU

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Comparison NAVA mode ventilation vs PSV & CPAP mode of ventilation

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 NAVA to adjust ventilatory baby's efforts and to reduce Ventilator Induced Diaphragm Dysfunction. This action is based on the continuous coupling between the patient's neural output and ventilator assistance. In contrast to Pressure Support ventilation, where a gradual increase in the assist level will abolish the electrical activity of the **diaphragm**, an increase in the NAVA level will unload the muscle, but still maintain muscle activity. Hence, over-assist by Pressure Support will function as a semi-controlled mode where the patient may be triggering the ventilator, by a small activation of the **intercostal muscles** resulting in a large tidal volume delivery. In contrast, NAVA will maintain the same tidal volume and physiologic diaphragm activation with the degree depending on the NAVA level set.

The standard modes include PSV and CPAP modes

Comparison of NAVA mode with standard respiratory support in children with neonatal RDS

* Describe clinical characteristics, respiratory parameters and subjective signs of comfort during treatment in patients in the described two groups of ventilation in the neonatology department of the second
 6KHLQR YR +RVSLWDO 6R ÷ D

* This is a prospective study of cases in the two groups described

INCLUDING CRITERIA:

Ventilated patients in these two groups, with a subject of detailed pathology and available to breath spontaneously. The cases till now 22 cases were processed in two of groups. Exceptions is ventilated patients with asphyxia, aspiration syndrome and neurological signs

o NAVA invasive mode * PSV

o NAVA non-invasive ventilation * CPAP

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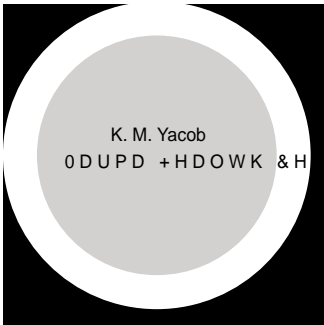


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Does fever increase or decrease blood circulation

7KLV LV WKH ILUVW WLPH PDQ\ SHRSOH KDYH KHDUG VXF pain, neck pain, and knee pain, it is often heard that the cause of the pain is reduced blood flow. A variety of heat-inducing devices are used to increase blood flow to the lower back, neck, and knee pains. Physiotherapy often provides more heat than fever. To this day, no one has heard that fever is caused by poor blood flow. As the disease progresses, blood flow decreases. Body tingling, body aches, and narrowing of the blood vessels under the skin are the signs, symptoms, and signals of decreased blood flow. Signs, symptoms, and signals of decreased blood flow show EHIRUH WKH RQVHW RI IHYHU :KHQ WKH GLVHVVH EHFRR decreases, Temperature of fever will emerge to increase prevailing blood circulation. It is a well-known fact that as the disease progresses, blood flow decreases and this can lead to death. :KHQ WKHUH LV D GHFUHDVH LQ EORRG IORZ DQG LWV VLJ do actions to increase blood flow to save lives. It has been proven around the world that all types RI KHDW LQFUHDVH EORRG IORZ 7KH KHDW RI WKH IHYHU WUH ,QGLD



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