



San Paolo" Hospital, ITALY

Objective. To review literature about risk factors of neonatal hypoxic-ischemic encephalopathy (HIE).

Materials. Search in PubMed, MEDLINE, Embase, Clinicaltrials.gov and reference lists from 1999 to 2018. Study population was composed of neonates with diagnosed HIE within 28 days from delivery, data reported as proportional rate. Studies were excluded if they included **preterm pregnancies**, postnatal conditions leading to HIE and/or **fetal malformations**, focused on
were generated as appropriate. Comparison between neonates with HIE vs. controls was performed by calculating odds

Results. Twelve articles were included. Fetuses with growth restriction (OR: 2.87; 95% CI: 1.77-4.67), nonreassuring cardiotocography (OR: 6.38; 95% CI: 2.56-15.93), emergency cesarean section (OR: 3.69; 95% CI: 2.75-4.96), meconium (OR: 3.76; 95% CI: 2.58-5.46) and chorioamnionitis (OR: 3.46; 95% CI: 2.07-5.79) were at higher risk of developing HIE. Nulliparity, **gestational diabetes**, hypertension, oligohydramnios, polyhydramnios, male sex, induction of labor, labor

Conclusion. Neonatal HIE has multifactorial origin and its cause is often undetermined and not preventable. (PROSPERO Registration number: CRD42018106563).

I received both my degree in Medicine and Surgery, and my Residency in Obstetrics and Gynecology at University of Bari, Bari, Italy. I work as Obstetrician at Clinic of Obstetrics and Gynecology, "San Paolo" Hospital, Bari, Italy. I have special interests in Prenatal diagnosis, Maternal and fetal medicine, and Obstetrics.

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Learning to write requires a good functional, motor, intellectual and level affective and presupposes the knowledge and

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We have been hearing for centuries that 'fever is not a disease but a symptom'. Physicians say that fever is a symptom of diseases like *f*

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To compare the clinical outcomes and quality of nursing care of children with use of **CMC PACS** based protocol and satisfaction of health care workers with its implementation.

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This study aimed to evaluate the prevalence of **picky eating** among preschoolers and to estimate the clinical association between eating behavior and growth, physical activity, development, and health status.

Methods: In this study, a structured questionnaire was used to perform a cross-sectional descriptive study of 800 parents of preschoolers aged 2–4 years in Kurdistan/Iraq. Data collected included: demographics, food preferences, eating behavior, body weight, **BMI**, picky or non-picky eaters responses were analyzed and compared using standard statistical tests according to **parental questionnaire**.

The mean age of the children was 2.85 years; among 800 participants, 620 (77%) were picky eaters. Compared with non-picky eaters 180 (23%), z-score of weight-for-age, height-for-age, and body mass index (BMI)-for-age in picky eaters

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